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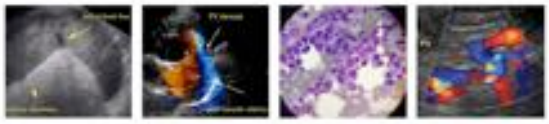

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Brook Wagner

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11/23/11

WEIGHT

81 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Critter Care Mobile VC

REFERRING VET

Dr. Hartzell

INVOICE

95872

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Brook", Wagner, a F/S, 81lb Chocolate Labrador Retriever has a Hx of progressive > in pancreatic enzymes over a 3 year period, with NO obvious symptoms of pancreatitis. Antech's Precision PSL has gone from normal (in 2018 to 207 U/L (24-140) in 2019, 255 U/L in 2020, 512 U/L in 2021, 567 U/L in early 2022. Dog has NO detectable symptoms on any PE over the past 3 years. No Hx of V/D, PU/PD, Cough/gagging. Dog has been on Meloxicam 3.7mg capsules, at 2 caps SID for 4-5 years due to OA of Left tarsus due to hunting injury. Over past 2-3 months Gabapentin 100mg BID has been added to her arthritis therapy. Dog has a great appetite and is bright and alert, no lethargy or depression seen. Following 12/07/21 blood results, owner advised to switch dog to Royal Canin Prescription Hydrolyzed Diet dietary trial, which had no change in Precision PSL test results. All tests results included CBC + Chem panel, and all other indices-WNL for all tests. Owner rarely feeds table food or supplement treats. Physical Exam 01/18/2022, MM-pink, CRT<2sec, HR-120(hyper), R-pant, H&L-NSF, Abdo palp-no palpable discomfort, palpable masses or organomegaly, L/N-NSF, M/S/Neuro-other than OA remodeling of left tarsus, no other significant findings. 01/26/2022 Fasting Blood Test for: 1) COBALAMIN >1000 pg/ml (251-908) 2) FOLATE 17.7 ng/ml (7.7-24.4) 3) TRYPSIN-LIKE IMMUNOREACTIVITY CANINE cTLI >50 mcg/L (5-35) 4) PANCREATIC LIPASE IMMUNOREACTIVITY 1707 mcg/L (0-200) Consult with Dr. Veer, Antech's Internists, 1/28/2022, stated the PLI test 8x higher that normal and hasn't seen levels this high in dogs. Recommended sonogram and possible faat restrictive diet trial
Abnormal PE/Chem/CBC/UA Results: sedated dex/torb- 4 rads attached as supplemental use

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall is subjectively mildly irregular. The area of the trigone, proximal urethra to a depth of 2.0 cm and ureteral papillae appear smooth with no evidence of mass effects or calculi. The findings are most consistent with lack of cystitis.

The left kidney has a normal shape and size (6.91 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.29 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.6 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 0.77 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.

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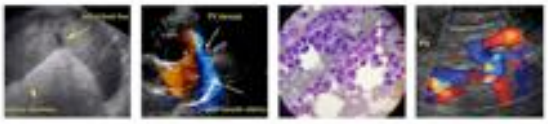

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Spleen

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. There is an ill-defined, solid, somewhat isoechoic rounded mass effect visualized in the right side of the liver and measured 4.15 x 5.3 cm. This may represent a hepatic mass or atypical rounded portion of the right lobe of the liver. Additionally there is a small, somewhat, hypoechoic nodule visualized, which is either involving the pancreas or the right side of the liver measuring 1.86 x 1.66 cm. This lesion is very subtle. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 a hypoechoic, round structure visualized in the area of the pancreas. This may be consistent with pancreatic cyst and measured 0.65 cm. An ill-defined, hypoechoic rounded region measured 1.86 x 1.66 cm (alternately this may be hepatic in origin).

Free Abdomen

No free fluid was noted. There are occasional, prominent mesenteric lymph nodes visualized and the omentum is of normal echogenicity.

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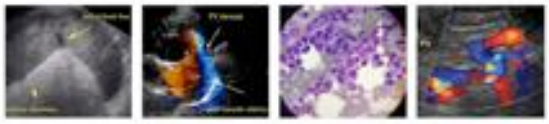

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Heart

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Heterogenous liver with ill-defined, rounded mass effect on the right side of the liver. Additionally there is a possibility of a smaller, hypoechoic nodule. 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 rounded mass lesion visualized is most consistent with a primary hepatic mass or could be an atypical right liver lobe.

- Prominent hypoechoic pancreas with small suspected pancreatic cyst and possible nodule. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. The ill-defined nodule visualized on the right side of the abdomen could be a pancreatic or hepatic origin. There is no overt inflammation associated with the pancreas.

SECONDARY FINDINGS:

- Mildly decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

- Subjectively irregular urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes associated with the pancreas are relatively mild and there is no overt inflammation. The significant elevations and pancreatic enzymes are somewhat a mystery and could be incidental. The significance of the hepatic changes observed is unclear. Consider:

- CT scan of the abdomen to further evaluate the abnormal mass effect on the right side of the liver and the nodule visualized.
- Consider FNA of the rounded atypical area of liver.
- Recommend three view thoracic radiographs.
- Recommend urinalysis and culture.
- Chronic low-fat dietary change seems appropriate.

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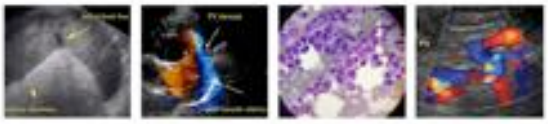

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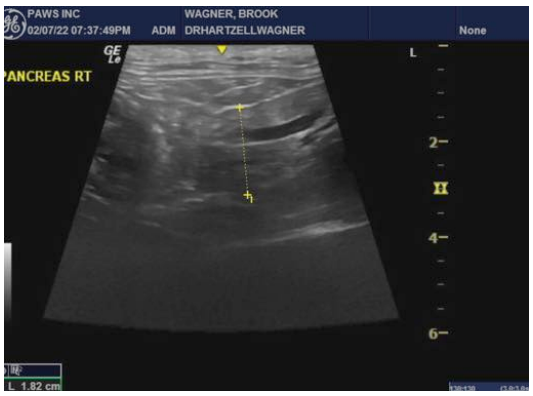

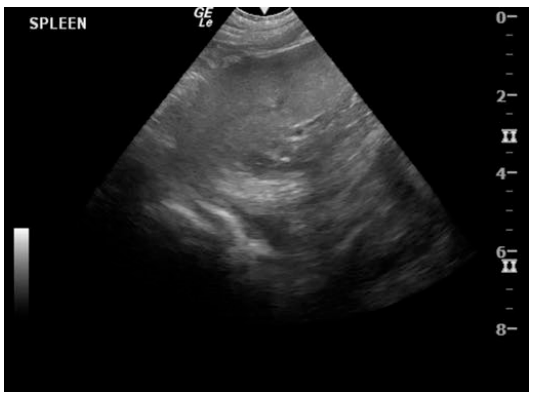

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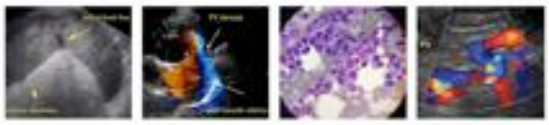

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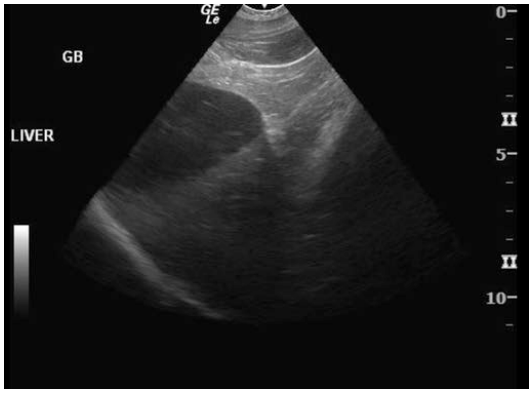

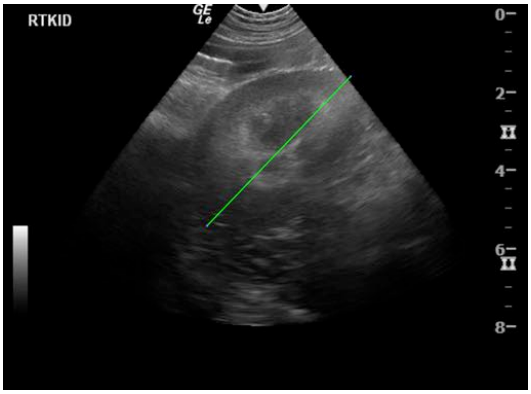

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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