

**DATE PRESENTING CLINICAL SIGNS**

6/28/23 History- recently adopted from a rescue. CC: lethargic on walks around the farm. Separate issue- had a bout of greasy stools and anorexia for 24 hours. PE- no obvious abnormalities.

PATIENT

Carl Hall Current Medications: 1000mg Metronidazole SID for 21 days to treat Giardia.
Lab Results: Mild non-regenerative persistent anemia. Eosinophilia (improved since first check but not normal). Idexx fecal all negative except positive for giardia antigen, 4dx negative. Tamu GI panel- positive for pancreatitis.

SPECIES

Canine Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor.
Stat Report: Not requested.

BREED

Rottweiler

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Neutered Male 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.

AGE

4/26/15

The prostate is large (2.68 cm in height in the sagittal view). 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.

WEIGHT

108 Pounds

The left kidney has a normal shape and size (7.59 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.

INTERPRETED BY

Kathleen Sennello DVM,
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The right kidney has a normal shape and size (6.74 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.

HOSPITAL NAME

Harborside Mobile VC

Adrenal Glands

The left adrenal gland is normal in size measuring 0.83 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.

REFERRING VET

Dr. Hawkins

The right adrenal gland is normal in size measuring 0.89 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.

INVOICE

43552

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 an ill-defined hypoechoic nodule visualized in the parenchyma measuring 0.70 cm.

Liver

The liver is subjectively normal in size, and hypoechoic 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. Duodenum wall measures 0.55 cm. Jejunum wall measure 0.47 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 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.

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted. There is no evidence of pleural effusion or thoracic masses visualized.

PRIMARY FINDINGS

- Small hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic, 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.

SECONDARY FINDINGS

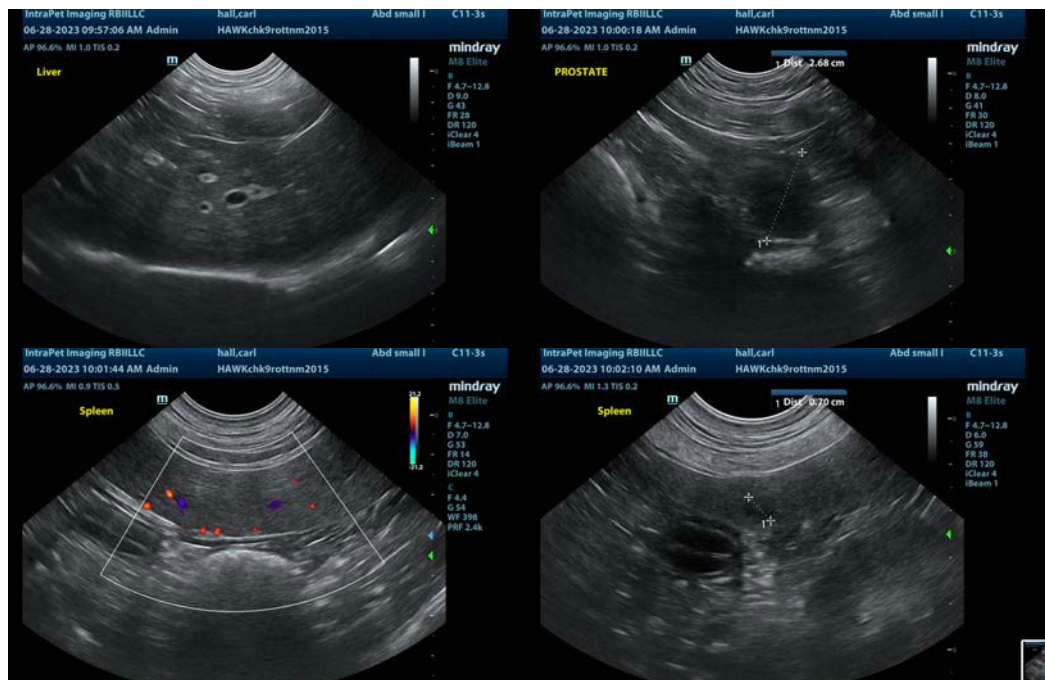
- Large prostate – This is likely normal for a dog neutered after puberty.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

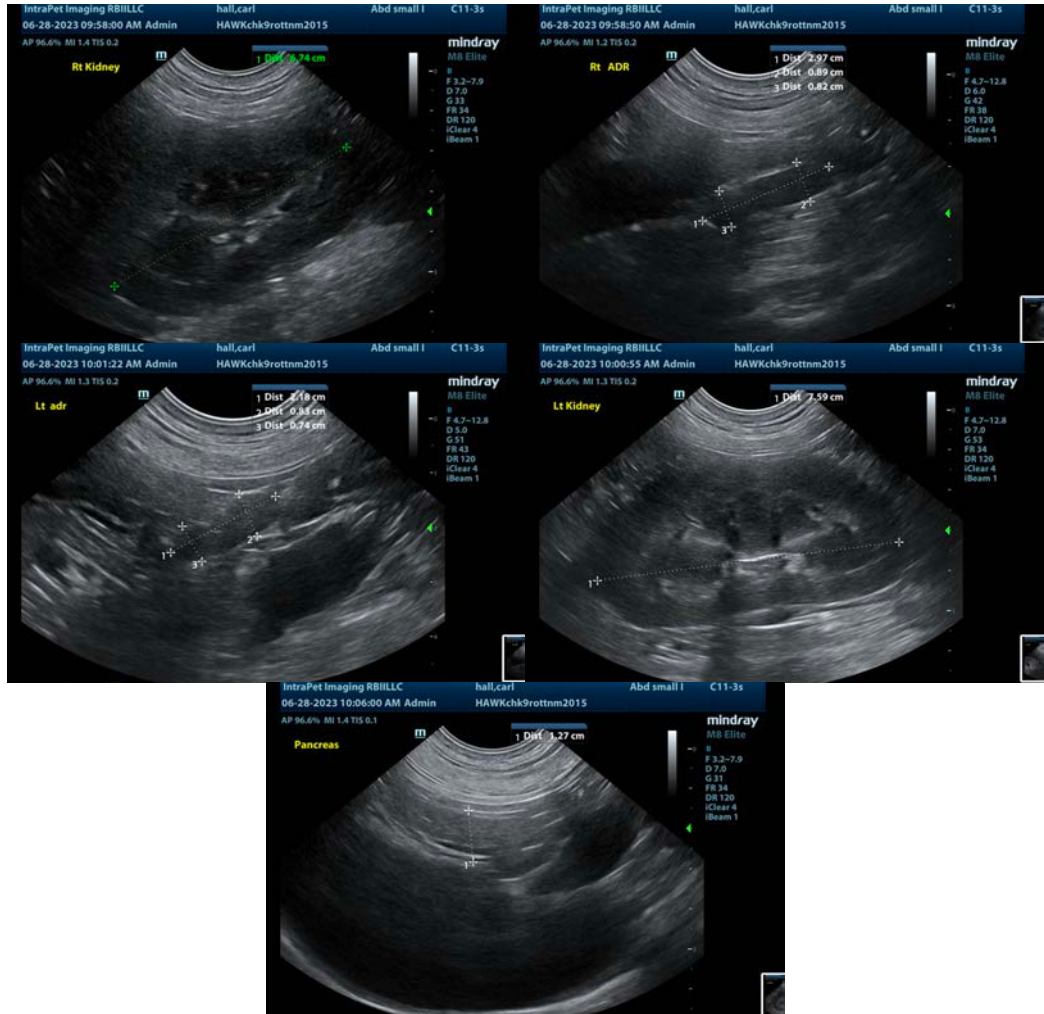
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. There is a small ill-defined hypoechoic nodule visualized in the spleen. Options moving forward would include a fine needle aspirate of this area or continued monitoring with ultrasound.

The liver subjectively appears somewhat hypoechoic and heterogeneous. The significance of this is uncertain with no evidence of liver enzyme elevations.

This patient has a borderline low albumin level and elevated eosinophils. It is very common in this breed to have elevated eosinophils. It can be a normal benign change or could be consistent with early hypereosinophilic syndrome. Consider starting with screening for Addison's disease and GI parasitism (I believe this has already been done) and 3-view thoracic radiographs. If symptoms are persistent despite empirical treatment for gastroenteritis (recent episode of greasy stools, etc.), then consider further evaluation such as the splenic aspirate, etc.





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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