



PATIENT

Jack Daniel Pafford

SPECIES

Canine

BREED

Miniature Pinscher Mix

SEX

Neutered male

AGE

8 years

WEIGHT

38.6 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Whitesell

INVOICE

42019

DATE

1/10/23

PRESENTING CLINICAL SIGNS

History: chronic pancreatitis, diarrhea been going on since September, off on the past several years

Abnormal PE/Chem/CBC/UA Results: cobalamin/folate WNL TLI >50 (5-35), albumin 1.7 globulins 1.4 (both low); sodium 170 potassium 5.7 chloride 137 amylase 1671 PSL 493 (all elevated)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 5.15 cm and the right kidney measured 5.38 cm.

Adrenal Glands

Cranial pole of left adrenal gland is enlarged with irregular capsular margins and heterogenous echotexture. Caudal pole is enlarged without capsular or architectural distortion. Phrenic vein appears normal. The left adrenal gland measured 1.95 cm in length x 0.62 cm at the caudal pole and 1.1 cm at the cranial pole.

Right adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.8 cm in length x 0.57 cm at the caudal pole and 0.98 cm at the cranial pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally



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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

Visualized body of pancreas is hypochoic but not overtly enlarged or inflamed with no fluid accumulations visualized. Visualized right limb of pancreas appears normal. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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1. Left adrenal gland mass
2. Normal GI tract
3. Prominent pancreatic body with no overt active inflammation
4. Degenerative renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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GI tract appears normal in this study with no ultrasonographic cause of reported chronic diarrhea. Left limb of pancreas is prominent but not ultrasonographically inflamed. Despite mild ultrasonographic changes, pancreatitis remains likely given elevated PSL. Treatment for pancreatitis is largely supportive and flare ups of chronic pancreatitis may be improved with easily digestible diet low in fat, GI support as needed (anti-nausea, anti-emetic, analgesia) and fluid support as needed. Chronic diarrhea may benefit from fecal PCR to further investigate parasitic and infectious disease as well as increase fiber diet. A baseline cortisol +/- ACTH stimulation test should be assessed, though adrenal gland size makes hypoadrenocorticism less likely. A bile acid profile is recommended to assess decreased liver function as a cause of GI signs and panhypoproteinemia. Urinalysis is recommended to assess for proteinuria, as



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hypertension driven by cortisol secreting tumor or pheochromocytoma may be contributing to hypoalbuminemia. Given panhypoproteinemia, especially if proteinuria is not present, GI biopsy should be considered to further characterize the nature of protein loss.

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Left adrenal gland appears subjectively resectable with capsular expansion without obvious capsular escape or vascular invasion. CT ideal for surgical planning. Differentials owing to sonographic architecture and clinical history include carcinoma, pheochromocytoma, pronounced adenoma/hyperplasia, cortisol secreting tumor, myelolipoma less likely. Recommend urine catecholamine for pheo detection if surgical removal is pursued as presurgical treatment of pheochromocytoma is essential.

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Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

SEX

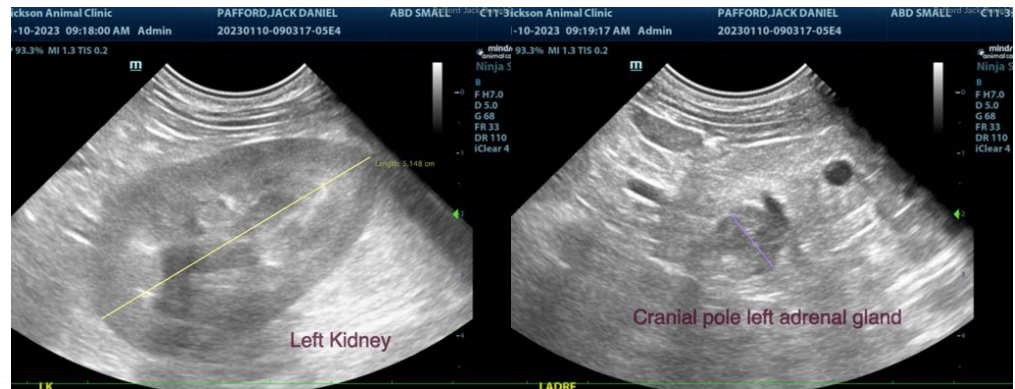
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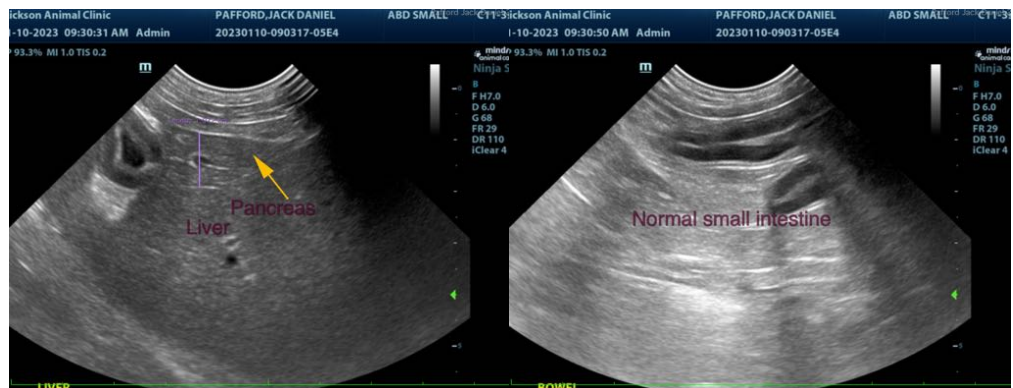
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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