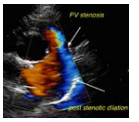
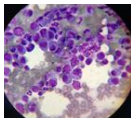
IMAGING PERFORMED BY

IntraPet.com





SonoPath

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DATE
6/24/22

PATIENT
Bubba Reeve

SPECIES
Canine

BREED
Beagle

SEX
Neutered male

AGE
4/1/11

WEIGHT
36.4 lbs

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

HOSPITAL NAME
Bel Air VH

REFERRING VET
Dr. Stevenson

INVOICE
31243

PRESENTING CLINICAL SIGNS

6/11/22- "anxious moments" when pt shakes, licks lips, sometimes vomits yellow bile afterwards. Occurs in the middle of night/am; then he won't eat for a while. 2 wk duration / daily occurrence past week. May be drinking a bit more than usual? 3# wgt loss since Aug. 2021.
Current Medications: 10mg Prilosec SID at bedtime.
Lab Results: increased TP 7.7, slight increased ALKP 149, Bun 15/ creat 0.8, increased triglycerides 521, increased Hgb 20.5, increased Eos 1414. UA: usg- 1.018, protein 3+, pH 9.0, WBC- 0-1, RBC- 0-1.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.92 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 (5.99 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 in size measuring 0.69 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 0.85 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. There is a very subtle hypoechoic lesion visualized within the parenchyma measuring 1.06 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a

very small, distinct, hyperechoic nodule visualized in the parenchyma measuring 0.76 cm. The gallbladder has a moderate amount of debris.

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 mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). The duodenum measured 0.43 cm and the jejunum measured 0.34 cm. There is mild mucosal speckling of the duodenum.

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 large, prominent and mottled in both the right and left limb.

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.

Other

No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Subtle hypoechoic lesion visualized within the splenic parenchyma. The appearance of this lesion is relatively benign, but I cannot rule out the possibility of a very early neoplastic lesion. I recommend to continue monitoring.

Large, prominent mottled pancreas. The pancreatic changes are most consistent with (mild/moderate/severe) pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.

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.

Mildly thickened small intestine with mild mucosal speckling. 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.

SECONDARY FINDINGS:
Small, hyperechoic lesion within the hepatic parenchyma. This lesion has the appearance that this most consistent with a benign lesion, but continued monitoring is warranted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

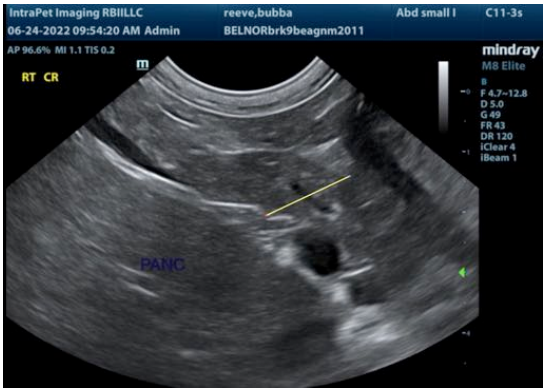
The lesions on today's scan are subtle and many may represent insignificant findings, but continued monitoring is warranted of the small lesions in the spleen and liver.

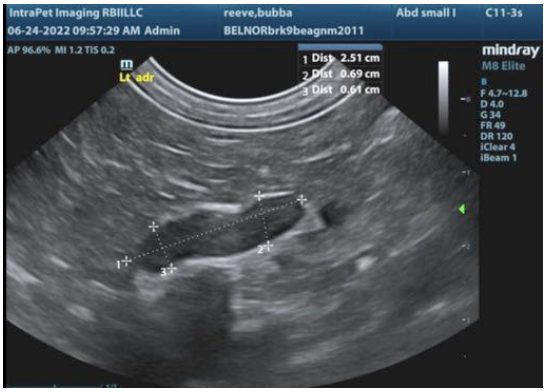
I suspect that the pancreatic changes and the bowel changes are most pertinent to the symptoms described. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestinal changes observed.

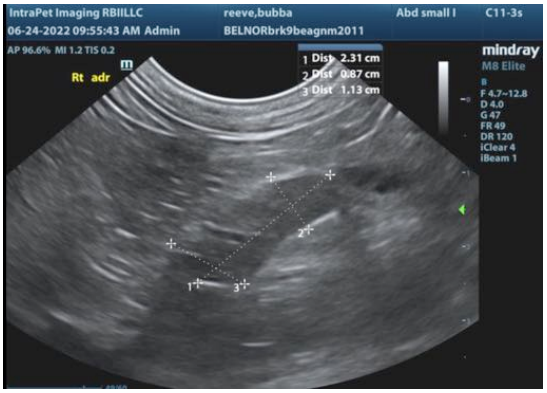
I recommend symptomatic treatment for pancreatitis.

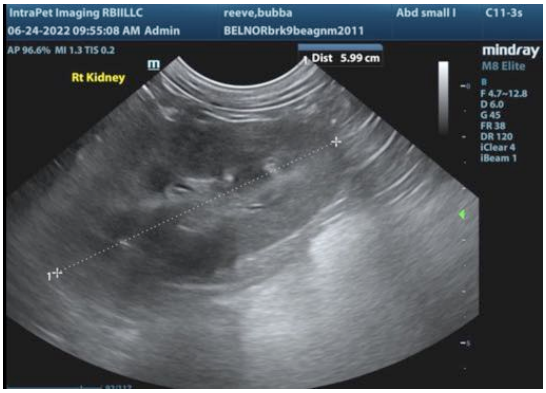
If the symptoms persist you can consider a novel protein/hydrolyzed protein prescription diet. If there is no response to empirical treatment and symptoms are progressing consider serial imaging and obtain GI biopsies if primary gastrointestinal disease seems likely.

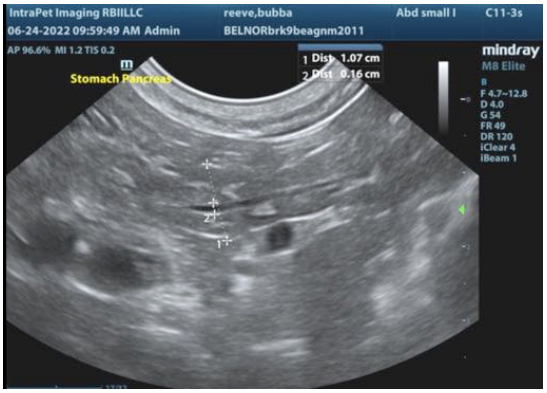
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

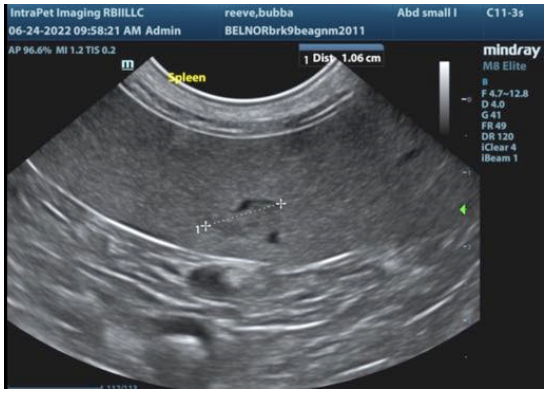


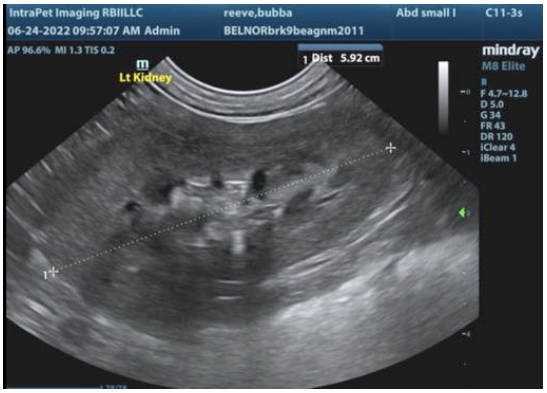


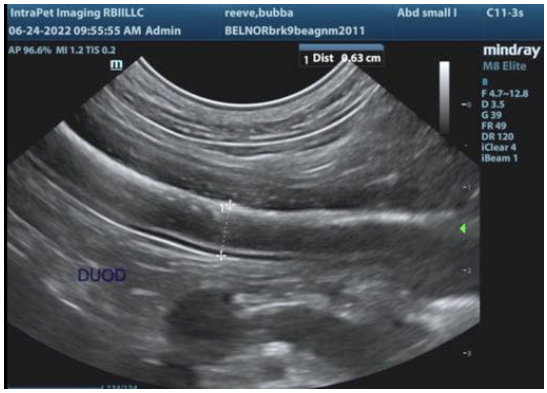


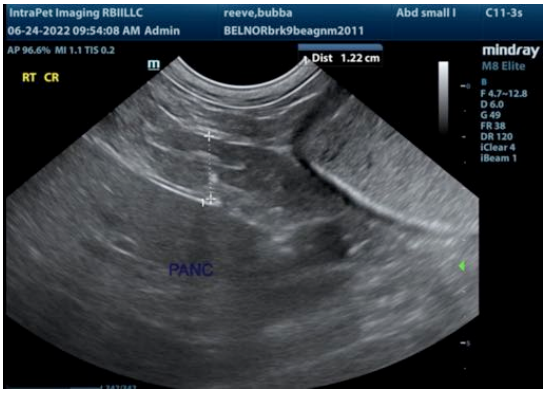


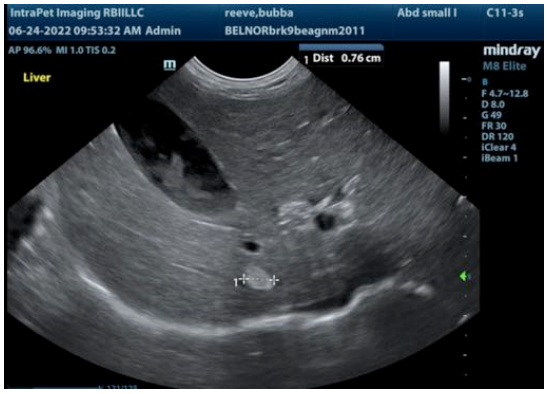












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com