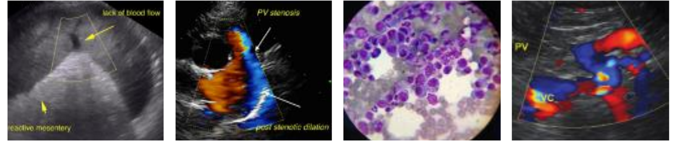

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1-800-838-4268 info@sonopath.com

PATIENT

Ivan Rice

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

68 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

17004

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: sudden onset anorexia/vomiting, progressive weakness. last year similar presentation pancreatitis.

Abnormal PE/Chem/CBC/UA Results: lipase 2002, amylase 2028

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 6.3 cm. The right kidney measures 7.8 cm. A 1.5 cm cortical cyst is noted in the cranial pole of the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.97 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.86 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach contains an echogenic curvilinear interface with strong acoustic shadow, surrounded by a small amount of gastric fluid, suspicious for a gastric foreign body.

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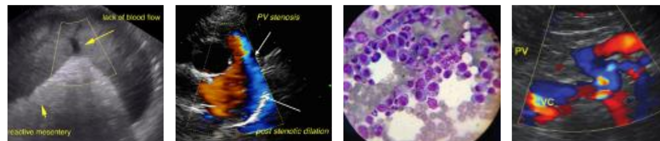

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity. Enhanced hyperechoic ill-defined surrounding fat is present, as is a very scant amount of anechoic free fluid.

Free Abdomen

There is no apparent lymphadenopathy. Scant amount of anechoic free fluid noted around the pancreas.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute pancreatitis on top of suspected chronic active pancreatitis
- A gastric foreign body is strongly suspected- normal ingesta, a large pill, etc. can't be ruled out but is considered less likely.
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.

Secondary Findings

- Urinary bladder debris
- Age-related kidney changes

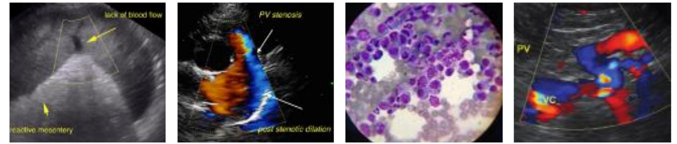
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reported clinical signs in this patient, including lethargy, weakness, etc., are likely more related to the acute pancreatitis than the suspected gastric foreign body and given the chronic intermittent recurrence of the gastrointestinal signs, further evaluation of both GI tract and pancreas is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

The presence of the suspected gastric foreign body is of unknown clinical significance at this time. Recommendations include:

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is



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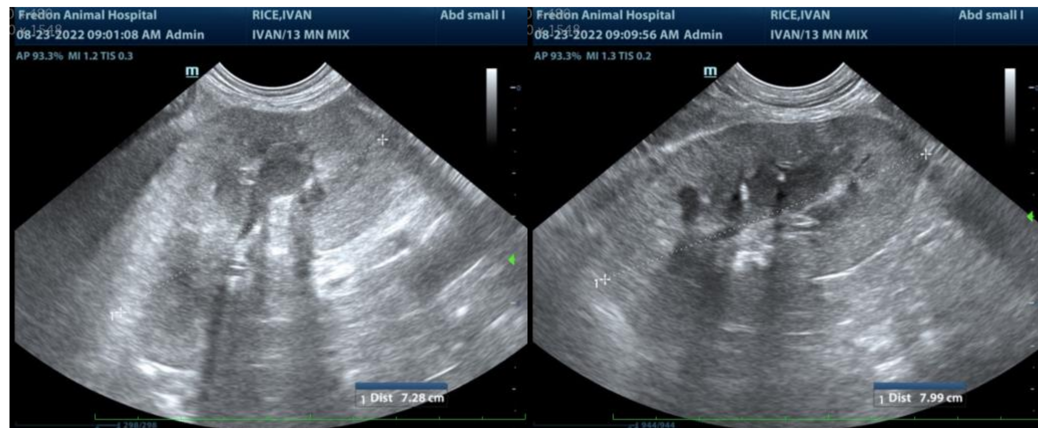
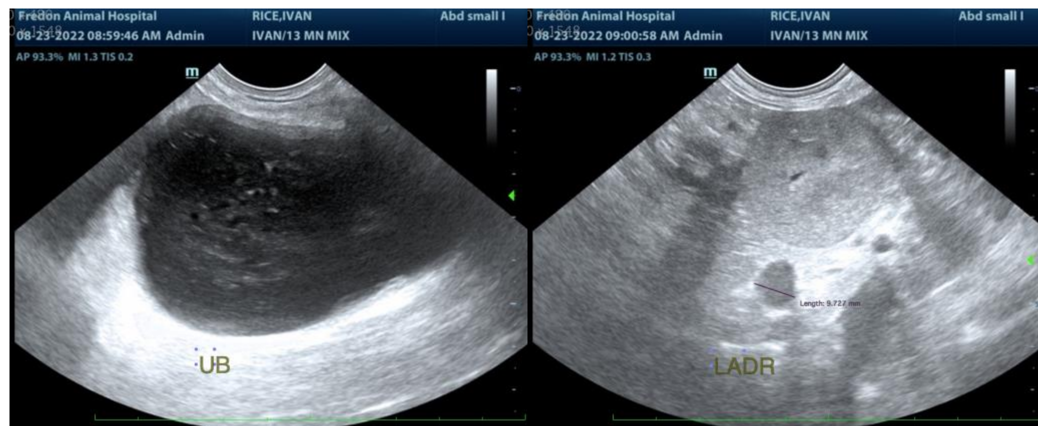
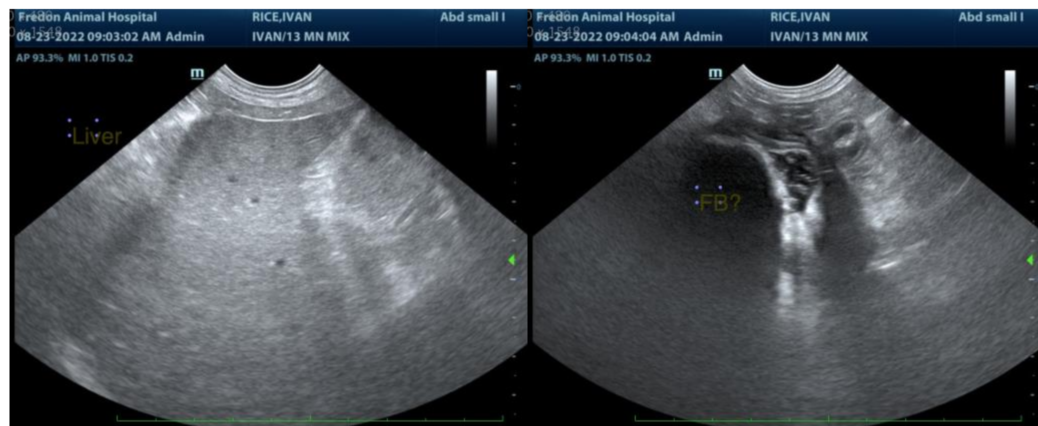
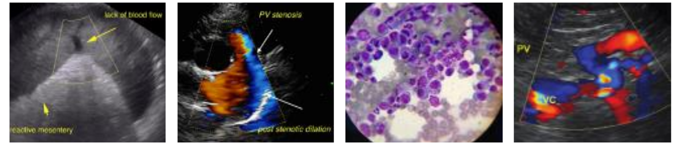
recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc. If clinical signs do not improve/persist beyond medical management of pancreatitis, recheck abdominal imaging for further assessment of the suspected gastric foreign body is recommended, as gastroscopy for foreign body removal and/or an exploratory laparotomy for foreign body removal may be necessary pending patients response to treatment of pancreatitis.









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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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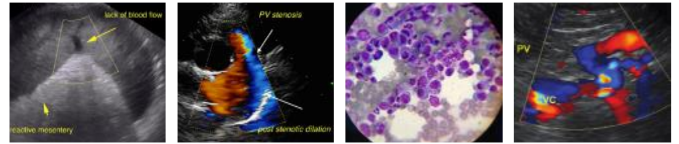

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