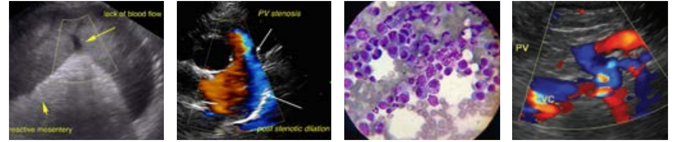
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gracie Lyons

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

61 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Greg Hartman

INVOICE

26261

DATE

10/14/21

PRESENTING CLINICAL SIGNS

Diabetes mellitus, Cushing's Dz (recently dx'd), pancreatitis, inappetence
Abnormal PE/Chem/CBC/UA Results: CBC = WNL, Chemistry = increase in blood glucose 339, ALT, SAP, GGT all elevated, as is the lipase. ACTH Stim test showed evidence of Cushing's Dz.

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 (7.26 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 (5.5 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 in size measuring 0.53 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 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.

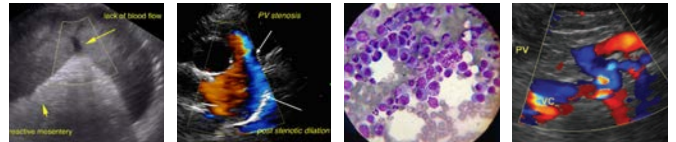
Liver

The liver is 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is significantly dilated with fluid and a small amount of irregular shadowing material. 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 evidence of an obstruction visualized.



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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 0.33 cm. Jejunum wall measured 0.29 cm. Visualized peristalsis appears appropriate. There is bowel visualized with shadowing material, representative of intraluminal foreign material. The amount of shadowing obscures visualization, and it is difficult to tell if this is fecal material or foreign material. No significant small bowel dilation is visualized. I suspect this is stool , but correlate with abdominal radiographs and rescan within 12-24 hours to see if things are more clear once this patient is better hydrated (unless an obstructive pattern is present, in which case, consider surgery once stabilized).

Much of the large intestine appears obscured due to heavy shadowing material intraluminally, most consistent with fecal material. Unfortunately, this shadowing makes visualization difficult, and a small intestinal foreign body cannot 100% be excluded. Lack of small bowel dilation makes this less likely.

Pancreas

The pancreas is prominent and hypoechoic with surrounding hyperechoic mesentery. There is no evidence of nodules or cystic lesions. Findings consistent with previous or mild current pancreatitis.

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 increased echogenicity in the area of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Large, heterogeneous 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. This is a common finding in diabetic patients.

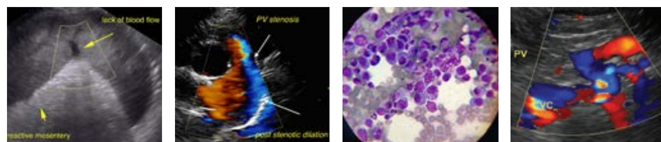
- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- Significant fluid distention of the stomach – correlate with feeding and drinking history. This could be consistent with recently eating or drinking, or with gastric ileus. An obstruction cannot be excluded as a possibility.

- Intraluminal shadowing material within the bowel – There is shadowing material within the the bowel. I suspect this is most consistent with fecal material, but shadowing hinders visualization somewhat, and I cannot rule out a small intestinal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with mild pancreatitis, and a heterogeneous liver, which would be consistent with both diabetes and Cushing's disease. Unfortunately, there is a largely fluid dilated stomach, which can be common with pancreatitis (gastric ileus), but there is additionally a large amount of shadowing material within the bowel, which I suspect is fecal material.Shadowing hinders visualization, and a small



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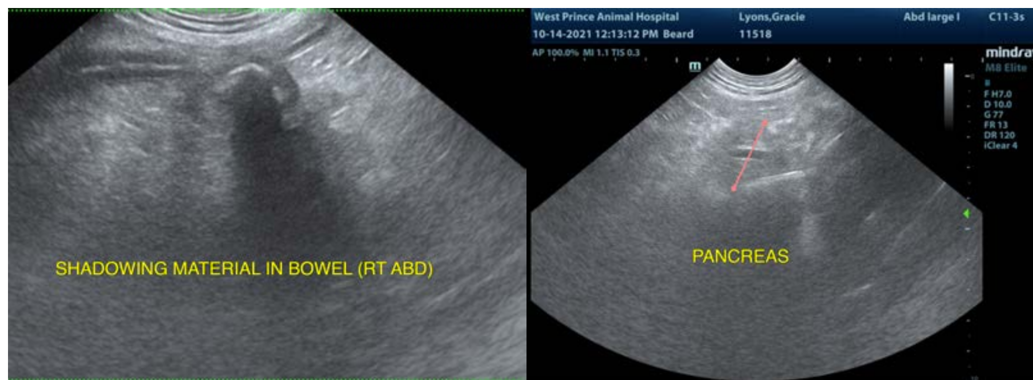
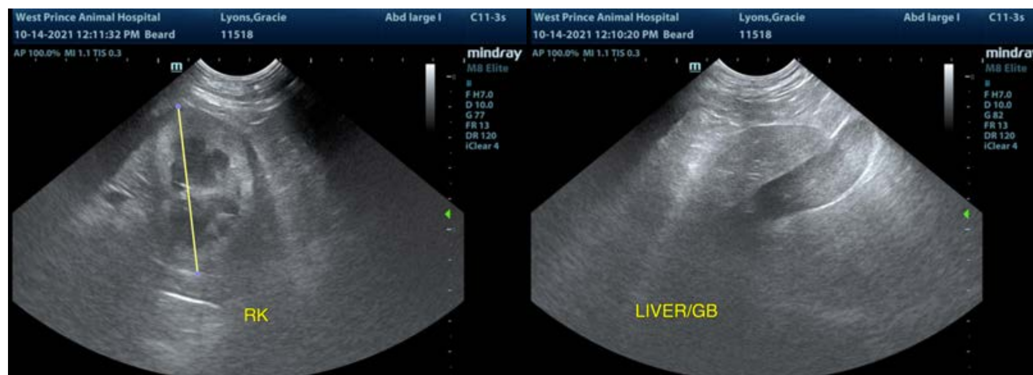
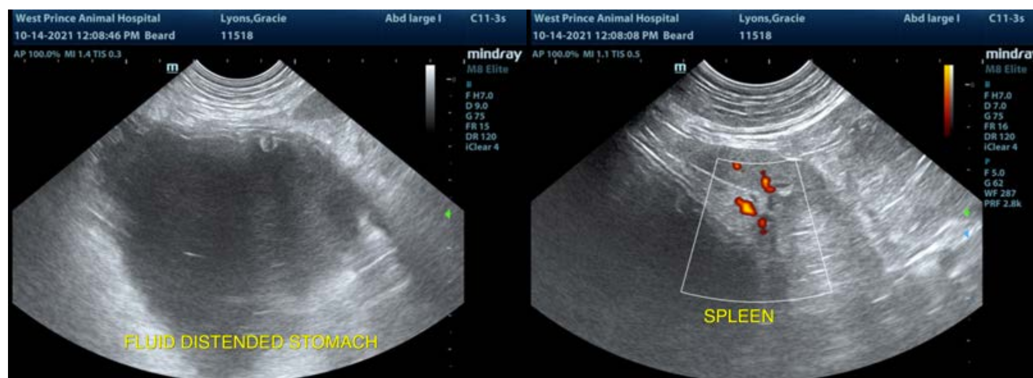
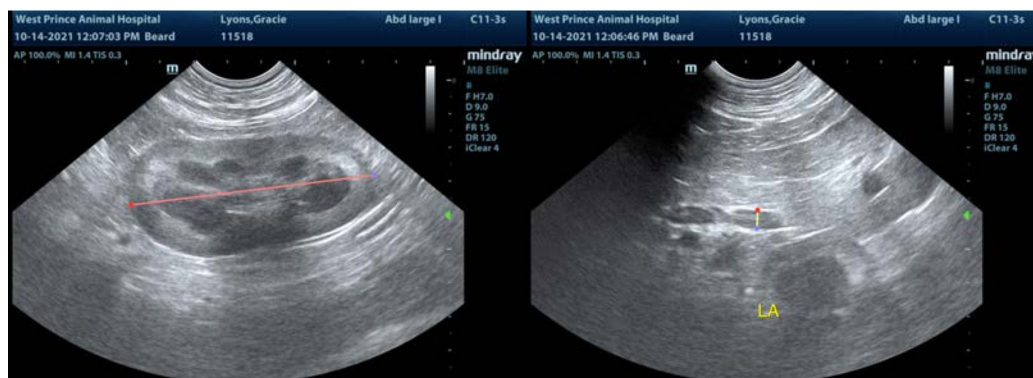
intestinal foreign body cannot be excluded as a possibility. Recommend rehydration and stabilization with close monitoring. Correlate findings with abdominal radiographs. Recommend reimaging in 12-24 hours, sooner if there are concerns based on radiographs that the patient is obstructed.









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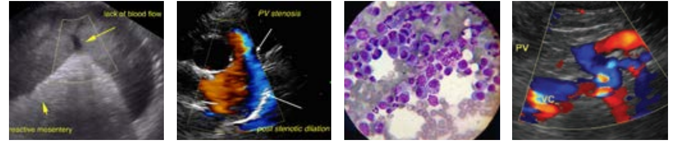

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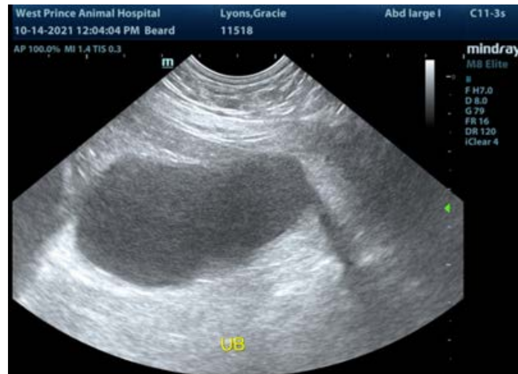

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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