SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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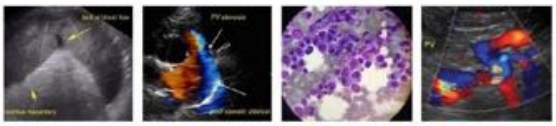


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Caleigh Reid

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

11 years

WEIGHT

4.4 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region VEC

REFERRING VET

Grewal

INVOICE

13954

DATE

8.4.23

PRESENTING CLINICAL SIGNS

Presenting complaint: Lethargy and anorexia. No vomiting or diarrhea for 3 weeks. Chronic intermittent vomiting/diarrhea leading up to this. No C/S/PU/PD. No known toxin ingestion Ate some food last night but nothing today. Has become more selective with diet with eat more some days and less other days. Gastrointestinal: Hard and tense abdomen, patient painful and became aggressive on palpation. Pot-bellied appearance. Possible palpable mass? patient not cooperative for extensive abdominal palpation.

Abnormal PE/Chem/CBC/UA Results/Bloodwork: Mildly low MCV 58.1 (rr: 61.6-73.5)Mild elevation MCHC 410 (rr: 320-379) Mildly low Retic-Hgb 18.4 (rr: 22.3-29.6) Moderate leukocytosis 22.4 (rr: 5.05-16.76) characterized by mild neutrophilia 13.92 (rr: 2.95-11.64) with suspected band cells, and MARKED monocytosis 3.92 (rr: 0.16-1.12) Mild elevation PCT 0.53 (rr: 0.14-0.46) Chemistry: Mildly low Crea 43 (rr: 44-159) and mildly low BUN 1.6 (rr: 2.5-9.6) Electrolytes: WNLT4: 15 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 1.00 cm and was normal in thickness and tone.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 4.30 cm in length. The right kidney measured 4.20 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

The left adrenal gland was visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 6.00 mm at the caudal pole, 5.00 mm at the cranial pole and 1.80 cm in length. The right adrenal gland has an expansive mineralizing nodule (measuring 1.00 cm x 1.00 cm). The adrenal gland itself measures 4.00 mm caudally and 12.00 mm cranially where the mass is, and 2.00 cm in length. The mass is hypoechoic with small mineralizations and an irregular capsule contour.

Spleen

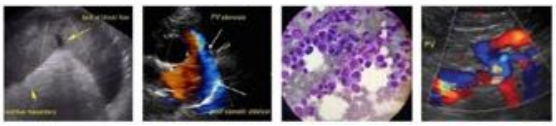
The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was subjectively mildly enlarged, with a smooth capsule contour. The hepatic parenchyma was coarse with normal portal markings and overt nodules or masses. The gallbladder was normal in size and contents.

Gastrointestinal

The stomach was moderately distended with fluid and suspended particulate matter. The mucosa was hypertrophied and the pyloric outflow had hypertrophic mucosa and muscularis layers. The wall layering was intact in the stomach, despite being thickened. The duodenum was spastic and thickened,



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primarily due to a thickened mucosal layer. The small intestine was curvilinear with normal wall thickness and layering throughout. There was significant regional mesentery inflammation in the cranial abdomen around the duodenum and right pancreas area.

Pancreas

There was diffuse enlargement of the right pancreas with ill-defined hypoechoic parenchyma, with an irregular capsule contour. The surrounding mesenteric fat was enlarged and hyperechoic. There was mild focalized free fluid present in this area. There was increased vascularity on power doppler assessment. The abnormal region of right pancreas measuring 6.50 cm x 3.70 cm. The left limb of the pancreas and the body were normal and isoechoic. This is localized to the right pancreas only.

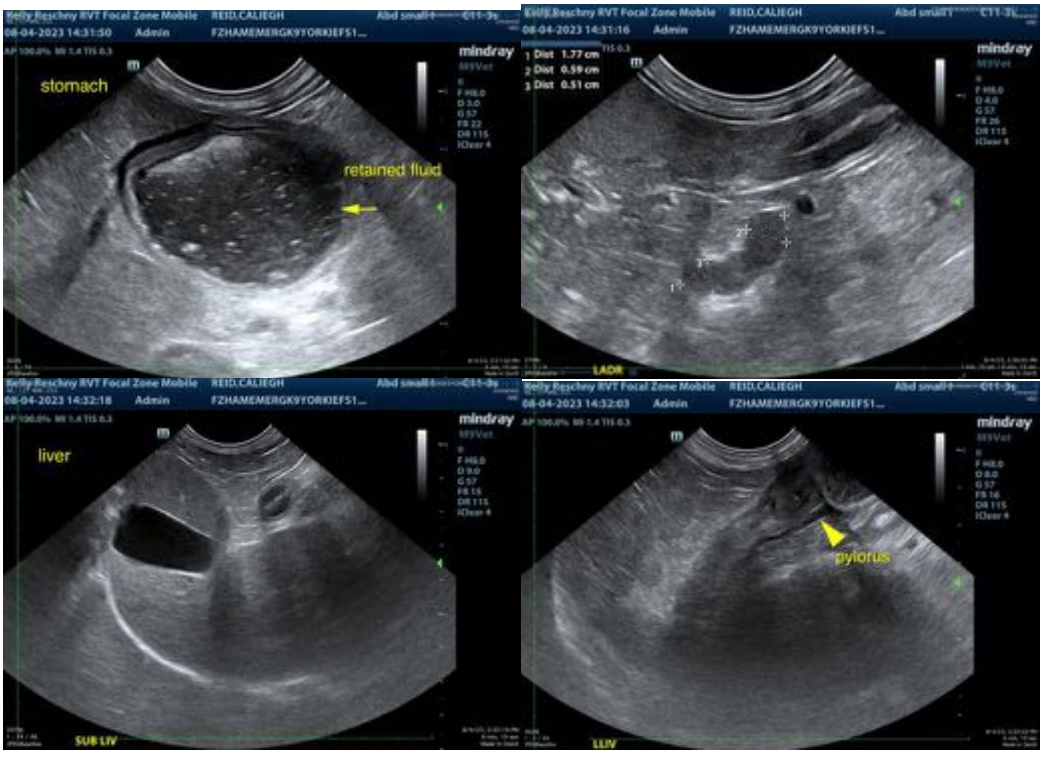
Free Abdomen

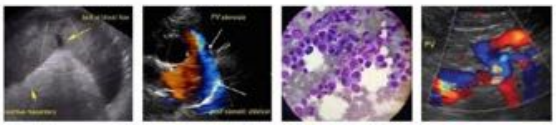
FINDINGS

- Severe right pancreatitis – potential for pancreatic neoplasia
- Localized peritonitis around right pancreas
- Severe gastritis with moderate retained gastric fluid
- Right adrenal nodule, mineralizing and irregular – ddx adenoma, adenocarcinoma or pheochromocytoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The anorexia, lethargy and abdominal pain are due to the significant pancreatic inflammation and peritoneal inflammation in the cranial abdomen. Severe pancreatitis and pancreatic neoplasia can look the same on ultrasound. FNA of the right limb of the pancreas is indicated to differentiate. Supportive care, IVF, analgesia and antiemetics are all indicated.
The right adrenal nodule could be unrelated to the pancreas and a separate issue, or represent metastatic spread. The nodule could be benign or malignant and would need further testing to evaluate.





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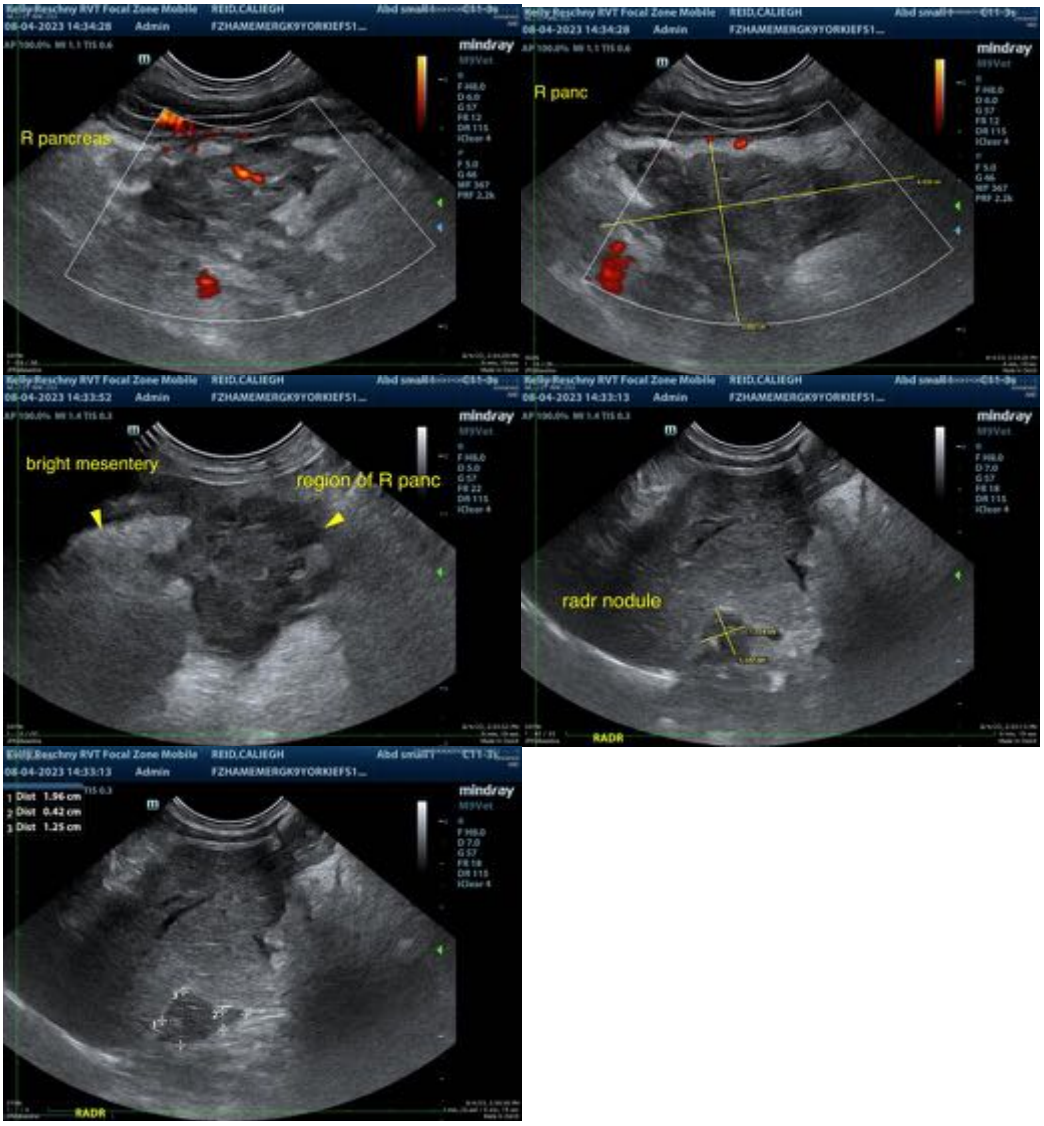

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com