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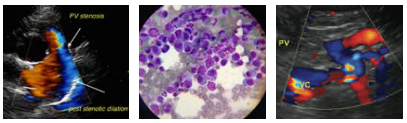

SonoPath
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DATE
2/25/22

PATIENT
Westley Cannington

SPECIES
Canine

BREED
Beagle

SEX
Neutered male

AGE
2/24/12

WEIGHT
36.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. King

INVOICE
96356

PRESENTING CLINICAL SIGNS

2/24/22- since December has had about 3 episodes of vomiting. At RDVM had labwork and rads on January 10, increase in ALT, ALKP, nothing obvious on films. Prilosec and plan for possible US in future. Tonight very painful in abdomen, not wanting to take food/cheese. Had been on aspirin for possible pain, does have Gabapentin at home, has only given one pill.
Current Medications: Ondansetron 4mg BID, Buprenorphine, Cerenia.
Lab Results: Cpl abnormal and ALKP was increased to 900s.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV ace and torbutrol.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.92 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.9 x 0.93 cm at the caudal pole and 0.8 cm at the cranial pole. The right adrenal gland measured 2.33 x 0.8 cm at the cranial pole and 0.9 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic 0.9 cm nodule in the mid body. The remainder of the spleen revealed minor heterogenous changes.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated

normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

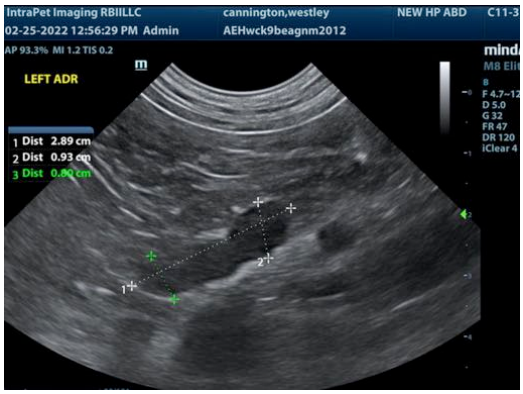
The **pancreas** reveals extensive, mixed, hypoechoic parenchymal changes with enhanced surrounding mesentery and hypoechoic nodules. The pancreatic pathology extended for approximately 6.0 x 2.0 cm

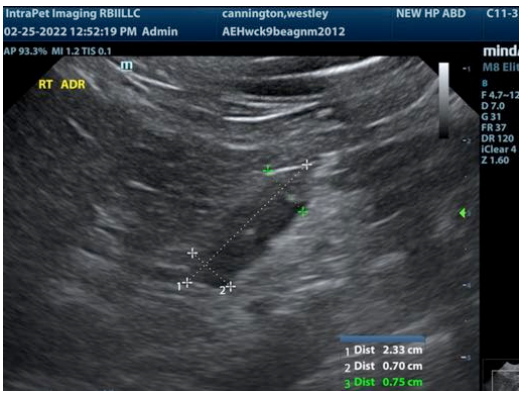
ULTRASONOGRAPHIC FINDINGS

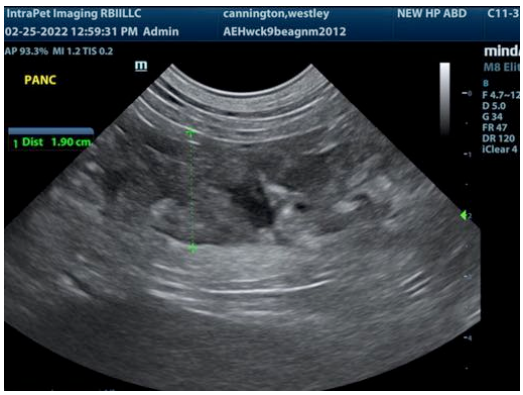
Extensive chronic active pancreatitis pattern.
Bilateral adrenal hypertrophy.
Focal splenic nodule.
Age related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreatic pathology and splenic nodule would be ideal in this patient. Treatment for pancreatitis, pain management, broad spectrum antibiotics and fluid therapy is all indicated with ideally FNA of the splenic nodule and pancreas. Once the immediate presentation has resolved, if the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for PDH is indicated. Nodular hyperplasia is likely of the spleen with a potential for emerging round cell neoplasia or less likely hemangiosarcoma. There is a mild potential for pancreatic carcinoma.





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AP 93.3% MI 0.9 TIS 0.4
Spleen


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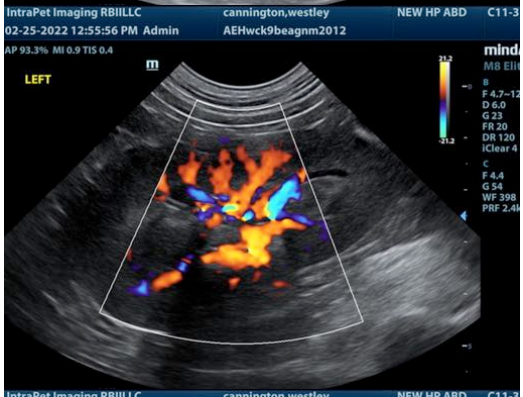
Spleen
1 Dist 0.88 cm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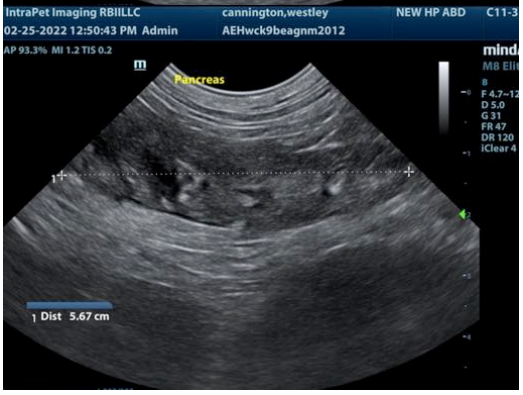
LEFT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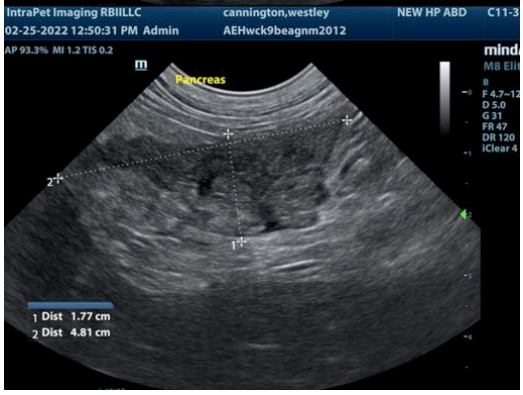
Pancreas
1 Dist 5.67 cm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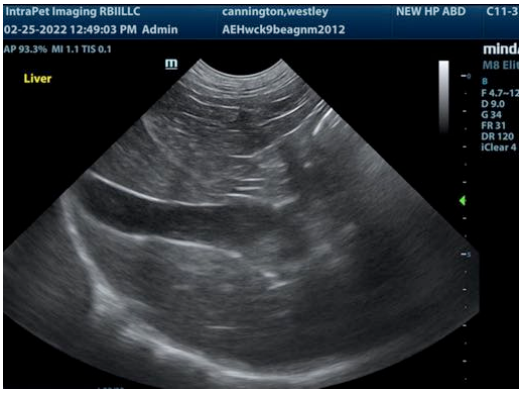
Pancreas
1 Dist 1.77 cm
2 Dist 4.81 cm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AP 93.3% MI 1.1 TIS 0.1
Liver


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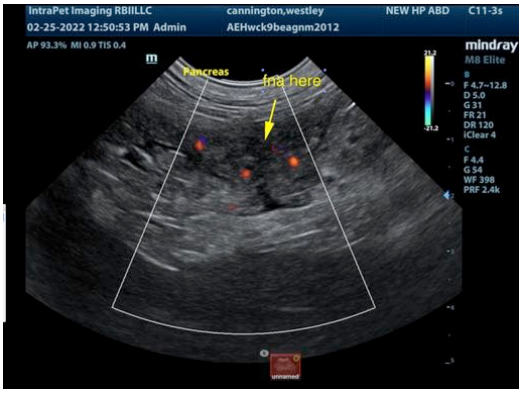
AEHwck9beagnm2012
AP 93.3% MI 1.2 TIS 0.1
RT ADR



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com