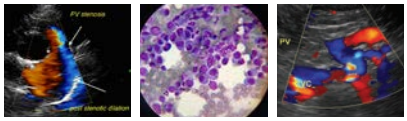
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

4/13/23

PATIENT

Rufus Kraus

SPECIES

Canine

BREED

Min Pin X

SEX

Neutered Male

AGE

11/12/10

WEIGHT

22.2 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Suter

INVOICE

46656

PRESENTING CLINICAL SIGNS

Recheck scan.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 3/28/23. See attached.
Sedation: Declined.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 prostate is normal in size (1.0 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.

The left kidney has a normal shape and size (4.8 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 (5.2 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 0.64 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 0.87 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 and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

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.

Gastrointestinal

The stomach is minimally distended with anechoic fluid. The gastric wall appears mildly prominent with intact wall layering, measuring between 0.58-0.92 cm at its thickest areas. This represents marked improvement from the previous scan on 3/28/23, where there was more diffuse severe thickening of the gatric wall with loss of layering.

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. 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 hypoechoic caudal to the stomach, and there is some persistent inflammation in the cranial abdomen. Overall, there is dramatic improvement and continued resolution of the severe pancreatitis previously diagnosed.

Free Abdomen

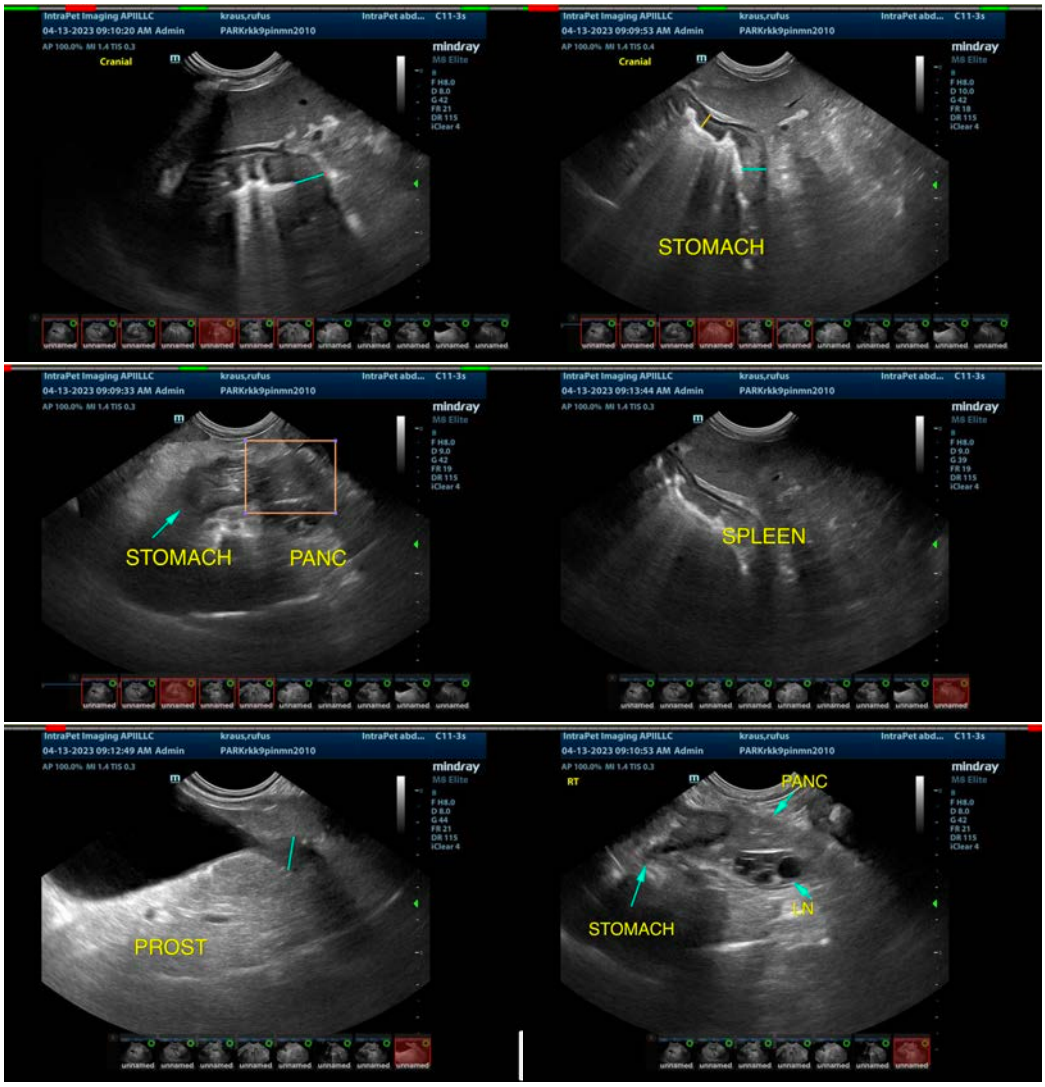
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a large cystic portal lymph node in the cranial abdomen measuring 1.28 cm x 2.58 cm. The mesentery is persistently hyperechoic in the cranial abdomen around the stomach but is markedly improved.

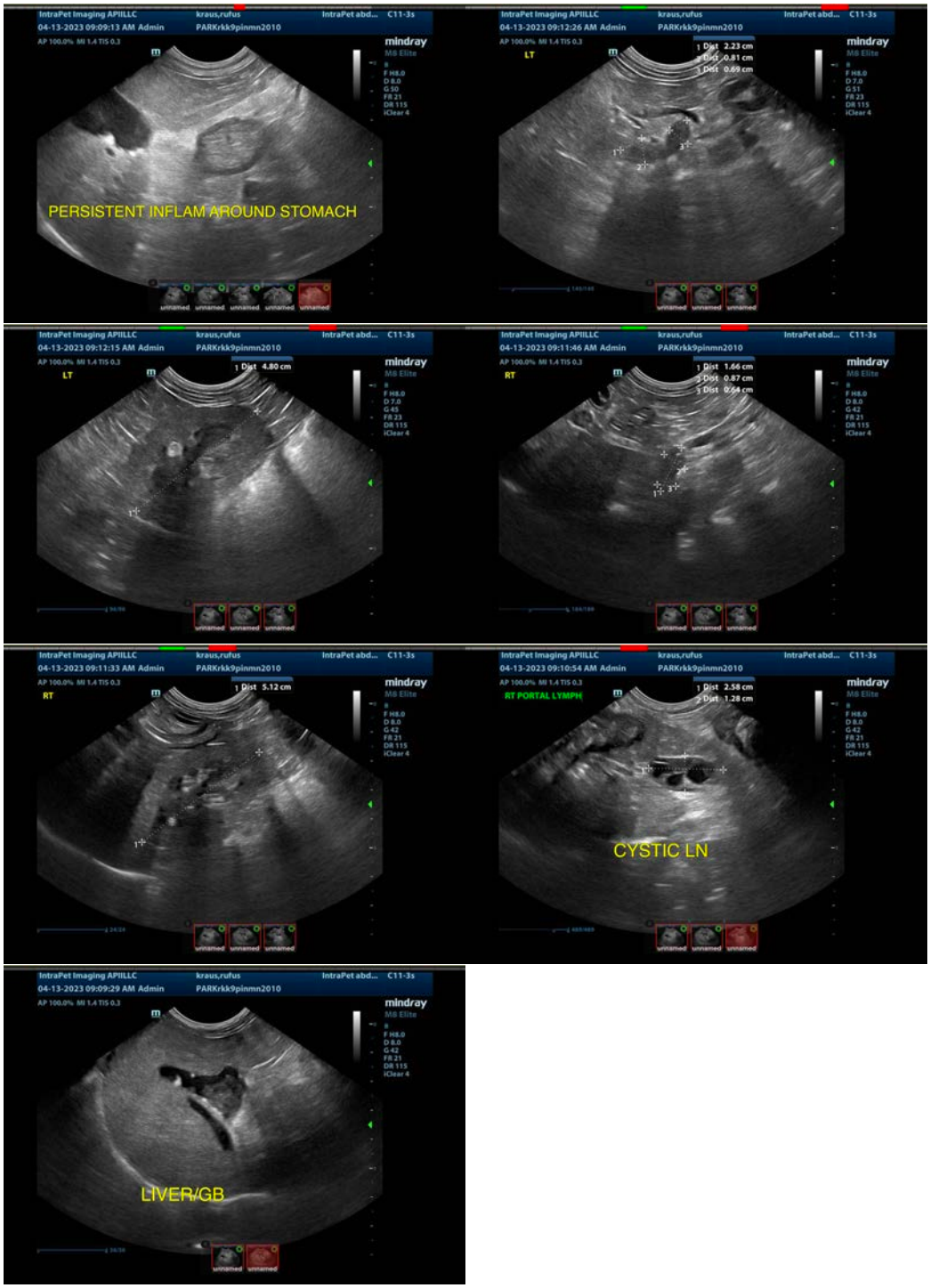
ULTRASONOGRAPHIC FINDINGS

- Prominent, mildly hypoechoic pancreas with surrounding inflammation – Findings are consistent with resolving severe pancreatitis.
- 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 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.
- Mildly prominent gastric wall with intact wall layering – The previously reported gastric wall thickening is improving as the pancreatic inflammation resolves.
- Large cystic portal lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is dramatic improvement in both the appearance of the gastric wall and the pancreatic inflammation reported. There is still persistent significant cranial abdominal inflammation and mild gastric wall thickening, so vigilance is recommended as this severe inflammatory process continues to resolve. This patient is likely at risk for recurrent bouts of pancreatitis. Evaluate for any predisposing factors such as hyperlipidemia, Cushing's steroid use, fatty diet, etc. A prescription low-fat diet should be fed from now on.

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PARKrkk9pinmn2010
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PERSISTENT INFLAM AROUND STOMACH
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PARKrkk9pinmn2010
LT
1 Dist 2.23 cm
2 Dist 0.81 cm
3 Dist 0.69 cm
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LT
1 Dist 4.80 cm
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RT
1 Dist 1.66 cm
2 Dist 0.87 cm
3 Dist 0.64 cm
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RT
1 Dist 5.12 cm
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RT PORTAL LYMPH
1 Dist 2.58 cm
2 Dist 1.28 cm
CYSTIC LN
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LIVER/GB

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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