SonoPath
Clinical Sonography & Telecytology
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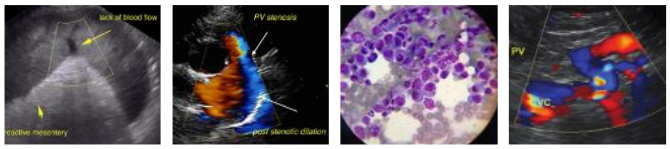


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Carrie Kerr

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

37774

DATE

5/19/22

PRESENTING CLINICAL SIGNS

Two week history of decreasing appetite and lethargy. Have been feeding chicken nuggets to tempt her. Vomited shortly after eating last night, and again in this AM. CBC / Chem - BUN 61, Creat 2.4, very elevated amylase/lipase. U/A - SpGr 1.012, else unremarkable.

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 (3.15 cm) with small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.29 cm) with small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, 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 0.49 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 normal/borderline large 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.

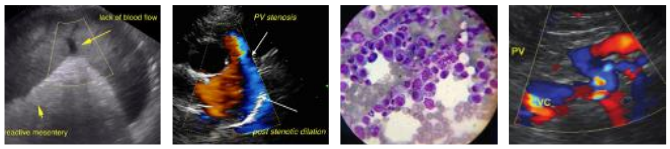
Liver

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.

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. While the gastric wall is within



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normal measurements, it subjectively appears somewhat thickened with intact wall layering, and there is no fluid distention noted.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.29 cm. Duodenum wall measured 0.45 cm. Mucosal speckling is noted. Visualized peristalsis appears appropriate. The proximal duodenum appears severely corrugated with surrounding hyperechoic mesentery. No obvious linear foreign body is observed. There is no fluid distention or obstructive pattern noted.

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. Colon wall measured 0.11 cm.

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 increased echogenicity in the cranial abdomen around the duodenum.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with small non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.
- Borderline large spleen – The spleen appears relatively normal, but is generous for this size of a dog. Consider such differentials as congestion, normal anatomic variant, or infiltrative disease.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- 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.
- Subjectively thickened gastric wall – No focal abnormalities are noted, and there is intact layering. Consider uremic gastritis.
- Prominent small intestine with mucosal speckling and focal severe duodenal corrugation – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine. The corrugation is most consistent with focal enteritis.

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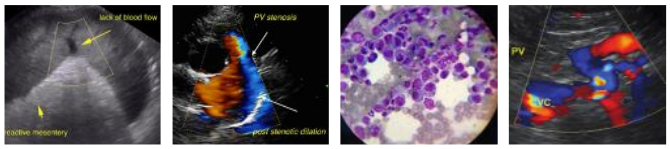

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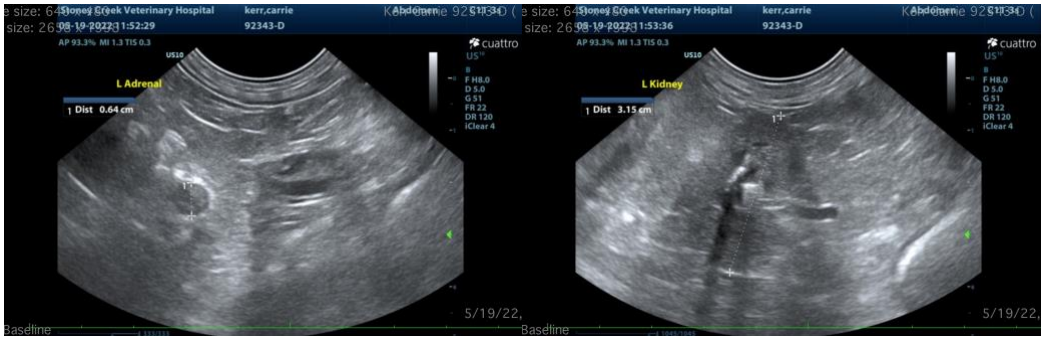
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

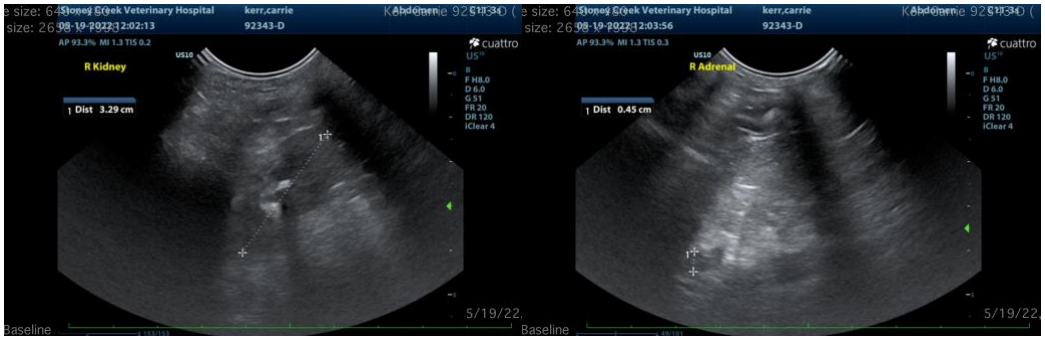
There is a fair amount of cranial abdominal inflammation present. The pancreas is in this area, but does not appear overtly inflamed itself, although the ultrasonographic changes observed do not always correlate with clinical symptoms. Recommend a GI panel with qualitative PLI, TLI, cobalamin and folate to Texas A&M to further evaluate the pancreas and small intestine. Recommend treatment for pancreatitis/acute gastroenteritis. The duodenum appears severely corrugated. I do not see an obvious foreign object, and the stomach is not dilated orad to the lesion, so I suspect this is enteritis, but close monitoring is warranted both radiographically +/- ultrasonographically.

There are mild changes to the spleen and liver. The liver changes are likely age related if there is no evidence of significant liver enzyme elevations. If round cell neoplasia is strongly suspected, consider a fine needle aspirate of the spleen, but no focal lesions are observed.

There is significant azotemia present, and both kidneys have decreased corticomedullary distinction. These changes are consistent with chronic progressive renal disease.

- Recommend blood pressure evaluation.
- Recommend urinalysis and culture.
- Consider diuresis and symptomatic treatment, as this could be an acute exacerbation secondary to GI issues, or the GI issues could be secondary to uremic gastritis/enteritis, etc.





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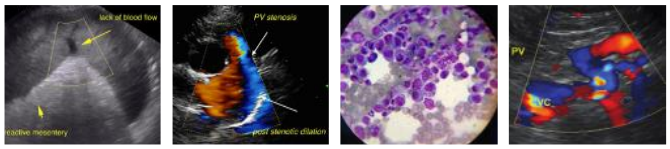

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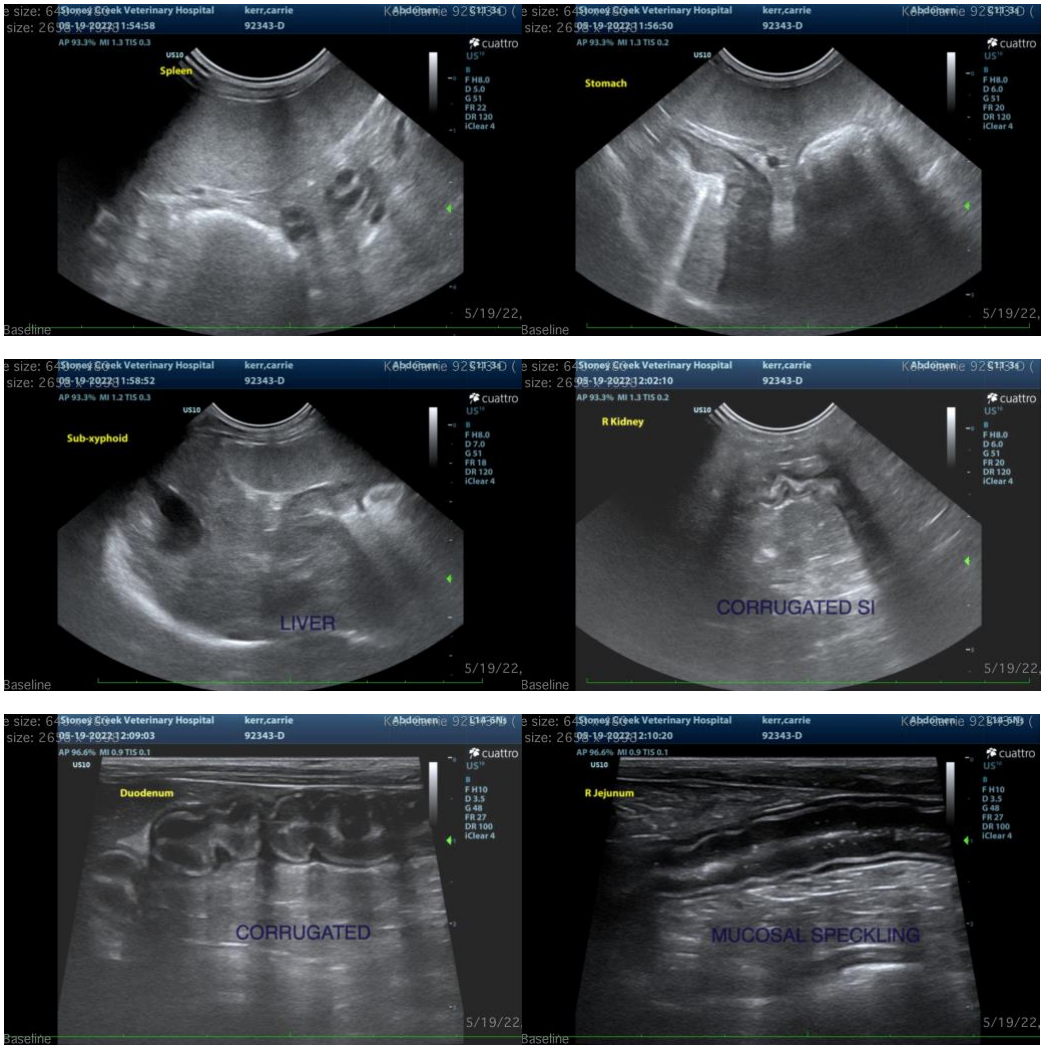

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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