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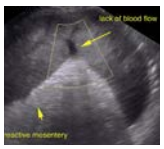
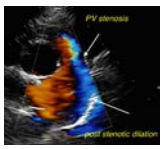
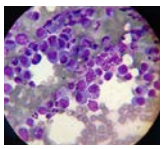
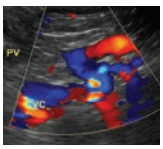

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Coco Silva

SPECIES
Canine

BREED
Rat Terrier

SEX
Spayed Female

AGE
8 Years

WEIGHT
18 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
North Jersey AH

REFERRING VET
Dr. Shaw

INVOICE
45200

DATE
2/16/23

PRESENTING CLINICAL SIGNS

Inappetence, vomiting, jaundice.

Abnormal PE/Chem/CBC/UA Results: Rbc 57.4 (54.5 H); Hgb 21.1 (18.4 H); WBC 22.07 (16.9 H); Neu 13.88 (12 H); Lym 5.28 (4.9 H); Mono 2.63 (2 H); Glob 5.0 (4.5 H); ALT and ALKP unreadable on Catalyst Dx; GGT 78 (11H); TBil 13.6 (0.9 H); Chol 334 (320 H); CL 106 (109 L)

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 focal 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 (4.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.45 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 0.53 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly 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 mildly distended with anechoic material. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The bile duct appears somewhat dilated proximally with no evidence of significant intraluminal material. It is seen just distal to the liver measuring at 0.78 cm, but is lost to follow in the region of the pancreas.

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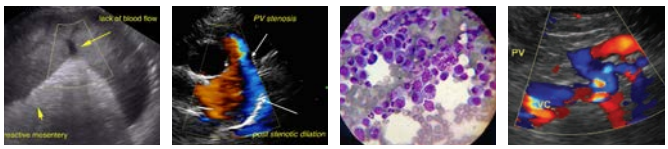

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Gastrointestinal

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 measures 0.32 cm. Jejunum wall measures 0.27 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 large and hypoechoic with a somewhat “meaty” texture and a prominent pancreatic duct, particularly in the right limb. There are no focal mass lesions or cysts visualized. There is minimal to mild surrounding inflammation.

Free Abdomen

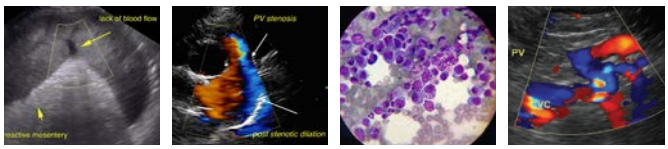
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent lymph nodes visualized in the cranial abdomen measuring 0.72 cm and 0.50 cm. The omentum is generally of normal echogenicity, but slightly hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic, “meaty” pancreas with mild surrounding inflammation – Findings are likely consistent with pancreatitis. A fine needle aspirate could be considered to rule out infiltrative disease.
- 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.
- Distended gallbladder with dilated bile duct – Findings are concerning for possible bile duct obstruction. No intraluminal lesions are observed. Consider possible post-hepatic obstruction due to pancreatitis.
- Prominent lymph nodes in the cranial abdomen – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder appears moderately distended, and the bile duct is distended. There is minimal intraluminal material visualized, increasing concern for possible post-hepatic biliary obstruction secondary to pancreatitis. The pancreas is very prominent and enlarged, but there are only mild surrounding inflammatory changes, so these changes could be consistent with previous episodes of pancreatic inflammation, pancreatic neoplasia, etc.



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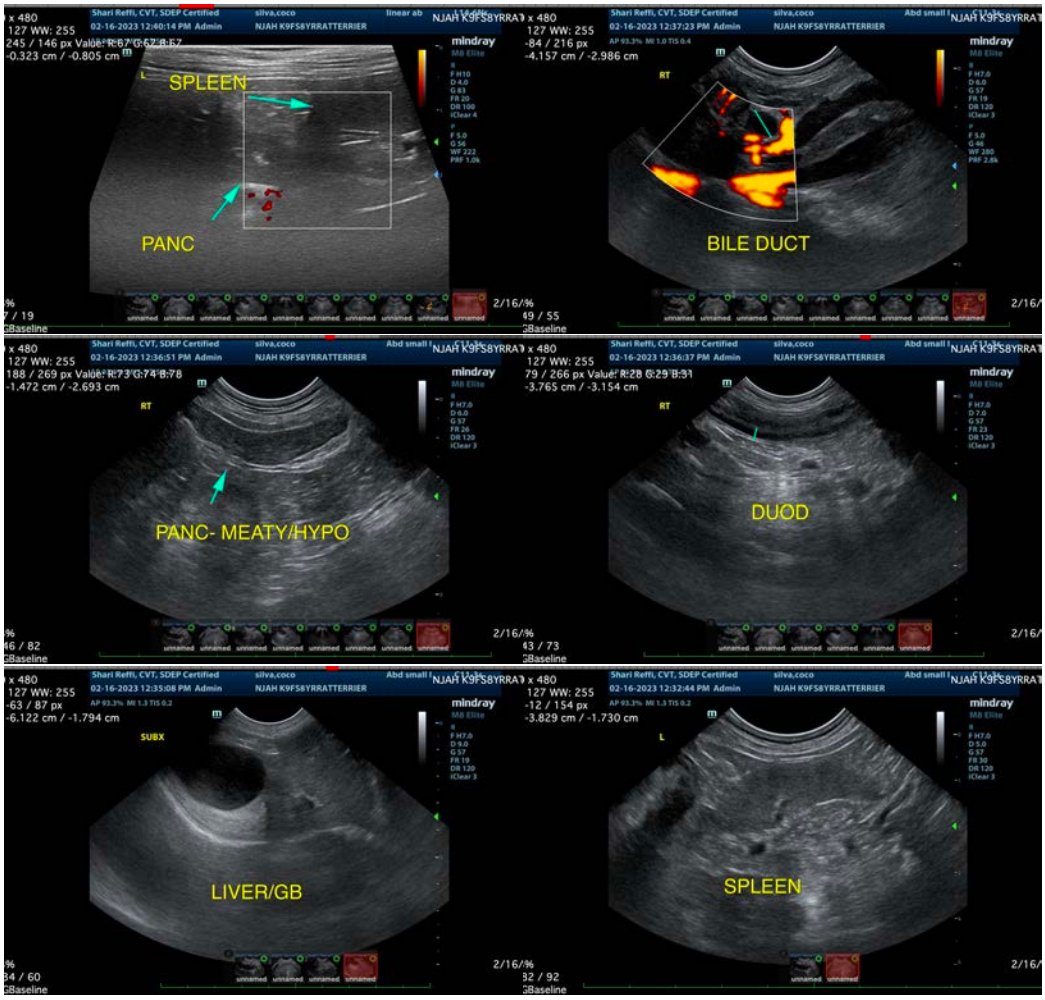
Recommend treatment for pancreatitis as well as a fine needle aspirate of the liver, looking for possible evidence of round cell neoplasia, etc. Consider reevaluation of the gallbladder in 24-48 hours (sooner if the patient is not doing well), and intensive supportive care for pancreatitis in hopes that the bilirubin levels will drop, and the patient will improve. If this is not happening and ultrasound changes are persist/not improved, a contrast CT or surgical evaluation may be indicated (provided cytology does not indicate round cell neoplasia, etc.). Additionally, a fine needle aspirate of the pancreas is recommended due to its prominent appearance.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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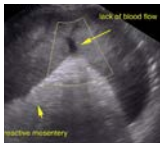
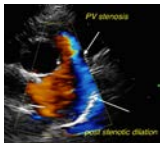
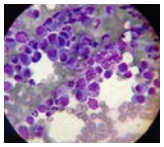
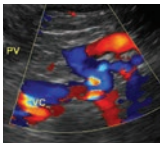

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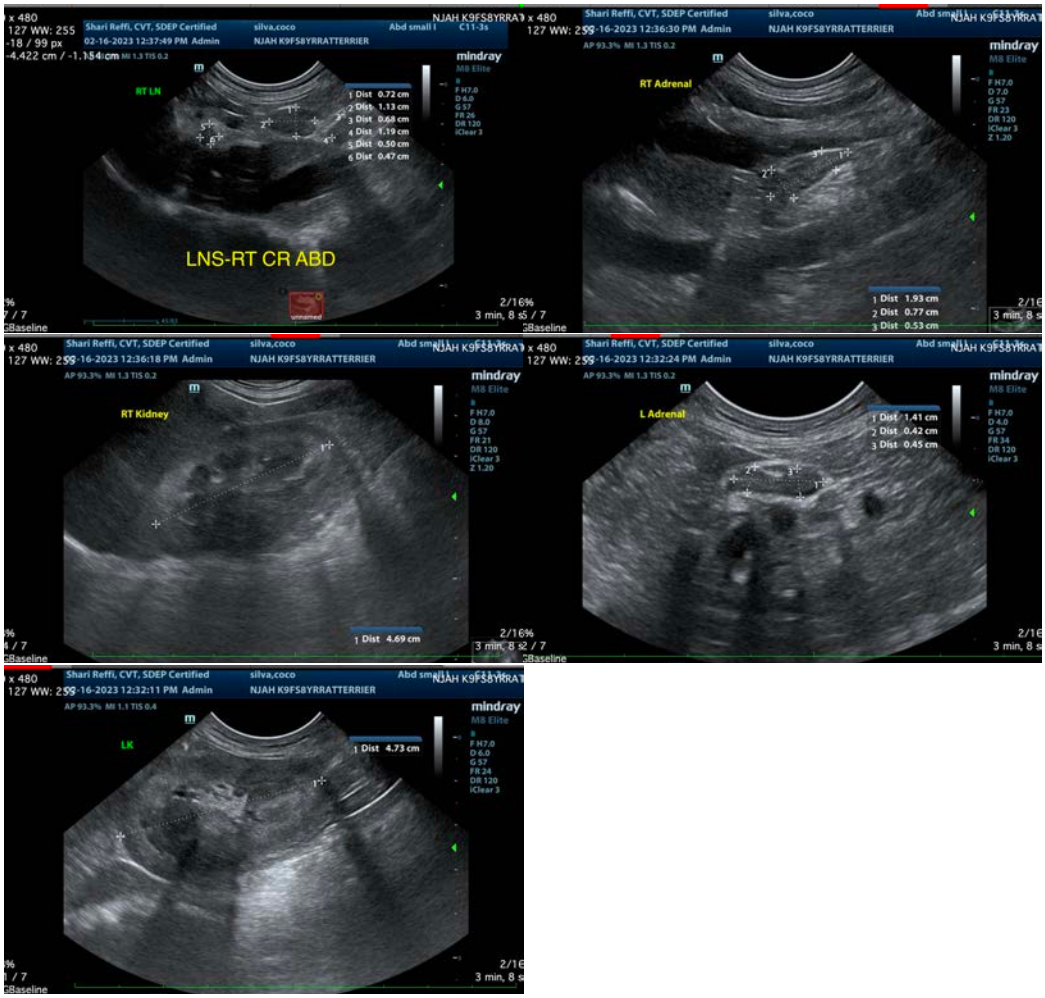

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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