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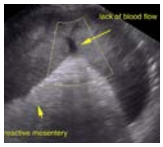
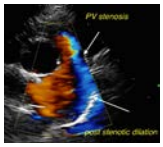
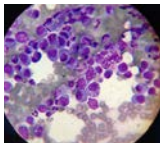
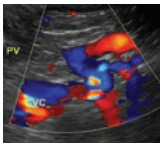
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Mango Martin

SPECIES
Canine

BREED
Mini Schnauzer

SEX
Neutered Male

AGE
13 Years

WEIGHT
13.2 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
M. Kermendy CVT

HOSPITAL NAME
Wauwatosa Vet

REFERRING VET
Dr. Jamie Oakes

INVOICE
40720

DATE
8/24/22

PRESENTING CLINICAL SIGNS

Mango has been vomiting about once a day for the last month. he has a history of early kidney disease and eats K/D. Blood work elevated calcium, high ALT, and elevated globulins. Concern for neoplasm. Abnormal PE/Chem/CBC/UA Results: Ca= 11.6 (1.5-11.3) fPL= normal ALT= 155(5-130) Globulin=5.2(2.8-5.1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident pathology.

The right kidney is normal in size (3.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The area of the right adrenal gland is unable to be well visualized.

The left adrenal gland is normal in size (0.37 cm at the cranial pole and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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

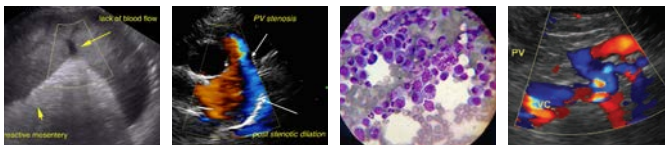
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



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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 (< 0.2 cm) 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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis suspected – Smoldering ongoing pancreatitis cannot be ruled out as a contributing factor to this patient's vomiting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include further evaluation of the gastrointestinal tract and pancreas with A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

Given the subjectively mildly small left adrenal gland and the inability to see the right adrenal gland, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

There is no evidence of neoplasia in these images. However, that obviously doesn't rule it out. Given this patient's reported hypercalcemia, recommendations are further evaluation of the hypercalcemia with a malignancy panel to include PTH, PTHrP, and ionized calcium, unless a baseline cortisol is suggestive of hypoadrenocorticism first, as hypoadrenocorticism can also result in hypercalcemia.

In the meantime, while awaiting diagnostic results, a transition to a low-fat diet could be considered, as kidney diets are typically high in fat and can exacerbate chronic smoldering pancreatitis. Other symptomatic therapy including antiemetics and gastroprotectants are also recommended for now.

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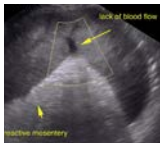
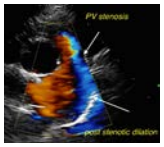
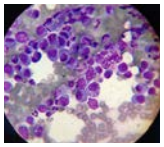
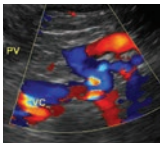

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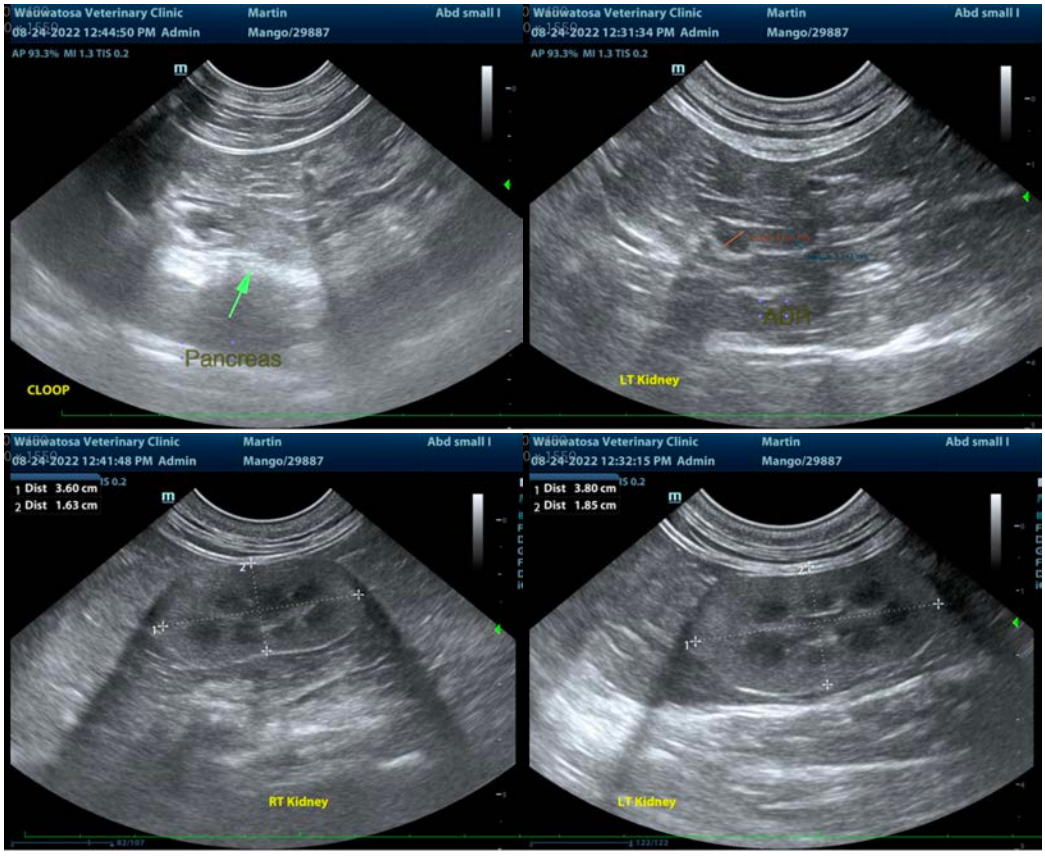

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com