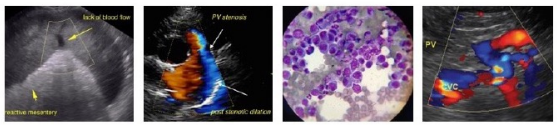
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Cocoa Singhera

SPECIES

Canine

BREED

Lab

SEX

Intact Female

AGE

12 Years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Patton

INVOICE

36782

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Pancreatitis Diabetes Mellitus Arthritis Weight loss Muscle Wasting Polydipsia Dental disease Pulpitis Lenticular Sclerosis Mast Cell Tumour Otitis Externa Iris Atrophy meds: Trazodone for exam, Caninsulin, Gabapenbtin, Omeprazole, Surolan
Abnormal PE/Chem/CBC/UA Results: where do we start..... March 30 2022 M1 thrombocytosis and reticulocytosis. M3 hyperglycemia. M1 hyperkalemia, hyponatremia, hypochloremia. M1 hypercholesterolemia. M1 elevation in lipase. specCPL is M1 elevated indicating pancreatitis. Diabetes Mellitus and pancreatitis. UA: Adequate USG. 3+ glucosuria. Trace ketonuria. Quiet sediment PLAN: Initiate insulin therapy: Caninsulin 10 units s.c. q12hrs. Recc abd ultrasound to evaluate pancreas and abdominal organs. Consider adding Cerenia, Metronidazole for pancreatitis if still not eating well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and has slight mucosal irregularity, particularly in the dependent portion of the urinary bladder. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of mass effect or calculi. Findings are most consistent with bacterial cystitis or lack of urine distention.

The left kidney has a normal shape and size (6.92 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 (6.65 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/borderline large in size measuring 0.91 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.

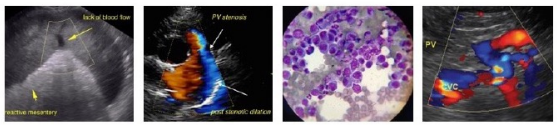
The right adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.



PATIENT

Cocoa Singhera

SPECIES

Canine

BREED

Lab

SEX

Intact Female

AGE

12 Years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Patton

INVOICE

36782

DATE

4/6/22

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 prominent and mottled compared to the surrounding isoechoic mesentery. There is a cystic lesion medial to the spleen measuring approximately 1.5 cm x 3.1 cm. I suspect this is a pancreatic cyst. Continued monitoring is warranted. There is minimal 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

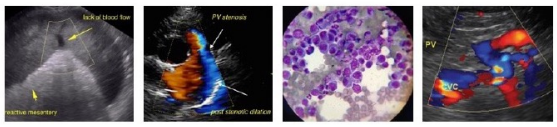
- Prominent, mottled pancreas with suspected pancreatic cyst – The cystic lesion is irregular and relatively large. A confirmed association with the pancreas is not possible, but it is highly suspected. Recommend continued monitoring with ultrasound, as drainage or a fine needle aspirate may be necessary.

- 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. Findings are likely consistent with a diabetic hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the changes observed on today's scan can be correlated with the diabetes reported in the history. Additionally, there is a lesion in the area of the pancreas that is most consistent with a pancreatic cyst, but other possibilities exist. Recommend continued monitoring of this lesion, as sampling could be indicated in the future. If not already done, recommended a quantitative PLI evaluation to obtain more information regarding the pancreas and for tracking purposes.

It can be very difficult to manage an intact female diabetic due to hormonal interference with insulin



PATIENT

Cocoa Singhera

SPECIES

Canine

BREED

Lab

SEX

Intact Female

AGE

12 Years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Patton

INVOICE

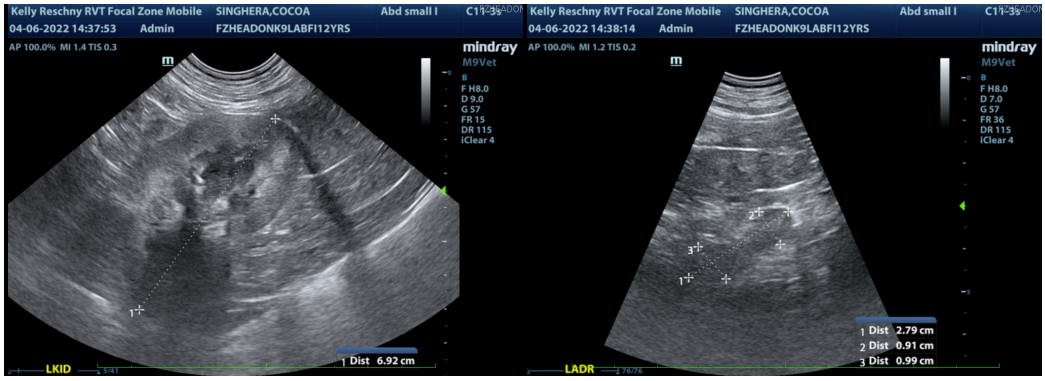
36782

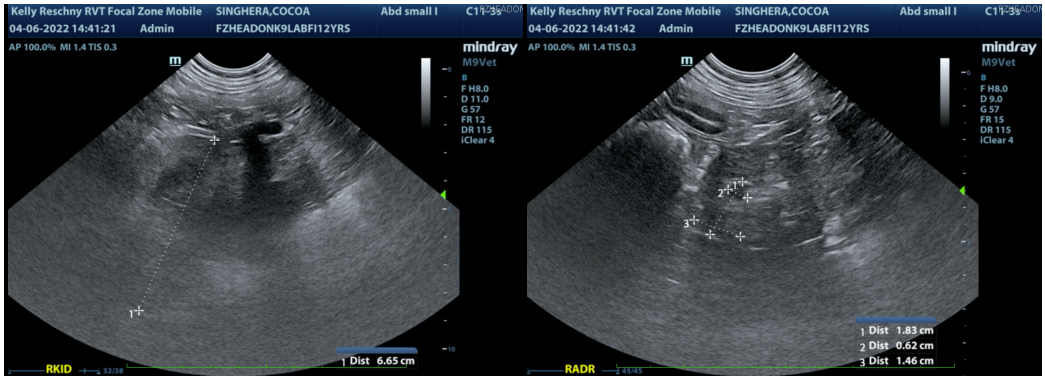
DATE

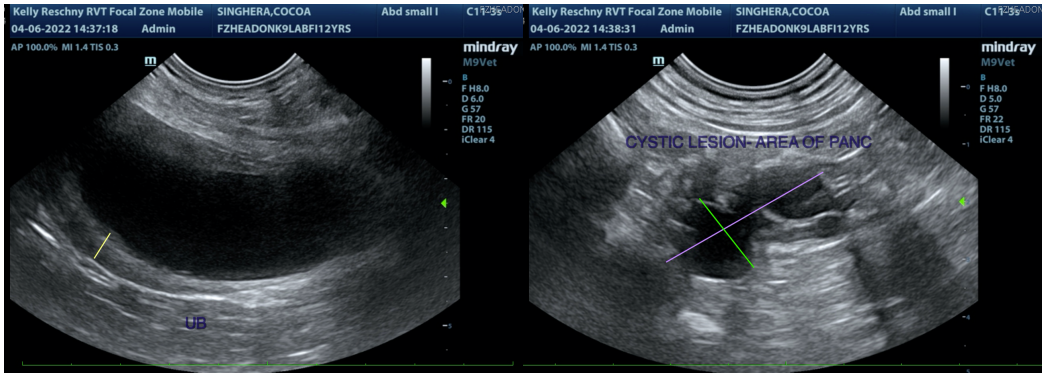
4/6/22

sensitivity. Once this dog is stabilized and feeling better, consider an ovariohysterectomy. At that time, the lesion in the pancreas could also be evaluated and possibly biopsied, drained, etc.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.







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