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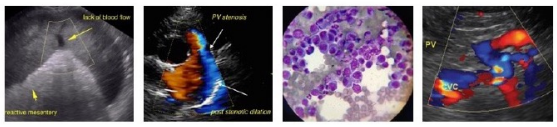

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Koko Peterson

SPECIES

Canine

BREED

Sheltie X

SEX

Spayed Female

AGE

12 Years

WEIGHT

9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

36421

DATE

3/24/22

PRESENTING CLINICAL SIGNS

got into things she was not suppose to when no one was home last night throwing up all last night lots of food in the vomit drinking lots very shaky Quiet , lethargic moderate tense/painful abdomen by palpation. Was given Buprenorphine, still quite uncomfortable for scan.
Abnormal PE/Chem/CBC/UA Results: HGB 22.3 g/dL 13.1 - 20.5 HIGH MCHC 40.7 g/dL 32.0 - 37.9 HIGH BAND * Suspected LYM * 0.54 x10^9/L 1.05 - 5.10 LOW EOS * 2.94 x10^9/L 0.06 - 1.23 HIGH AMYL > 2500 U/L 500 - 1500 HIGH LIPA > 6000 U/L 200 - 1800 HIGH ALT 384 U/L 10 - 125 HIGH ALKP 335 U/L 23 - 212 HIGH Cl 103 mmol/L 109 - 122 LOW

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 (4.03 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 (4.89 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 0.51 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 0.58 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 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.

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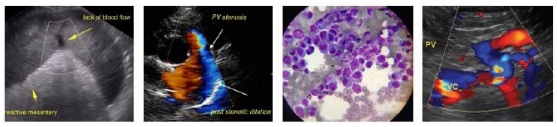

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Gastrointestinal

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. 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

Some areas of pancreas appear prominent and hypoechoic with surrounding hyperechoic mesentery, most consistent with moderate pancreatitis. Other areas in the abdomen that appear less well defined are suspicious for ill-defined pancreatic involvement with severe inflammation and scant anechoic fluid. There is concern that these areas, particularly along the right limb of the pancreas and the right side of the body, could represent fulminant acute pancreatitis, event necrotizing pancreatitis. However, there is so much inflammation in this area that it is difficult to readily discern.

There is a more discrete, hypoechoic, solid mass effect in the cranial abdomen measuring 3.47 cm x 5.2 cm. This could be a pancreatic mass, a lymph node, or could have an attachment to another structure, which I cannot readily visualized.

Free Abdomen

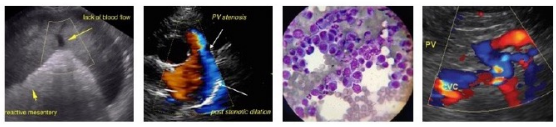
There is a small amount of free abdominal fluid. There is severe mesenteric inflammation present, particularly in the right cranial quadrant of the abdomen surrounding the more discrete mass effect, and along the right side of the body where there is ill-defined hypoechoic tissue, which could be consistent with inflammatory tissue, pancreas, etc.

ULTRASONOGRAPHIC FINDINGS

- Cranial abdominal inflammation with a focal mass effect – This mass lesion could represent a pancreatic mass, a lymph node, etc.
- Severe cranial abdominal inflammation – This is consistent with peritonitis secondary to suspected tissue inflammation/possible pancreatitis.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe inflammation in the cranial abdomen with a hypoechoic mass effect and ill-defined tissue that extends superficially within the abdomen along the body wall to the level of the urinary bladder. Findings are concerning for severe pancreatitis, possibly necrotizing pancreatitis, or even a mass effect that has ruptured, etc.



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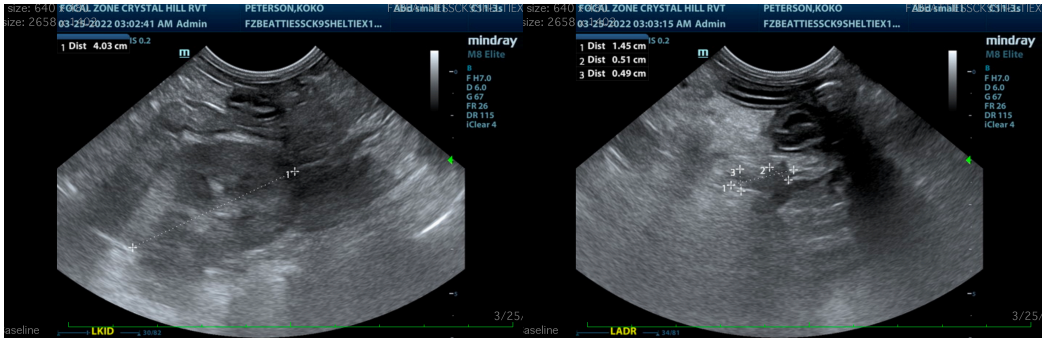
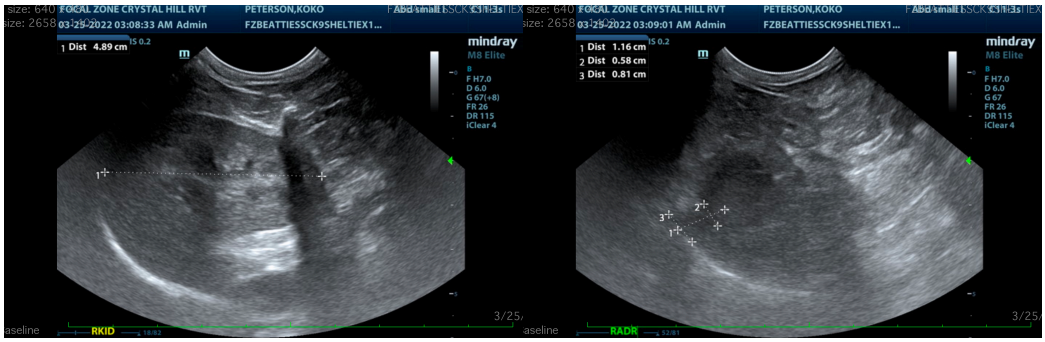
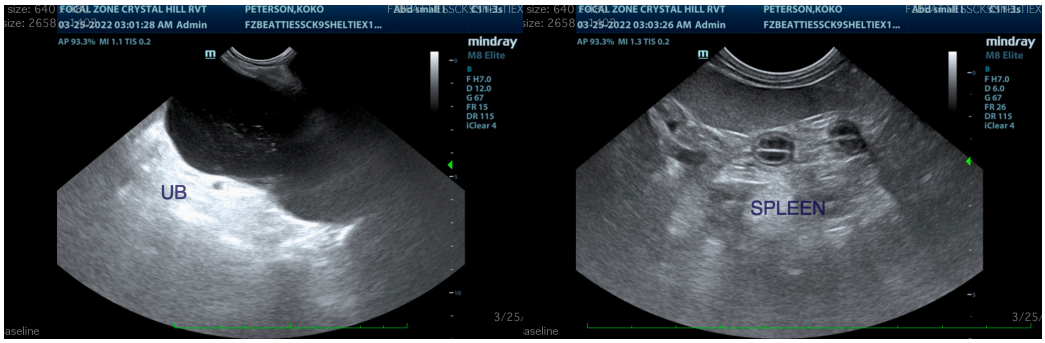
Recommend aggressive treatment for pancreatitis along with a fine needle aspirate of the irregular tissue on the right side of the abdomen. If an angle for aspiration of the cranial abdominal mass is possible, that would be ideal, but I'm concerned it may be too deep to reach. Consider a contrast CT scan of the abdomen to get a more global view of the inflammatory tissue to better determine if its origin and extent.

Additionally, recommend a sample of the abdominal fluid if a small pocket can be identified to try and confirm there is no evidence of bacterial peritonitis (seems unlikely). Correlate these findings with abdominal radiographs and 3-view thoracic radiographs. My suspicion is this is severe pancreatic disease, but additionally there is a focal mass effect present.







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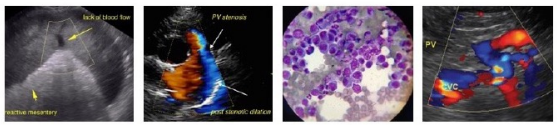

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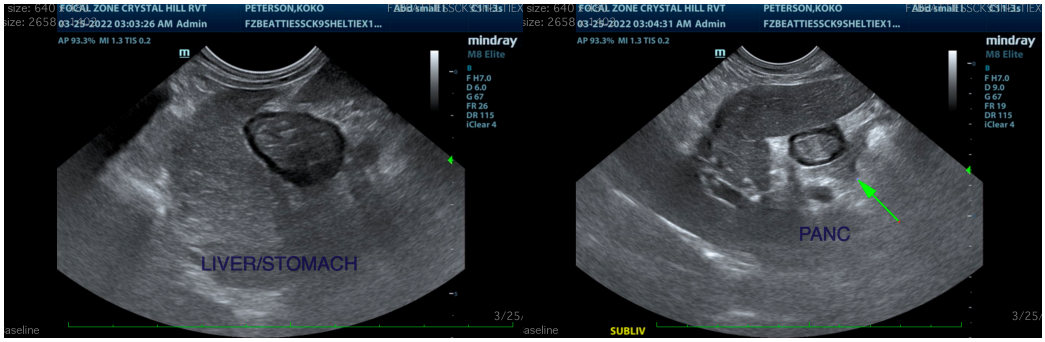

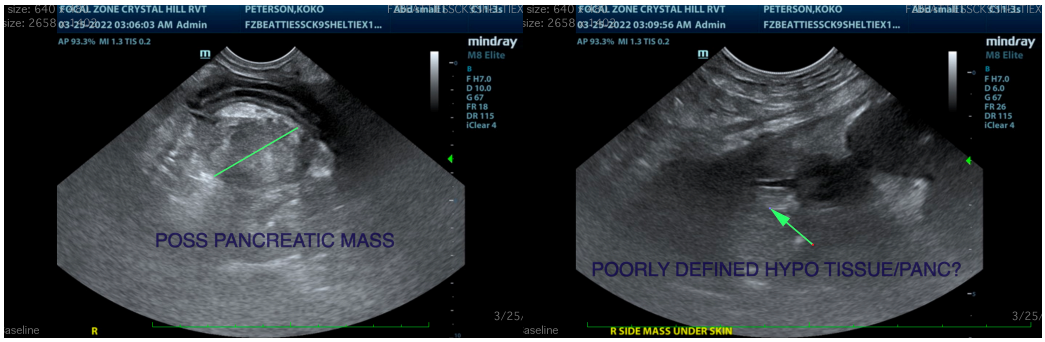

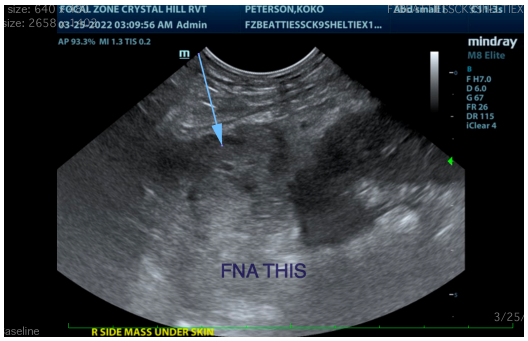

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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