



PATIENT

Mia Greco **PRESENTING CLINICAL SIGNS**

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

Very slight decrease in ALT. Concern for possible pancreatic disease. DDX: Open, hepatic disease, muscle trauma, kidney, other. Sodium potassium ratio slight decreased and hyperkalemia with low normal sodium. Does not have generalized signs of Addisons at home. No azotemia. In previous sodium upper end of normal. Urine is concentrated. There is possibility that it fluctuates but at this time Addisons would be on the back burner. Plan: Recommend abdominal and chest x-rays along with bile acids test. HWT Ag: Neg Fecal: No O & P seen Chem: SI incr Alt, Na, K, amylase. Incr PSL U/A: Incr pH. likely causing falsely increased prot. Also from incr rbc's from cysto. struvite crystals. A: Suspect all due to mild dehydration. R/o hepatic vs muscle vs other from incr Alt, PSL

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 31 15 66 IU/L ALT (SGPT) 177
POTASSIUM 6.3 H 3.6 5.5 mEq/L NA/K RATIO 24 AMYLASE 1193 H 290 1125 IU/L PrecisionPSL 339

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.

WEIGHT

32 Pounds

The left kidney has a normal shape and size (4.9 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.

INTERPRETED BY

R. McKenzie Daniel,
DVM. DABVP

The right kidney has a normal shape and size (5.3 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

South Reno VH

The right adrenal gland is normal in size measuring 0.58 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Schmitt

Spleen

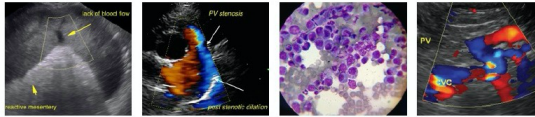
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity splenic nodule visualized measuring 1.32 cm x 0.67 cm. This nodule has a hypoechoic, somewhat cavitated appearing center. It does not significantly deviate the splenic capsule.

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1/26/22



PATIENT

Mia Greco **Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

SPECIES

Canine

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.

BREED

Labradoodle

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SEX

Spayed Female

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.4 cm. Jejunum wall measured 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

11 Years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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. Colon wall measures 0.2 cm.

WEIGHT

32 Pounds

Pancreas

INTERPRETED BY

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

R. McKenzie Daniel,
DVM. DABVP

IMAGING BY

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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ULTRASONOGRAPHIC FINDINGS

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- Mixed echogenicity splenic nodule- There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

Dr. Schmitt

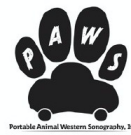
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- Hypoechoic pancreas surrounded by hyperechoic mesentery - The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend PLI testing

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Mia Greco and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine No focal lesions were visualized associated with the liver or gallbladder to explain the ALT elevation. The pancreas does appear prominent with some fuzzy inflamed surrounding mesentery. This could be consistent with active mild pancreatitis or a recent episode of pancreatitis. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

BREED

Labradoodle

Additionally, there is a mixed echogenicity nodule in the splenic parenchyma. This could represent a benign or cancerous lesion. Options moving forward include splenectomy with histopathology, a fine needle aspirate of the splenic nodule, or close continued monitoring with ultrasound.

SEX

Spayed Female Recommend Denamarin and continued monitoring of ALT. If the enzyme elevations persist or worsens, you might consider a liver function test, screening for Leptospirosis and a fine needle aspirate of the liver.

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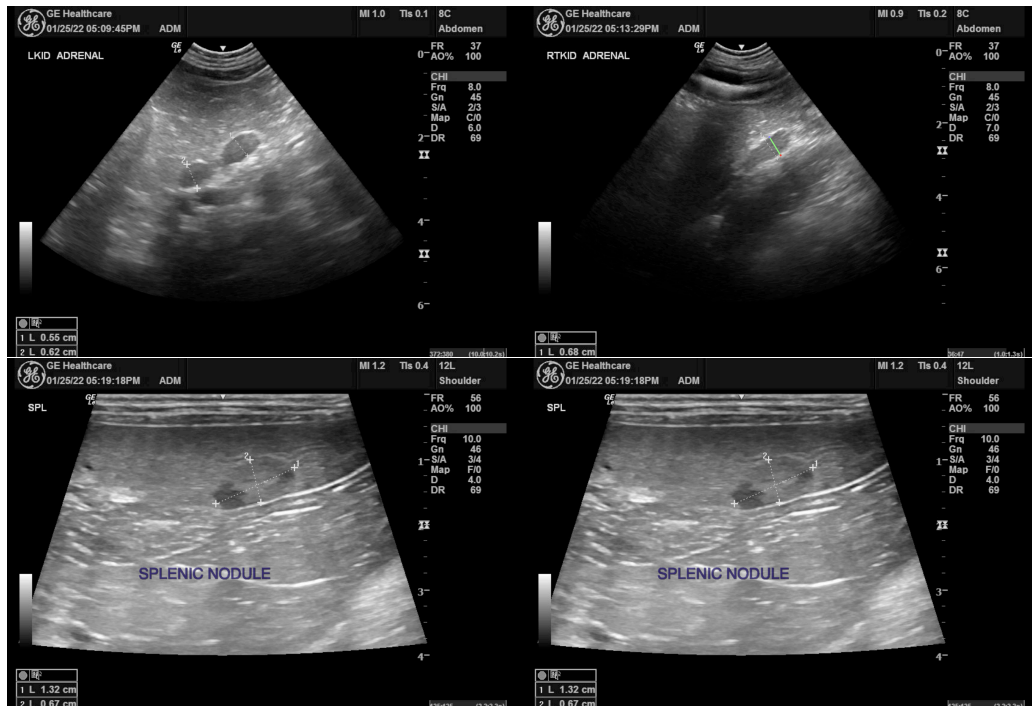
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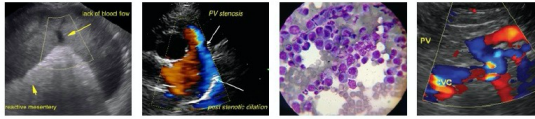
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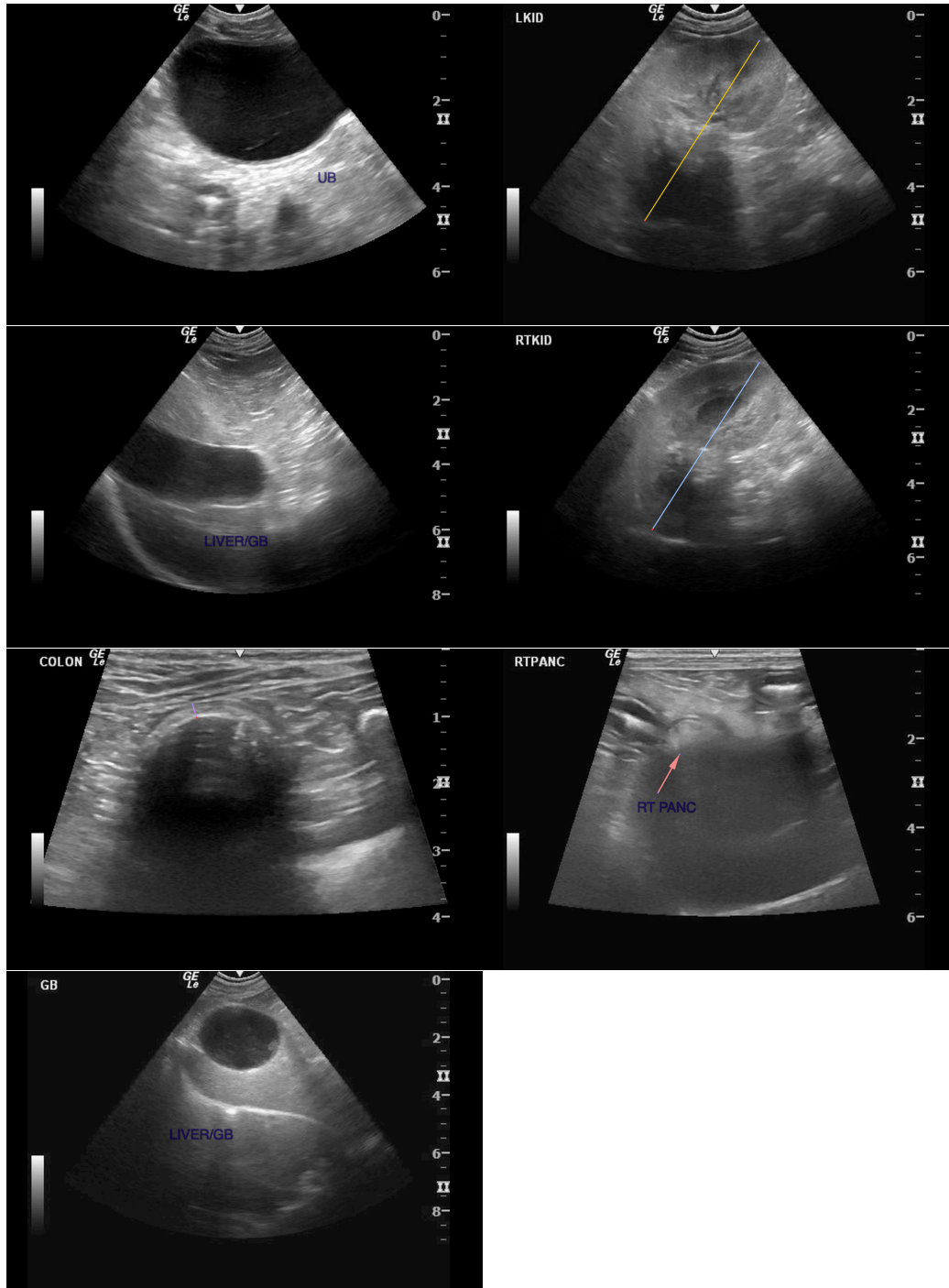
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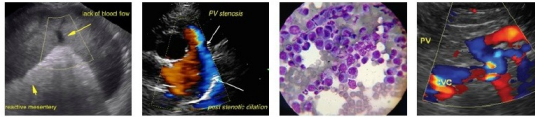
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Mia Greco **The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

SPECIES

Canine

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.

BREED

Labradoodle

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