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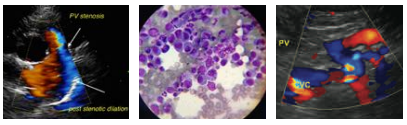

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DATE
1/4/22

PATIENT
Trooper Adams

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Neutered male

AGE
8/22/09

WEIGHT
39.7 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
94976

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Bloody Diarrhea; Not Eating. Date: 01-01-2022 Notes: Had diarrhea for 2-3 days and won't eat. Vomited first night. diet- Blue Natural Alligator. Prescription. Signs started Thursday night also gets access to some chicken. Hx of Addison's. ATO- Wednesday night 9pm had diarrhea all night on and off. Thursday improved but still diarrhea, gave pumpkin, vomited and not eating, diarrhea improved, drinking a little and syringing water, urinated, burping and gassy. Not eating. No hx of DI - is usually hungry all the time and would previously eat any food but no hx of ingestion of foreign material. Diarrhea mainly brown- some streaks of red. On prednisone- last given Wednesday. Due for Percorten today - given once a month- unsure if bloodwork last checked 2 months ago. Hx of heart murmur- echo performed years ago. Hx of acl tear x 2 and humeral fracture; hx of ear infections hx of masses/ lipomas O worried about teeth.
Assessment:
Trooper 12.5 yr MN Cocker spaniel Problems: diarrhea 3-4 days (small streaks of blood- mainly brown); Vomiting 1 day; Addison's disease, Masses throughout integument, Tense abdomen, severe dental, heart murmur- hx of this cannot hear heart on exam. Concern for Addisonian crisis and pancreatitis vs gastroenteritis vs kidney vs liver dz vs neoplasia.
Current Medications: Prednisone, Cerenia, Omeprazole, Clavamox, Entyce, Unasyn, Dexamethasone SP (1/2/22), Buprenex, Pantoprazole, Vitamin B Complex.
Lab Results: Attached separately.
Radiographs: AFAST/TFAST: NO FF. Xray Abdomen 2 View enlarged liver - mass like structure in caudal liver lobe vs tail of spleen, good serosal detail lateral suture / clip in stifle from previous ACL tear, obese.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

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 prostate is normal in size (1.34 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.46 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 (5.46 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 left adrenal gland is normal/borderline small in size measuring 0.4 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.

The right adrenal gland is normal/borderline small in size measuring 0.27 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.

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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is slightly prominent and measures at mildly thickened at 0.44 cm. It has a smooth mucosal surface and luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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.

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. The duodenum measured as normal (0.37 cm in wall thickness) and the jejunum measured as normal (0.31 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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. A large lipoma is visualized in the cranial abdomen and measured approximately 10.28 x 6.34 cm. I suspect that this is a subcutaneous lesion.

Heart

In some images the vena cava appears subjectively prominent and large, this could be normal for this individual or consistent with cardiac issues, an intrathoracic lesion etc…

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Large heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The changes are likely due to chronic prednisone therapy.

- Mild gallbladder wall thickening. This could be secondary/reactive to the diarrhea/GI signs reported. No significant gallbladder lesions are visualized. I recommend to continue to monitor.

- Small amount of shadowing debris in the gastric lumen. Correlate with feeding/medication history and abdominal radiographs. This may be a small amount of ingesta, medication, etc. If the patient was adequately fasted then consider possible foreign material, but there is no obvious evidence of obstruction.

SECONDARY FINDINGS:

- Bilaterally small adrenal glands. This is consistent with chronic prednisone use and the diagnosis of Addison's.

- Large, suspect lipoma visualized. This is likely subcutaneous lesion. Intraabdominal cannot be excluded. If there are concerns I recommend a FNA.

- Prominent vena cava- the significance of this is unclear- consider echo if murmur is still present

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal for an older Addisonian pet. There was no obvious focal bowel lesions visualized and the pancreas is somewhat prominent.

- Recommend symptomatic therapy for an HGE like episode.
- Recommend a GI panel with quantitative PLI, TLI, cobalamin and folate to further evaluate the pancreatic changes observed in the small intestine.
- I recommend a 2-3 time physiologic dose of steroids (0.5-0.75 mg/kg/day) to handle the stress of illness, but not to increase risk for GI ulceration, etc.
- If symptoms persist consider reevaluation of the gastric material visualized with serial imaging.


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AP 100.0% MI 1.4 TIS 0.3
Cranial RT
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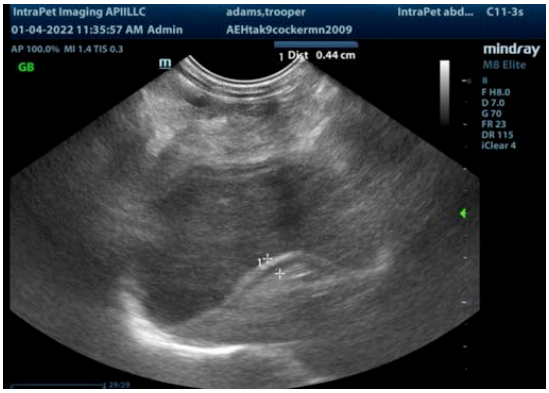
M8 Elite
PANC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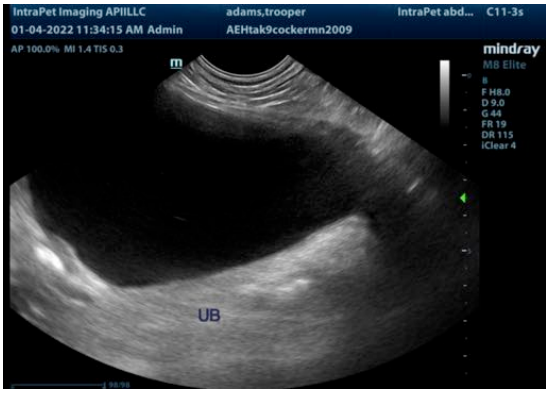
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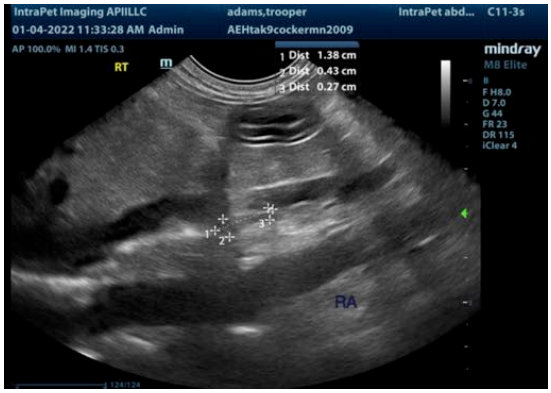
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RT
1 Dist 1.38 cm
2 Dist 0.43 cm
3 Dist 0.27 cm
mindray
M8 Elite
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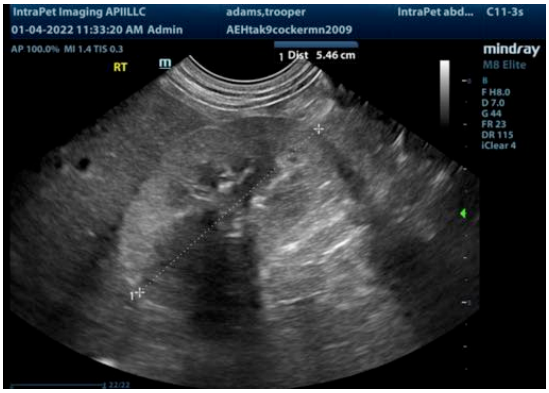
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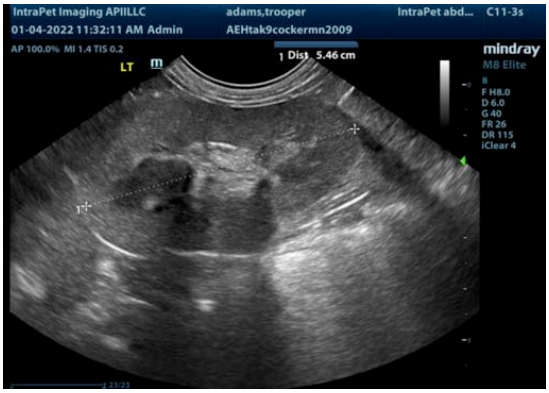

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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