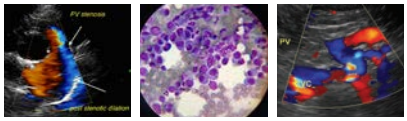
IMAGING PERFORMED BY

IntraPet.com



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

DATE

5/2/23

PATIENT

Peluquin Portillo

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

11/7/13

WEIGHT

24 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

INVOICE

47040

PRESENTING CLINICAL SIGNS

History of pancreatitis. Routine annual labwork showed elevated ALP and lipase; recheck spec cPL and was also high.

Current Medications: None.
Lab Results: 4/6/23: CBC: MCH mild decrease 21.5 pg, Retic mild increase 113 K/uL, Retic Hgb mild decrease 23.0 pg. Chem: Cl decreased 105 mmol/L, Alb increased 4.0, ALP mild increase 347 U/L (was 316 9/8/22), Lipase elevated 769 U/L (0-250)
Date of Previous IntraPet Ultrasound: 10/7/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 (0.84 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 (4.91 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 (4.75 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 0.53 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 0.66 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 borderline large with normal echogenicity. Slightly irregular shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule visualized in the left side of the liver measuring approximately 1.31 cm x 1.16 cm.

Additionally, the left side of the liver appears somewhat rounded but is isoechoic to the rest of the parenchyma (previous measurement 10/7/21 was 0.95 cm in diameter).

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 contains moderate 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 mild to moderate fluid and mobile ingesta distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.27 cm. Duodenum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There are several areas where there are large pieces of suspected ingested material moving through the small bowel. In some of these areas, ingesta cannot be definitively differentiated from ingested foreign material or even a mass effect.

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

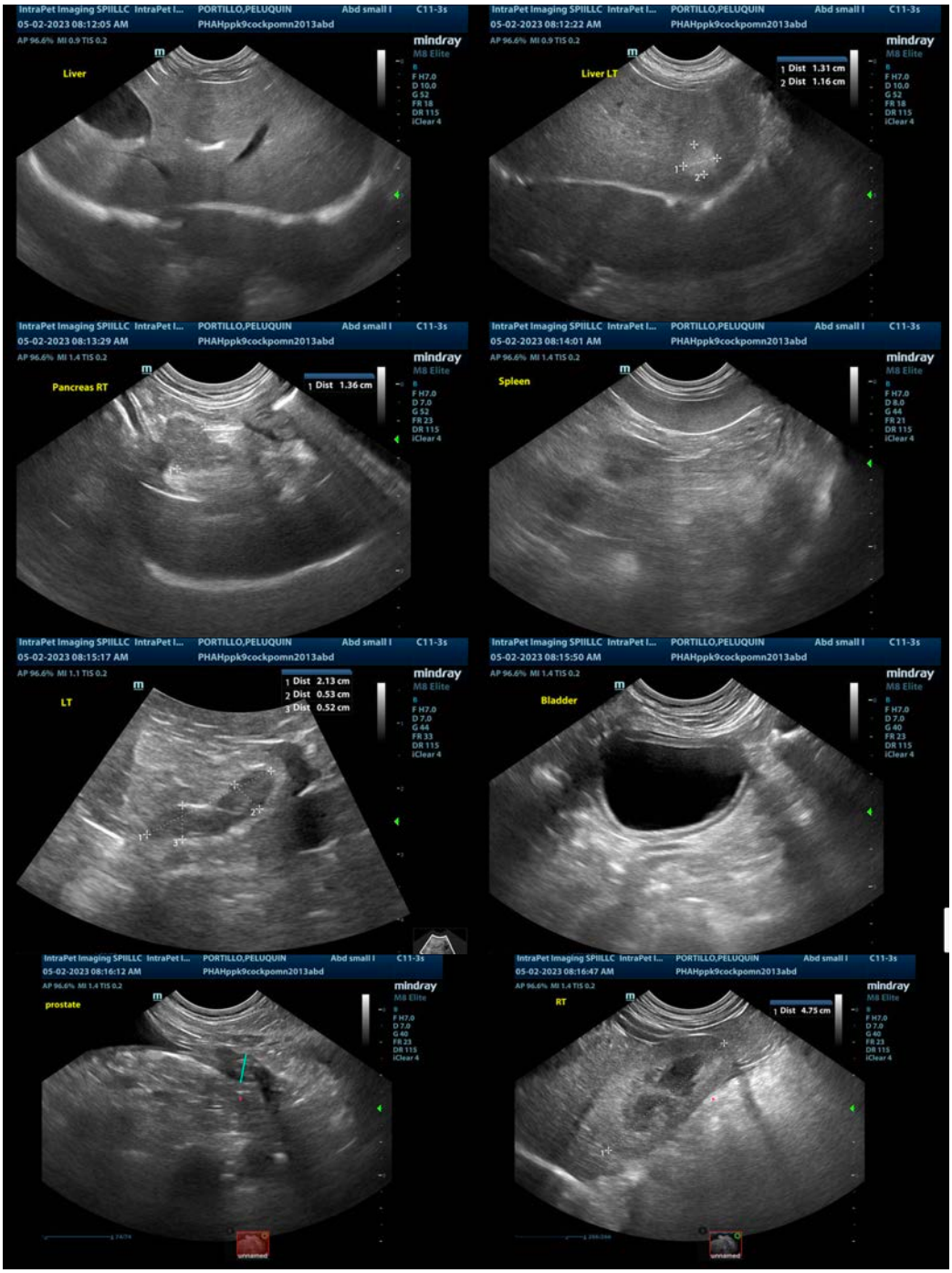
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Slightly rounded left lobe of the liver with a hyperechoic nodule – The appearance of this nodule is relatively similar to the previous scan, and the mild bulge/swelling of the left liver is of unknown significance.
- Moderate gastric ingesta and a large amount of suspected intraluminal ingesta – Correlate with the feeding history. Findings are most consistent with a non-fasted patient.

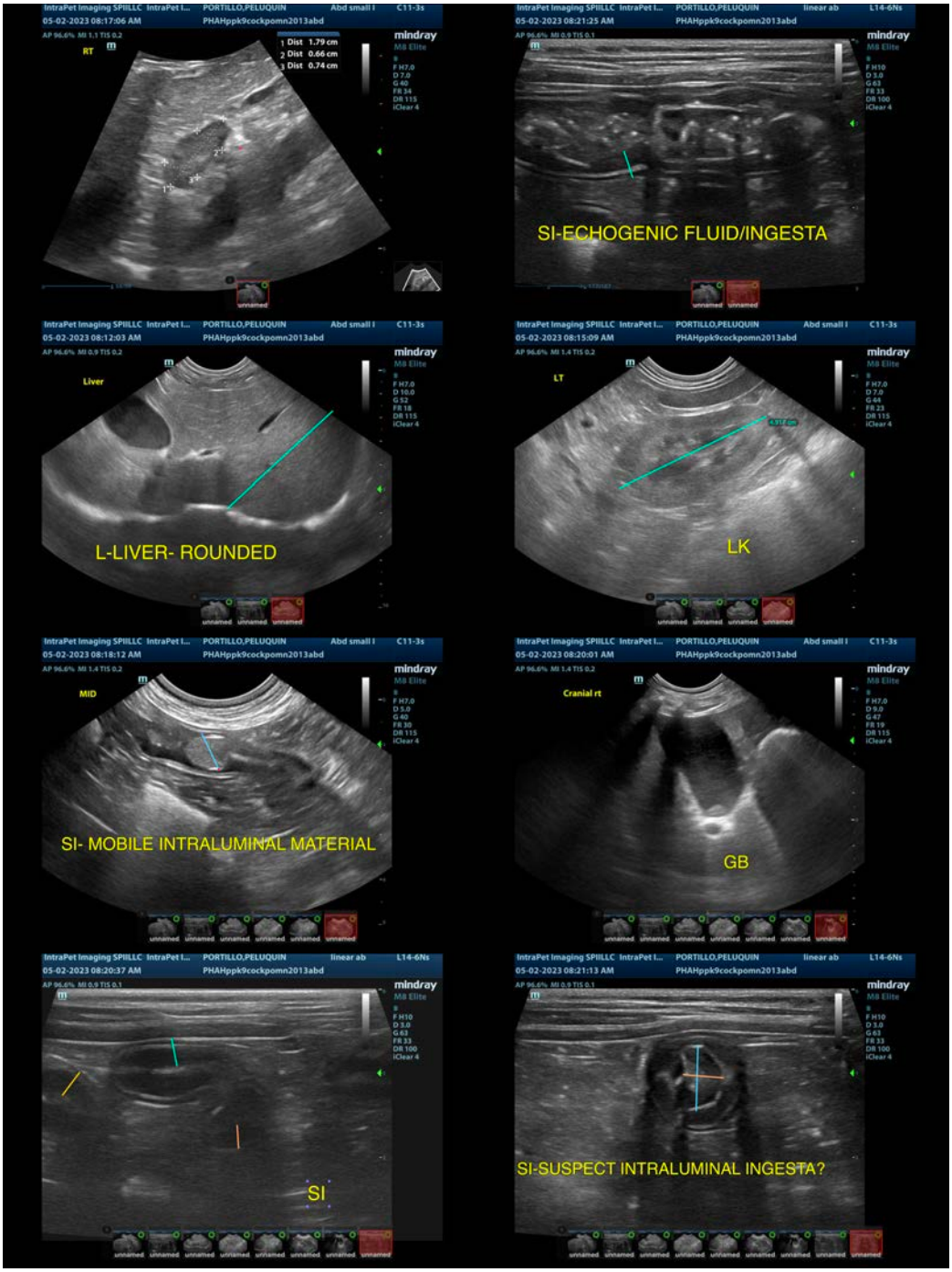
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild and similar to the previous scan on 10/7/21. There is a hyperechoic nodule visualized in the left side of the liver, which is relatively stable from the previous exam. The appearance of this lesion trends towards a more benign process. The left lobe of the liver is slightly rounded and prominent but is isoechoic to the remainder of the liver. Continued monitoring of this region of the liver is warranted.

There is a large amount of ingesta/ingested material visualized within the lumen of the small bowel. It is

difficult to discern if this material is foreign material, ingesta, etc., and in some regions it is difficult to fully evaluate the bowel. Recommend reevaluation in a fasted patient in order to interpret the stomach and small intestine appropriately. If the patient was adequately fasted, then consider the possibility of delayed gastric emptying/ileus and underlying gastrointestinal disease.




RT
SI-ECHOGENIC FLUID/INGESTA
Liver
L-LIVER- ROUNDED
LT
LK
MID
SI- MOBILE INTRALUMINAL MATERIAL
Cranial rt
GB
SI
SI-SUSPECT INTRALUMINAL INGESTA?

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