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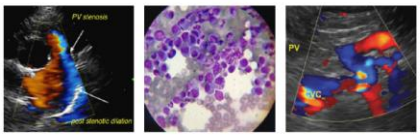

SonoPath
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PATIENT

Mugsly Schwarzer

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

8 years

WEIGHT

17.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

10152ag

DATE

03/10/2022

PRESENTING CLINICAL SIGNS

History: Saturday and Sunday ADR, very quiet. Inside house, going to cool places that he normally doesn't go to. Wasn't eating very well all weekend. Panting more than normal. Breathing rapidly. Would lay on his side with his legs straight out. Would kind of grumble whenever O's would palpate his abdomen. Has had normal bowel movements. No vomiting. Has seemed to be eating more than normal until this weekend. Ate again last night and this morning. Makes funny noises sometimes, does a weird retching/wheezing thing occasionally. No coughing or sneezing. Gets about 4 different supplements (cbd for joints, multi vitamin, anal glands, allergies). More sensitive to sounds than normal. Eating Farmer's Dog. Used to eat raw diet.

Abnormal PE/Chem/CBC/UA Results: Physical exam unremarkable except BCS 6/9 and tensing up/grunting during cranial abdominal palpation, but not during central or caudal abdominal palpation. Rads: Notable gastric rugal folds, Intestinal muscularis:lumen ratio of 3:1, Loss of detail in cranial abdomen. CBC/Chem/T4/FT4 WNL except for ALP 164 (5-160), AST low 15 (16-55), Chol 416 (131-345), Amylase 5660 (337-1469), Lipase >1800 (0-250), AND A SPEC CPL OF 2000 (0-200)

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 (4.56 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 (4.74 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 prostate is normal in size (0.75 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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 0.54 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.

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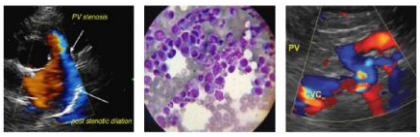

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Liver

The liver is subjectively normal in size, and 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 moderately distended. The wall of the gall bladder 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate 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 cranial abdomen around the pancreas.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hypoechoic irregular pancreas with surrounding hyperechoic mesentery. The pancreatic changes are most consistent with moderate pancreatitis/pancreatic infiltration. Recommend PLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Heterogenous 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.
- Hyperechoic mesentery surrounding the pancreas and in the cranial abdomen. Findings are most consistent with focal peritonitis secondary to pancreatitis.

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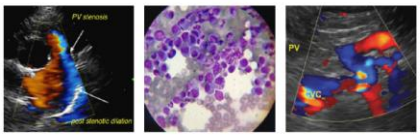

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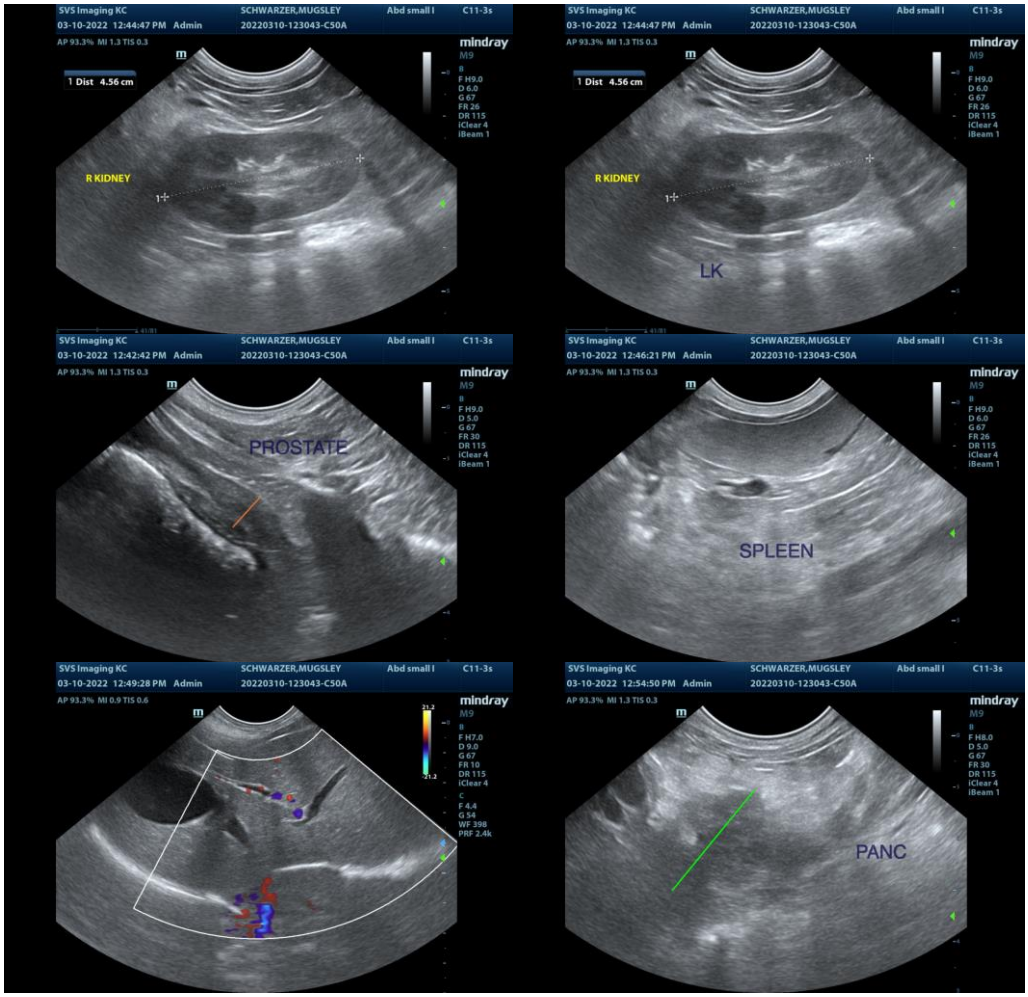
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings today are suggestive of acute pancreatitis with surrounding peritonitis. Recommend treatment for acute pancreatitis with IV fluids, pain management, nausea medications etc. If the patient is not responding to therapy, consider reimaging, repeat lab work and a possible FNA of the pancreas.



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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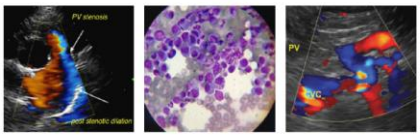

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