SonoPath
Clinical Sonography & Telecytology
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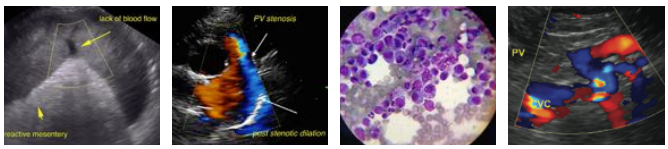


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Plumly Titus

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered male

AGE
7 years

WEIGHT
119.5 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Branchville Country VC

REFERRING VET
Dr. Talbot Valerio

INVOICE
43997

DATE
4/25/23

PRESENTING CLINICAL SIGNS

History: On and off appetite, straining to defecate. Possible abdominal mass on rads. No current meds.
Abnormal PE/Chem/CBC/UA Results: Trig 876

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. Hyperechoic shadowing in renal pelvis with no dilation consistent with non-obstructive nephrolithiasis. No evidence of pelvic dilation was present. The left kidney measured 7.23 cm and the right kidney measured 7.53 cm.

Adrenal Glands

Both adrenal glands were 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 left adrenal gland measured 2.83 cm in length and 0.51 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 2.95 cm in length and 0.82 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

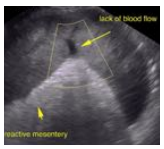
The spleen was normal in size with a slightly mottled parenchyma and slightly irregular capsule. Spleen is folded cranially which is a normal positional variant that can cause mass effect on abdominal radiographs. Normal splenic vasculature with no signs of congestion or thrombosis.

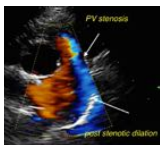
Liver

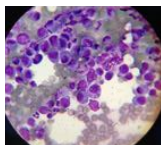
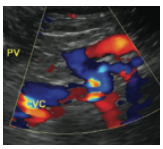
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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 gas shadowing obstructing visualization of 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.





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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Some loops of bowel contain ingesta. 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.

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

Visualized areas of pancreas are hyperechoic and subjectively mildly enlarged with no fluid accumulation and surrounding hyperechoic mesentery.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Pancreatitis
2. Splenic parenchymal changes, folded spleen
3. Degenerative renal changes with nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis.Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

Splenic position is a normal variant. Parenchymal changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

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 uropathy.

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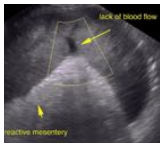
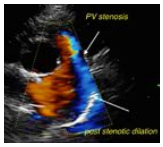
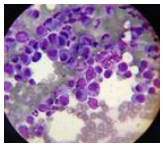
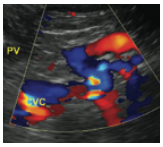

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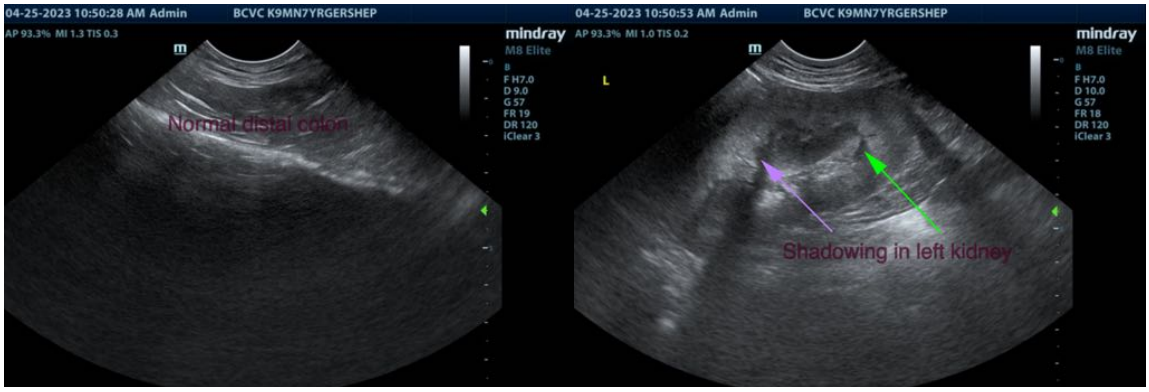

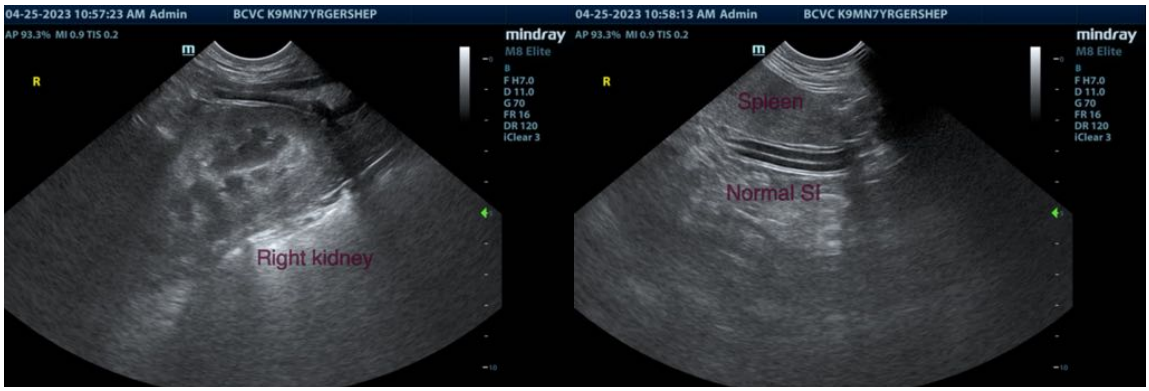

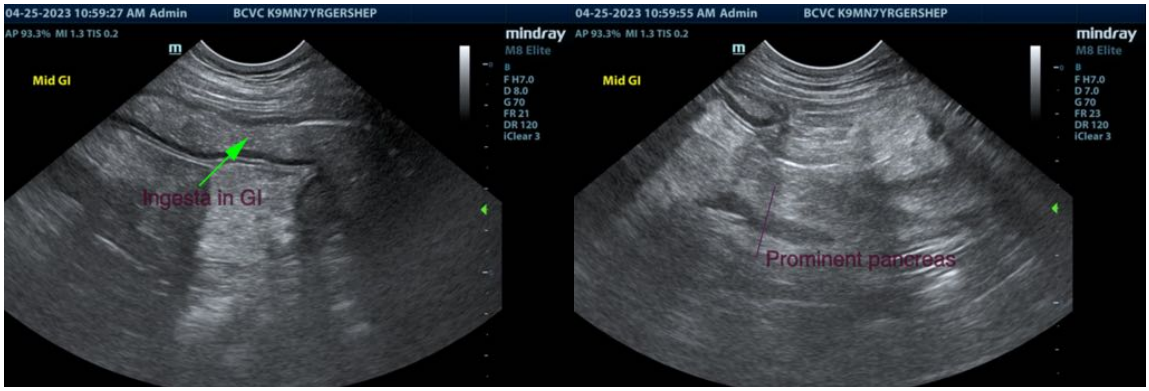

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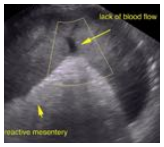
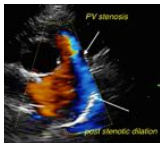
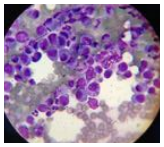
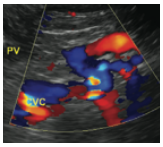

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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