

**DATE PRESENTING CLINICAL SIGNS**

2/7/23

Stable since last AUS in January. Originally presented with vomiting and decreased appetite. Labs revealed suspicion for pancreatitis. Patient improved on strict low fat rx diet, Metronidazole, Baytril. PE is unremarkable for age. Not currently vomiting and appetite is good.

PATIENT

Buddy Loftus

Current Medications: l/d LF diet, Metronidazole - since 1/10/23, Baytril - since 1/10/23
Lab Results: 11/22/2022: CBC WNL; SDMA=17; amylase=1609, Lipase=>1800, CPL=1314. trace hematuria (6-10 rbcs)- free catch sample. 12/7/22: repeat free catch u/a--trace hematuria about 8 rbcs/hpf. 12/22/22: amylase= 1689 ; lipase= >1800 ; cPL= 2000

SPECIES

Canine

Date of Previous IntraPet Ultrasound: 1/6/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.

BREED

Bichon Frise

Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

8/19/06

The prostate is normal in size (0.79 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.

WEIGHT

16.2 Pounds

The left kidney has a normal shape and size (3.19 cm) with numerous small cortical cysts and mild pyelectasia at 0.16 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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The right kidney has a normal shape and size (4.0 cm) with numerous small cysts and pyelectasia at 0.29 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Greenbrier Vet Clinic

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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.

REFERRING VET

Dr. Streett

The region of the right adrenal gland (between the right cranial kidney and vena cava) is evaluated. In this region there is a large amount of ill-defined inflammation, edema, and almost nodular appearing tissue with cystic areas. The right adrenal gland is not clearly visualized, but there is a structure similar to it seen with a caudal pole of approximately 0.78 cm. This tissue could be associated with pathology of the right adrenal, local pancreatic tissue, or other abnormal tissue in the region. No evidence of vascular invasion is visualized. The region of abnormal tissue measures approximately 3.26 cm x 4.83 cm.

INVOICE

44797

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 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 0.42 cm. Jejunum wall measures 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 region of the left limb of the pancreas appears normal and isoechoic to the surrounding mesentery with no evidence of nodules or cystic lesions. In the region of the right limb of the pancreas, medial to the right kidney, there is a large area of cystic tissue and ill-defined inflammation with scant free fluid. This could be consistent with pancreatic inflammation or this inflammation could be obscuring normal pancreas.

Free Abdomen

There is a scant amount of free abdominal fluid near the right kidney. No lymphadenopathy. The omentum is patchy and hyperechoic in the region of the right adrenal gland.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with numerous cortical cysts and mild pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- 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.
- Focal area of inflamed abnormal tissue near the right kidney – This tissue appears relatively stable from the previous exam and could represent focal inflamed tissue such as pancreas, or could be associated with pathology of the right adrenal gland (mass effect, rupture, etc.).

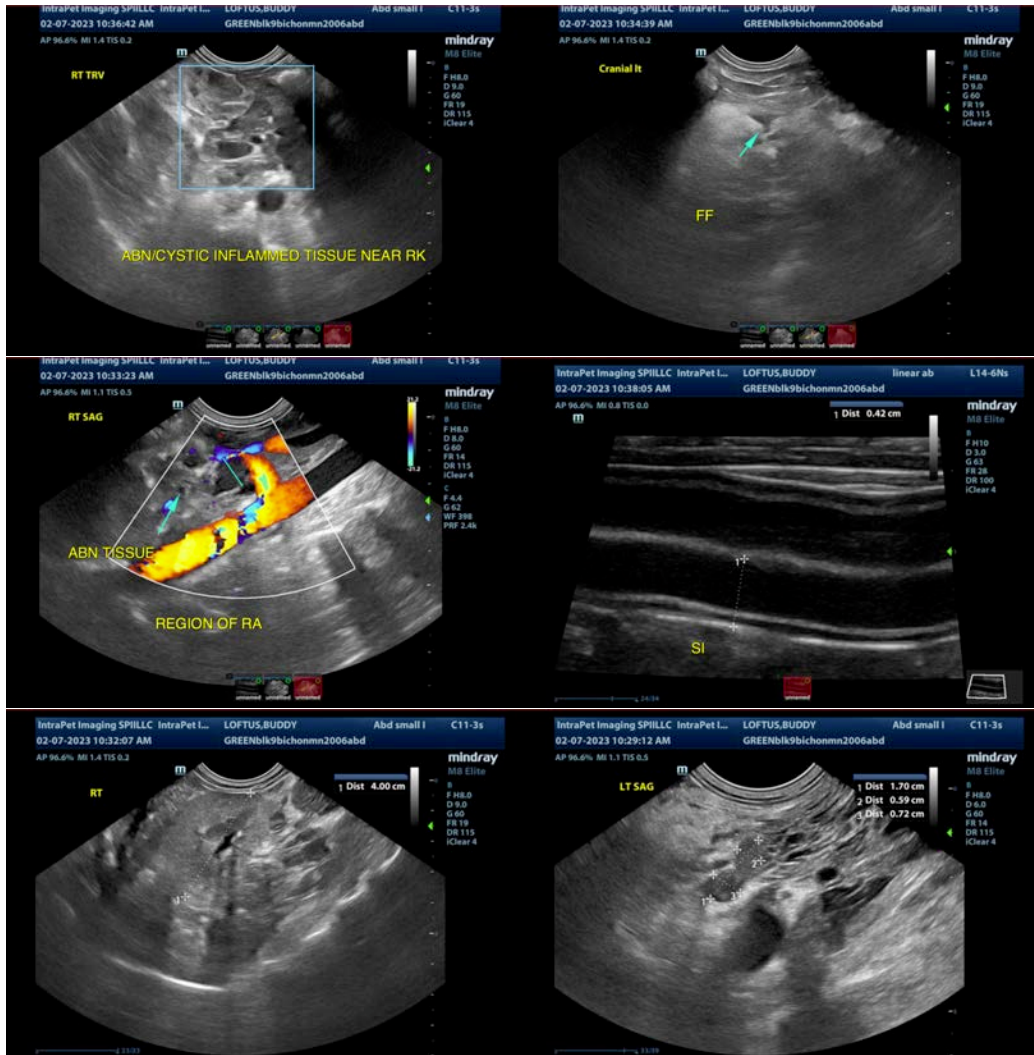
SECONDARY FINDINGS

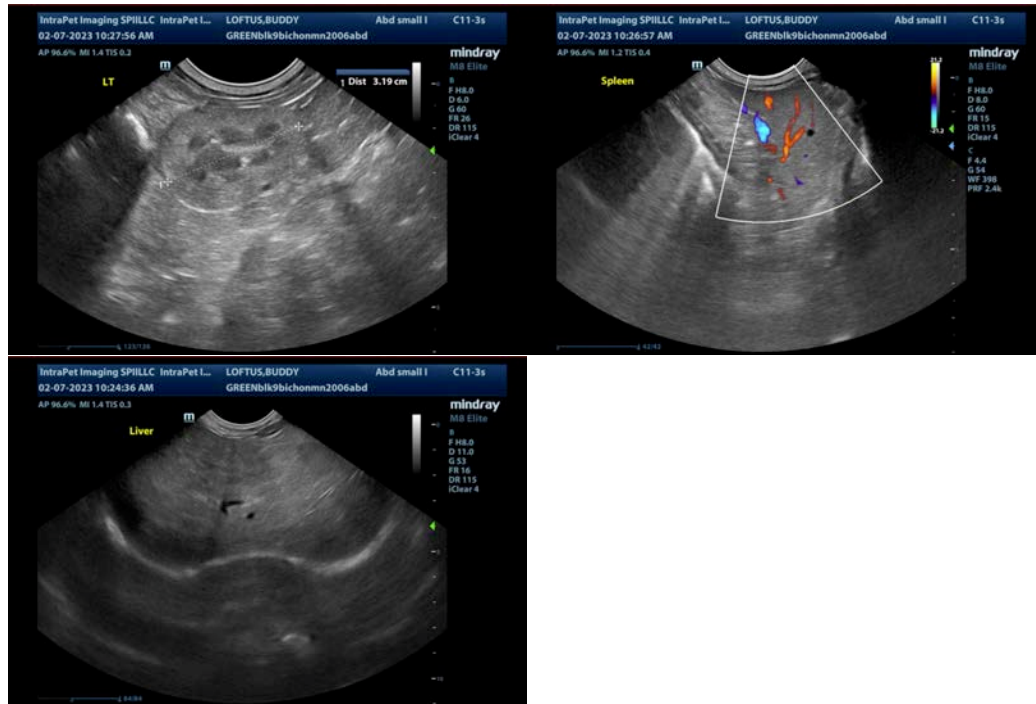
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively similar to the previous scan on 1/6/23. There may be slightly less generalized inflammation and fluid, but there is persistent irregular cystic, almost nodular appearing tissue near the right kidney and poor visualization of the right adrenal gland.

I'm pleased to hear that the patient is clinically doing well, and the ideal scenario would be a contrast CT scan to better evaluate this region prior to making any additional plans (other than blood pressure evaluation), and 3-view thoracic radiographs (if not already done). If this is not possible, then you could consider a fine needle aspirate of the region or continued monitoring and treatment for pancreatitis with the knowledge that this could be something more sinister.





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.

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