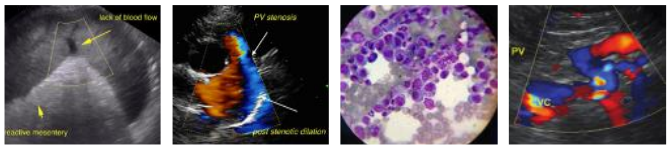
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Manolo Rodriguez

SPECIES

Canine

BREED

Brussels Griffon

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.6 Pounds

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Cristina Polit

HOSPITAL NAME

Sunset AH

REFERRING VET

Cristina Polit

INVOICE

20996

DATE

2/3/23

PRESENTING CLINICAL SIGNS

History: Patient initially presented for acute diarrhea on 1/20 Responded well to therapy GI symptoms now returned

Abnormal PE/Chem/CBC/UA Results: Chem: ALP 247 cPL: abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. Anechoic urine and bladder thickness is considered normal for volume of urine. No masses are observed. A bladder stone was noted, which measured 0.58 cm x 0.3 cm with some scant suspended hyperechoic debris.

The left kidney is slightly small in size. Contour is largely normal, though a slightly irregular cortical margin is noted. There is subtly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia or nephroliths. The left kidney measures 3.3 cm.

The right kidney is normal in size. Contour is largely normal, though a slightly irregular cortical margin is noted. There is subtly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia or nephroliths. The right kidney measures 4.0 cm.

The changes in the kidneys are consistent with degenerative aging changes.

Adrenal Glands

The left adrenal gland is normal in size at 0.42 cm. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland was not distinctly visualized, although the region appears unremarkable.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

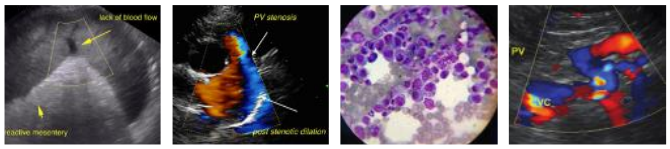
Liver

The liver is normal in size with slightly rounded edges and a mildly heterogenous echotexture. The fat and tissue within the portohepatis were hyperechoic, causing the liver to look artifactually hypoechoic. There is a hyperechoic nodule cranially in the liver with indistinct margins, as it was right at the edge of dropout artifact and at the diaphragm. This nodule measures roughly 0.48 cm x 0.57 cm.

The gallbladder lumen contains a moderate to large volume of anechoic bile. The wall is normal in thickness and smooth. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is significantly distended with gas, precluding visualization of deeper structures, though the fat and tissue around the stomach and extending towards the portohepatis were hyperechoic. The dependent portions of the stomach were visualized and contained ingesta. The stomach wall is of normal wall thickness, measuring 0.35 cm, with some variability due to rugal folds.



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There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measure normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with shadowing feces within the lumen. The colon measures normal in thickness. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the left pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

The right pancreas was not visualized but the area was challenging to assess, given the gas in the stomach and shadowing feces in the colon. The area of the right pancreas did not show overt severe pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

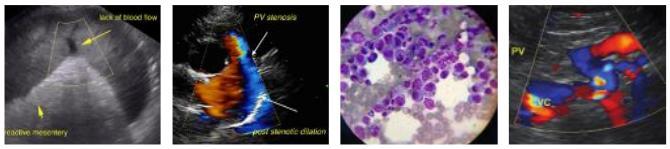
- Inflammation around the stomach, liver and cranial abdomen, that could be consistent with pancreatitis
- Urinary bladder calculi

Secondary Findings

- Early degenerative changes to the kidneys are consistent with age related changes
- Hyperechoic liver nodule is considered a benign aging nodule
- Mildly heterogenous liver is considered benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While the left pancreas appeared normal and the area of the right pancreas also appeared unremarkable, there was a large amount of gas in the stomach and shadowing feces in the colon, that made visualization difficult. There was inflammation around the stomach extending to the portohepatis, that would be consistent with pancreatitis/gastritis. There were shadowing feces within the colon, and the colon wall appeared normal. There were no other abnormalities found sonographically to explain the diarrhea, so, continuing to treat for acute gastroenteritis/colitis and pancreatitis is recommended. If signs continue, then consider a GI panel, diet trail with an intestinal



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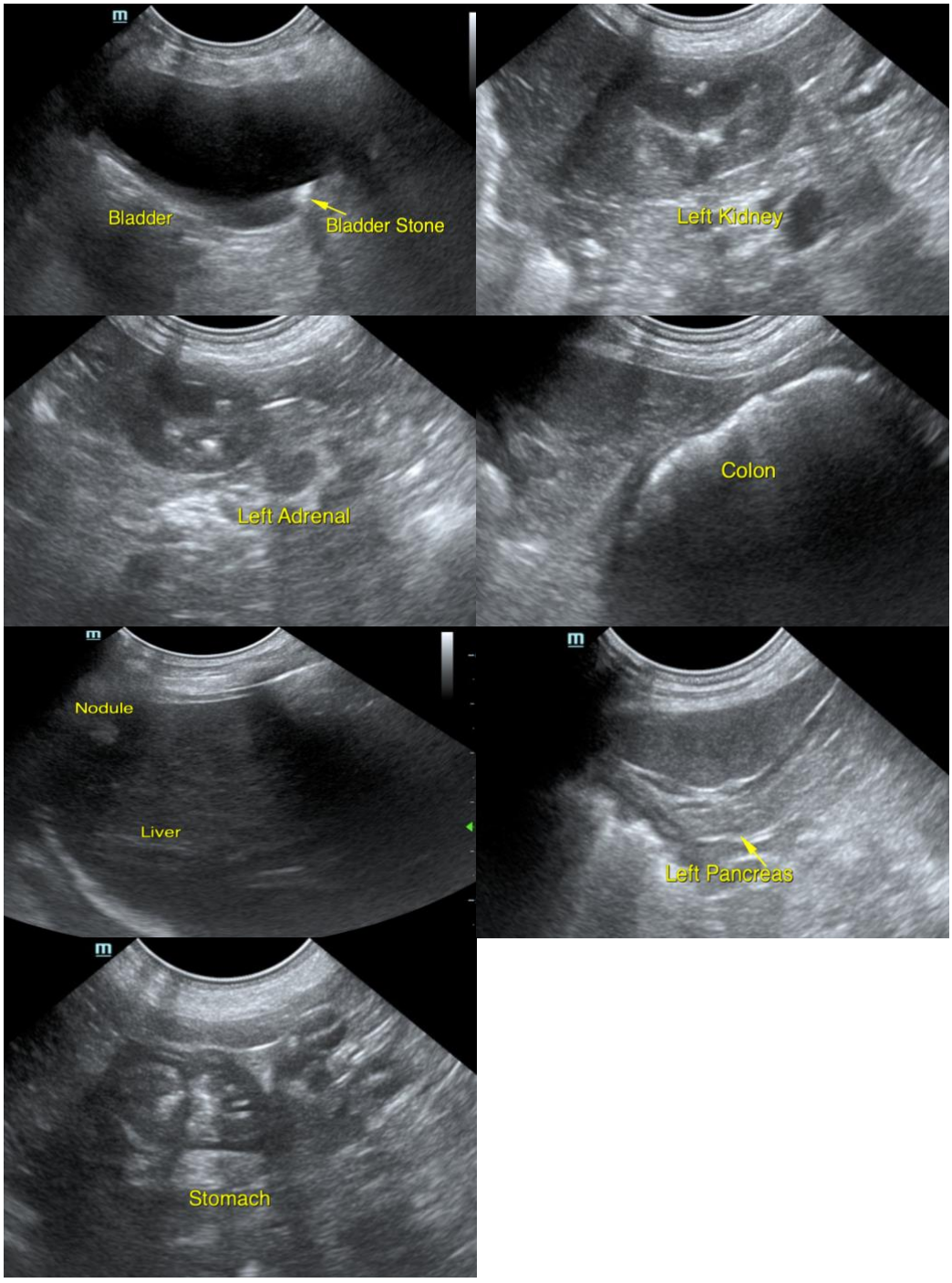
specific diet (such as Hills w/d, i/d, Animal Biome or Royal Canin Gastrointestinal), and consider fiber supplementation.

The changes to the liver, as well as the liver nodule are likely benign, as they are subtle. The nodule is at the diaphragm, making aspiration more challenging, but aspirates could be considered if the liver values continue to increase and the patient fails to improve with treatment for acute diarrhea.



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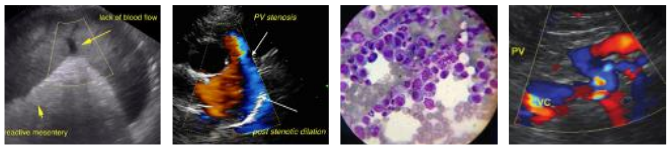

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)

info@SonoPath.com