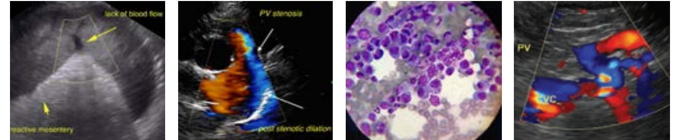


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Bella Allen

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.6 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Raski

INVOICE

34344

DATE

1/19/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting, not eating, and lethargic since Monday. Saw RDVM Tuesday and given Buprenex and Cerenia. Ate some eggs yesterday after visit but vomited them up today. Went back to RDVM who did radiographs (mass in the abdomen). Refer here for ultrasound. Owner leaving for Florida tomorrow. Previous Health Concerns: diabetes (no insulin since Monday AM), abdominal mass 1/19 Current Medications: Carprofen 75mg (1/2) q24-given last night, Cerenia 24mg (1) q24-none given this morning, Famotidine 10mg (1/2) q24-given this AM and vomited. Insulin, none in 48 hours.
Appetite/When did they eat last: not eating well since Monday
Abnormal PE/Chem/CBC/UA Results: Rdvm rads: mass effect, cranial abdomen Tense on abdominal palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.73 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.15 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

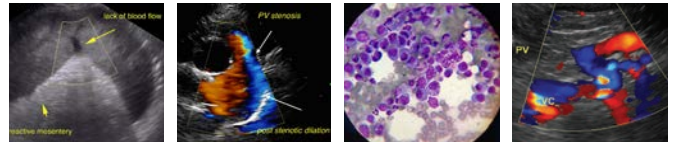
Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. In the right caudal lobe there are several ill -defined hypoechoic structures which could be consistent with abscesses or nodules. Additionally this could be overlapped with the abnormal pancreas.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT

Bella Allen

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.6 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Raski

INVOICE

34344

DATE

1/19/22

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. In these areas, wall thickness appears normal, and the bowel loops follow a typical curvilinear path. There is a section of bowel with a pronounced, somewhat plicated appearance and heavy shadowing, This could be pathology secondary to the peritonitis present, foreign material, mass effect other. Recommend evaluation.

The ileo-cecal junction is visualized and largely appears normal, no wall thickness is noted.

Pancreas

The pancreas is large and hypoechoic with surrounding hyperechoic mesentery. In the area of the pancreas, there are several large, hypoechoic cystic appearing structures, particularly in the right limb, measuring 2.4 and 1.4 cm. These lesions are concerning for pancreatic cysts or abscesses (cant rule out caudal heapatic lesions). There is a large volume of free abdominal fluid. Findings are most consistent with severe pancreatitis with possible abscessation.

Free Abdomen

There is a large volume of mildly echogenic free fluid. No lymphadenomegaly, and the omentum is generally of increased echogenicity, particularly in the area around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Large, severely inflamed pancreas with possible cystic lesions (cysts/abscesses) – The pancreas appears severely inflamed, and there is a large volume of free abdominal fluid present. Findings are consistent with severe pancreatitis +/- abscess/cyst.

- Plicated/corrugated bowel with severe shadowing most consistent with compromised/abnormal small intestine differentials include- fibrosis, foreign material, severe enteritis etc..

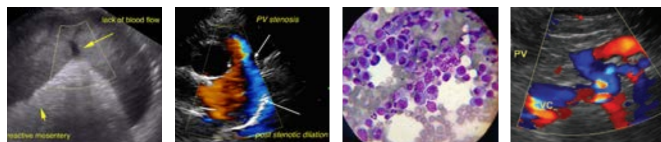
- Large volume free, mildly echogenic abdominal fluid with hyperechoic mesentery – The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid collection, in-house cytology to look for bacterial peritonitis and the need for possible emergency surgery. Also recommend sending out for cytology an aerobic and anaerobic culture.

- Large hyperechoic liver-most consistent with diabetic hepatopathy. The previously described pancreatic lesions could also involve the right caudal lobe of the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe pancreatitis present with cystic lesions in the area of the pancreas /caudal liver that are concerning for possible pancreatic cysts or abscesses. There is a large volume of free abdominal fluid, and what I suspect is a large amount of shadowing material in the bowel. Correlate this finding with abdominal radiographs.

- Recommend in-house fluid analysis and evaluation to try to determine if emergency surgery



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

PATIENT

Bella Allen

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.6 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Raski

INVOICE

34344

DATE

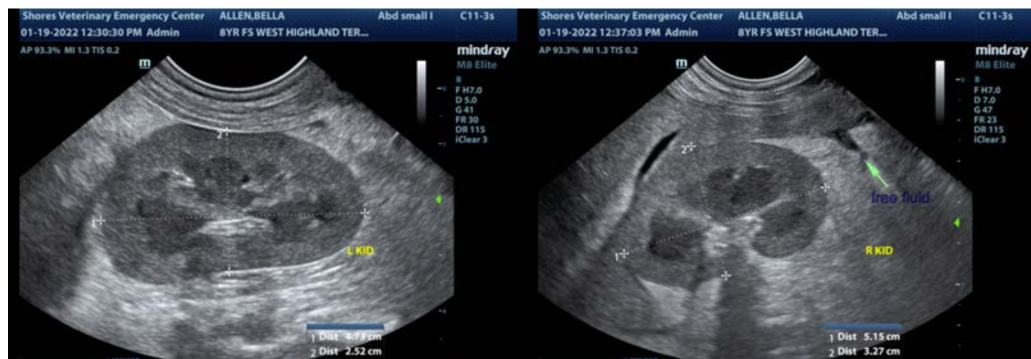
1/19/22

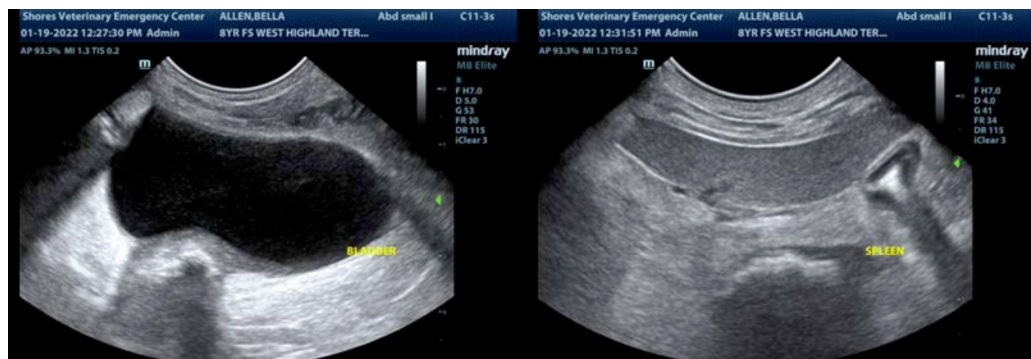
would be indicated. This patient needs to be hospitalized, treated intensively, and check for ketosis, as the history reports a lack of insulin for 3 days.

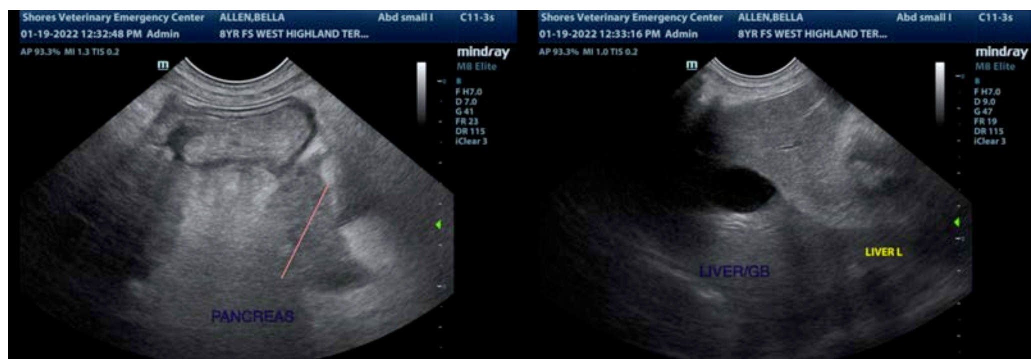
- Recommend aggressive therapy for pancreatitis, possibly including plasma, and close monitoring of the pancreatic lesions with serial imaging and the possible need for percutaneous drainage.

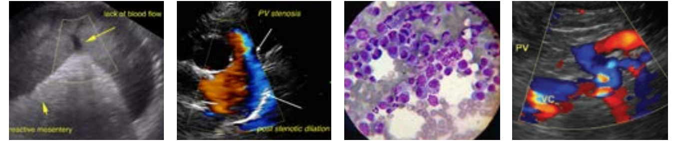
- Consider exploratory surgery after stabilization to further evaluate the abnormal bowel, lavage/debride the pancreatic/hepatic lesions, place a feeding tube and make sure there is no evidence of a bowel perforation.

Prognosis is guarded.









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

PATIENT

Bella Allen

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.6 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

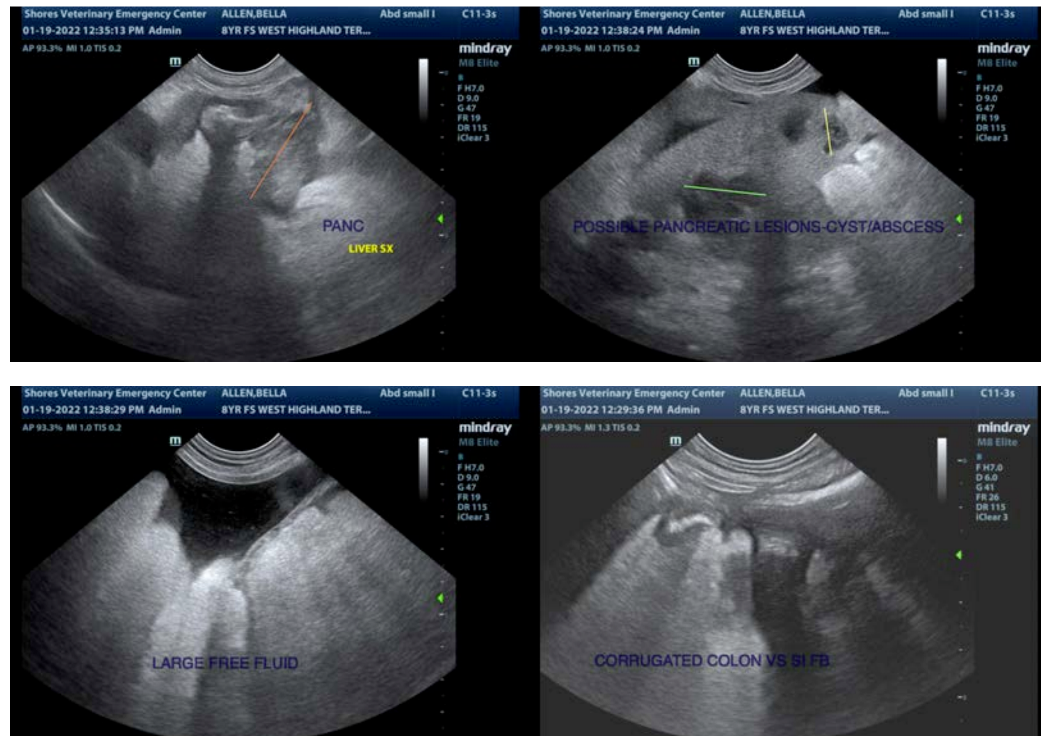
Dr. Raski

INVOICE

34344

DATE

1/19/22



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com