IMAGING PERFORMED BY

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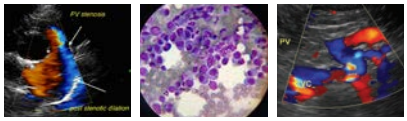

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DATE

11/2/21

PATIENT

Suki McCall

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

7/18/10

WEIGHT

20.25 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Ullman

INVOICE

26769

PRESENTING CLINICAL SIGNS

History: Abdominal pain, persistent soft stools.

Current Medications: Tramadol 50mg 1/2 tab PO Q 8 hrs.
Lab Results: Labs in June - minor elevation in ALT, slight decrease in K+, normal CBC. GI Panel, Spec CPL NSF.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

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, or masses. In some of the views, there is a small pinpoint mineralization in the dependent portion of the urinary bladder, measuring 0.22 cm. This is most consistent with a small bladder stone or small pile of mineralized debris.

The left kidney has a normal shape and size (4.87 cm) with non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.92 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 0.63 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 in size measuring 0.56 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 gall bladder lumen is moderately distended. The wall of the gall bladder has irregular polypoid projections and there is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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.

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 0.35 cm. Jejunum wall measured 0.25 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 mottled 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. The pancreatic duct is prominent at 0.22 cm.

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.

PRIMARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly 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.
- Small pinpoint mineralization in the dependent portion of the urinary bladder – suggestive of a small stone. Correlate with abdominal radiographs (this may be too small to see). Recommend urinalysis and culture.

SECONDARY FINDINGS

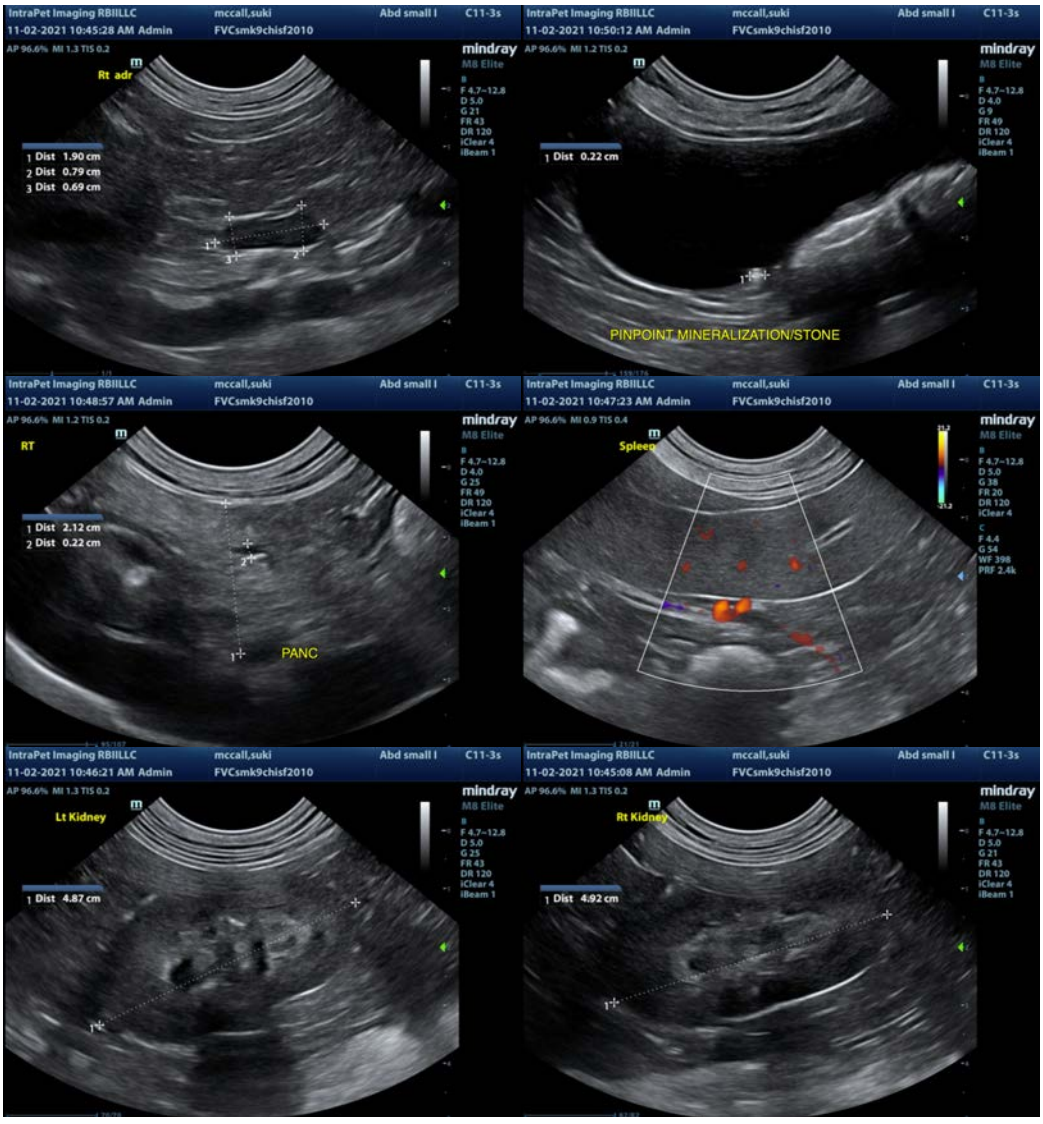
- Very small gallbladder polyps – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

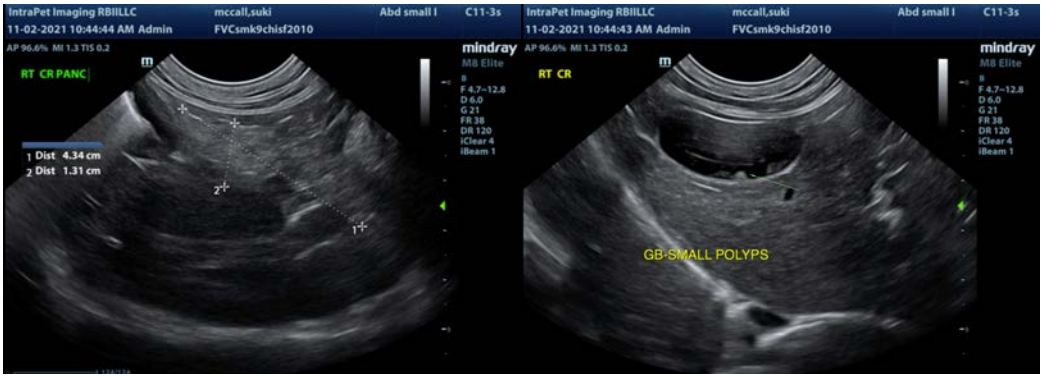
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is somewhat prominent, and this could be consistent with current chronic inflammation or previous inflammation. Consider a GI panel with a quantitative PLI, TLI, cobalamin and folate to both evaluate the pancreas and the small intestine for underlying disease. No focal lesions were observed in the liver. The ALT elevation could be secondary to the pancreatic changes and the chronic diarrhea, but is should be monitored, and you could consider a liver function test to ensure it is not more serious.

No lesions were visualized associated with the GI tract, but there are many causes for diarrhea that cannot be diagnosed with ultrasound alone. Consider GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

- Consider changing to a low-fat diet and treating symptomatically for pancreatitis (ant-nausea medications, pain medications as needed, etc.) Also consider back pain as a differential for the abdominal pain noted.
- Recommend starting a probiotic.
- Recommend a GI panel as recommended above.
- Recommend follow up liver enzyme elevations, as this is not current blood work.
- If symptoms are progressing, consider reevaluation of the pancreas with ultrasound and obtaining GI biopsies.





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.

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