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Clinical Sonography & Telecytology
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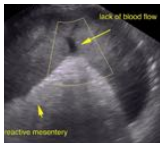
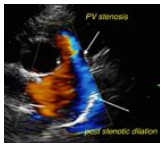
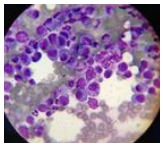
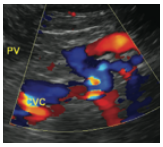




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Carbonelli

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

15 years

WEIGHT

8.8 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Animal Care Center fo Flanders

REFERRING VET

Dr. Hallihan

INVOICE

42789

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: R/O gastroesophageal reflux` disease`. Meds include lomotil q 8-12 hours, proviable s.i.d., vetmedin 1.25mg bid, omeprazole 5 mg sid.
Abnormal PE/Chem/CBC/UA Results: 12/14/22: TP 7.5, BUN 38, Na 162

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 an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Pinpoint areas of cortical mineralization. Hyperechoic shadowing in left renal pelvis with no dilation consistent with non-obstructive nephrolithiasis. No evidence of right pelvic dilation was present. The left kidney measured 3.84 cm and the right kidney measured 3.96 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized. Both were enlarged and hypoechoic. The phrenic vasculature, glandular echogenicity and detail were unremarkable. The left adrenal gland measured 1.98 cm in length and 0.63 cm at the caudal pole and 0.55 c at the cranial pole. The right adrenal gland measured 1.89 cm in length and 0.73 cm at the caudal pole and 0.77 cm at the cranial pole.

Spleen

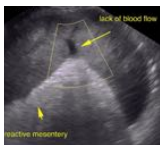
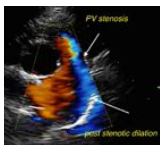
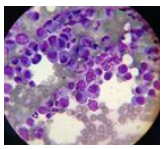
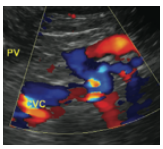
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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

Gastrointestinal

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

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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.

Pancreas

Right and/or left limb and/or body of, or the entire pancreas is visualized and is hypoechoic and slightly irregular with no enlargement, no fluid accumulation and no surrounding signs of inflammation.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Chronic pancreatitis, non-active
2. Normal GI tract
3. Bilateral adrenomegaly
4. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are most consistent with chronic pancreatitis with no active signs of inflammation on ultrasound. If PLi is normal, active pancreatitis is unlikely.

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. GI tract is within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, active pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. Cisapride may be a superior prokinetic to metoclopramide or lomotil.

A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

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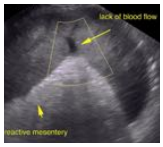
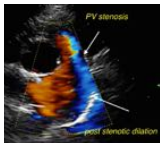
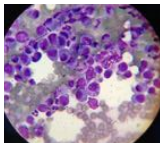
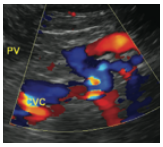

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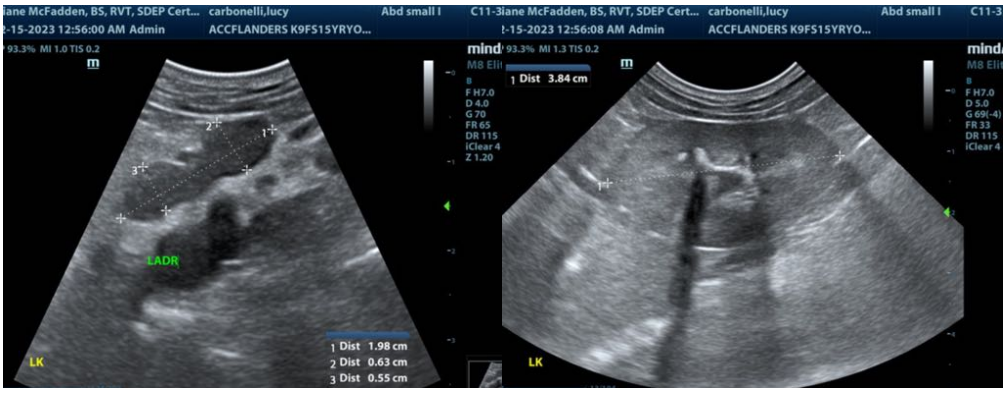
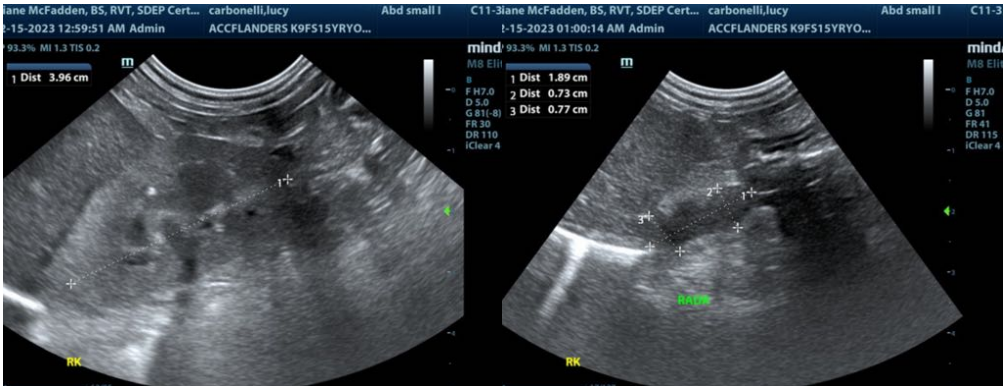
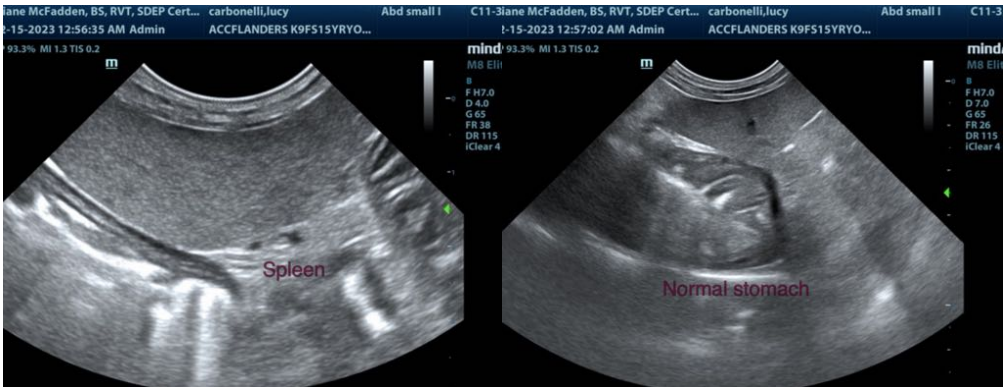
Adrenomegaly is bilateral and is consistent with pituitary dependent hyperadrenocorticism. Renal changes are likely age related degenerative changes. Correlate clinical significance with blood work/urinalysis findings and clinical signs. Nephroliths may act as a nidus of infection and predispose to urinary tract infections. They have the potential to move into the ureters or bladder causing obstructive nephropathy.







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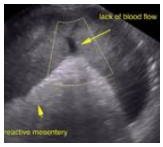
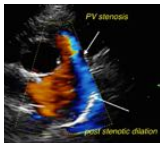
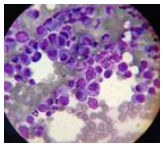
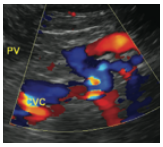

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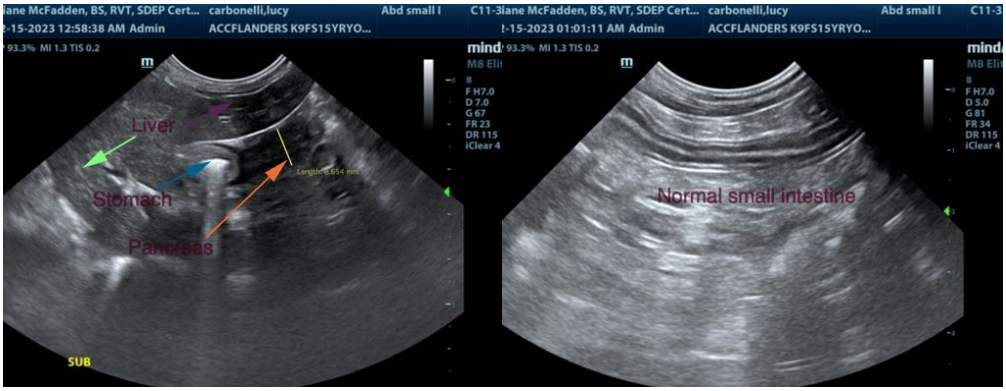

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com