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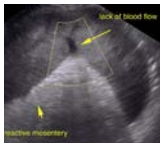
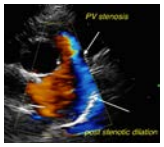
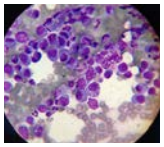
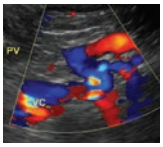

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mae Gurdus

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

11

WEIGHT

14.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Arch Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Arch Gordon

INVOICE

46544

DATE

4/11/23

PRESENTING CLINICAL SIGNS

DX with chronic valvular dz -ACVIM stage c -1/2023 Cardiologist placed Mae on Lasix, Vetmedin, Spironolactone, Benazepril HAs been doing well - presented 4/10/23 for weakness, lethargy, weight loss and dehydration LAbs revealed blood sugar 623 mg dl Confirmed high BG this AM Abdomen tender

Abnormal PE/Chem/CBC/UA Results: WBC elevated 24 k - neuts 18 k BUN slight elevation at 38 - 9-31 mg dl slight hypernatremia at 157 142-152 mmol l ALT - 270 - 18-121 UL ALP 737 5-160 mg dl GGT 19 - 0-13 UL Triglycerides, lipase, CK and osmolality elevated Amylase wnl Total t-4 low at 0.4 --- 1.0 - 4.0 ug dl

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 (4.61 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 (5.08 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 0.63 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 0.51 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 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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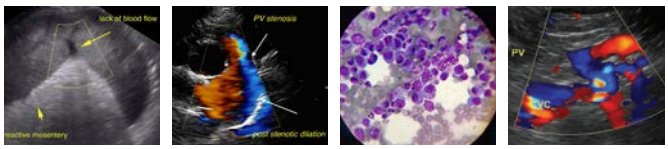

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Gastrointestinal

The stomach contains moderate shadowing ingesta. 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 0.39 cm. Jejunum wall measures 0.30 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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 normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled right pancreas with mild surrounding inflammation – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- 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.
- Moderate shadowing ingesta within the gastric lumen – Findings are most consistent with a non-fasted patient. Shadowing material resembles kibble.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial right limb of the pancreas appears somewhat prominent with some mild hazy inflammation. These findings could be consistent with mild pancreatitis or a previous episode of pancreatitis. Correlate these findings with clinical signs and a quantitative cPLI level. Consider empirical treatment for pancreatitis while initiating therapy for diabetes (provided urinalysis results support this finding).

I suspect the changes in the liver are consistent with a diabetic hepatopathy. Recommend starting insulin therapy for the diabetes and treatment for pancreatitis and reevaluation of the liver enzymes in the future. Denamarin therapy could be considered. If values do not normalize, consider a liver function test +/- a fine needle aspirate of the liver (provided coagulation parameters are normal).

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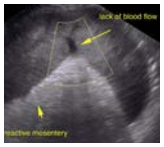
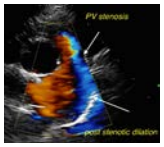
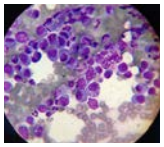
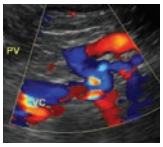

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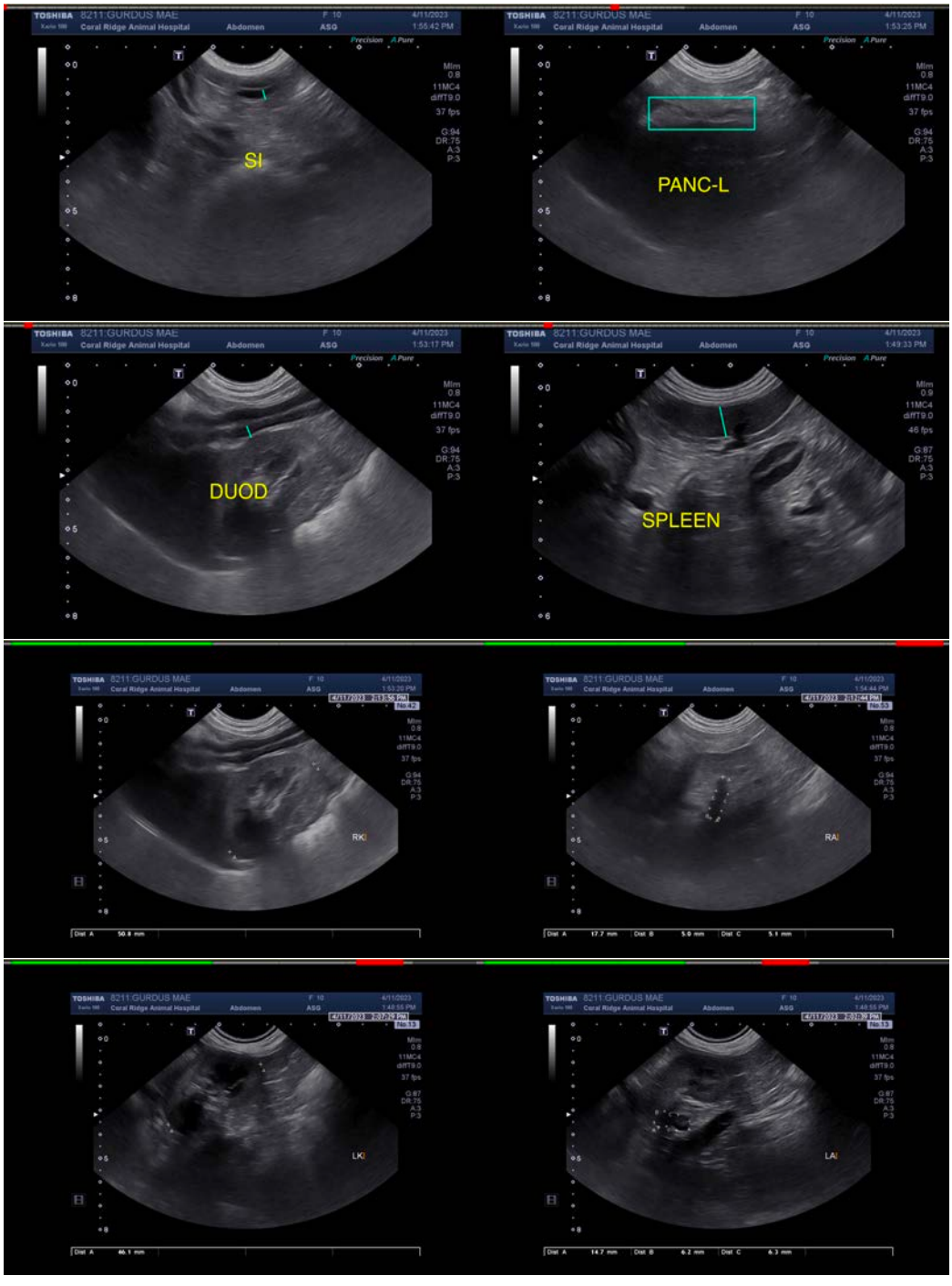

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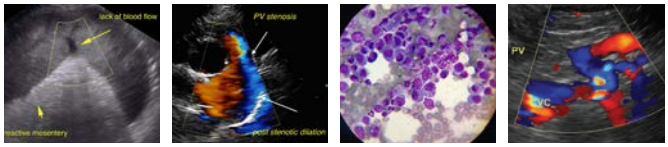

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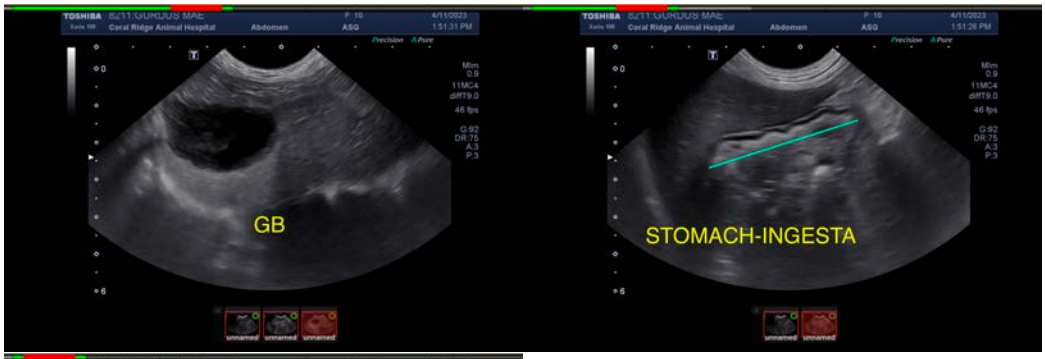

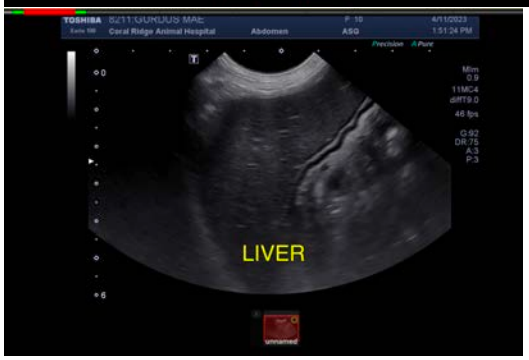

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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