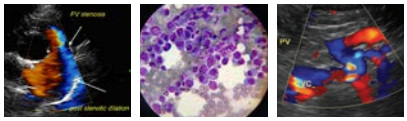
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

7/27/22

PATIENT

Pinky Carrington

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

6/28/14

WEIGHT

15.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Riehl

INVOICE

39858

PRESENTING CLINICAL SIGNS

Presented today with 2 day history of vomiting after eating other dog's food (Purina ProPlan). Lethargic, anorexic. Painful, slightly distended abdomen

Current Medications: Methadone: 0.1 mL IV at 8 am.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is largely of normal thickness with a smooth mucosal surface. In the apical portion of the urinary bladder, there are multiple (at least 3) polypoid-like mass lesions that are small and have a narrow attachment. The largest of these measures 0.93 cm x 0.34 cm. Another measures 0.41 cm x 0.27 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesion or calculi.

The left kidney has a normal shape and size (4.11 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.94 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 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 0.68 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. The spleen echotexture is heterogenous and mottled, 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.

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. The gastric wall adjacent to the severely inflamed pancreas appears slightly thickened and edematous.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with severe pancreatitis.

Free Abdomen

There is a scant amount of free abdominal fluid. No lymphadenopathy. The omentum is of increased echogenicity in the cranial abdomen, particularly around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Severely enlarged, hypoechoic pancreas with surrounding edema and inflammation – The pancreatic changes are most consistent with severe pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Small apical polypoid-like projections in the urinary bladder – These lesions could represent benign polyps (recommend urinalysis and culture), but underlying neoplasia needs to be ruled out as well.

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- 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.

- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- Severely hyperechoic mesentery in the cranial abdomen with scant free abdominal fluid – findings are consistent with focal peritonitis (likely sterile).

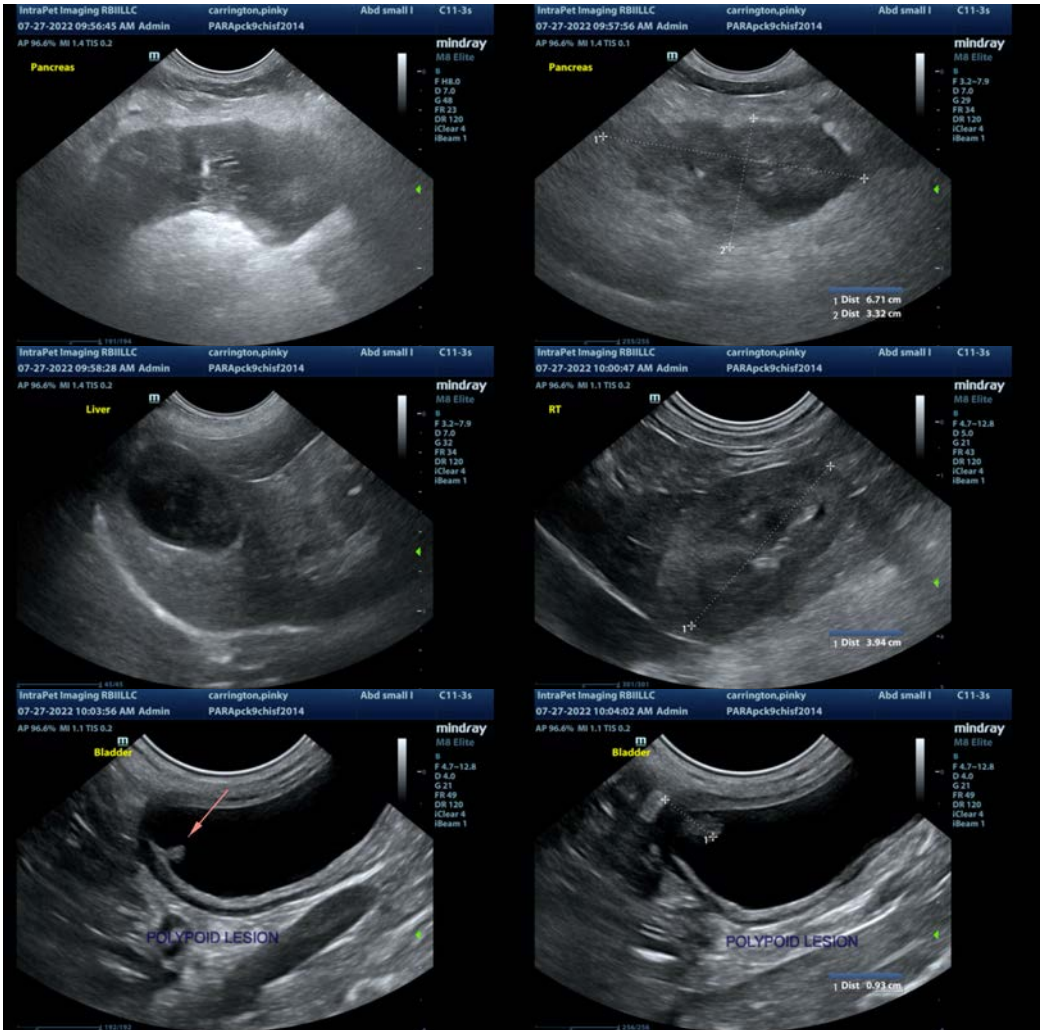
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

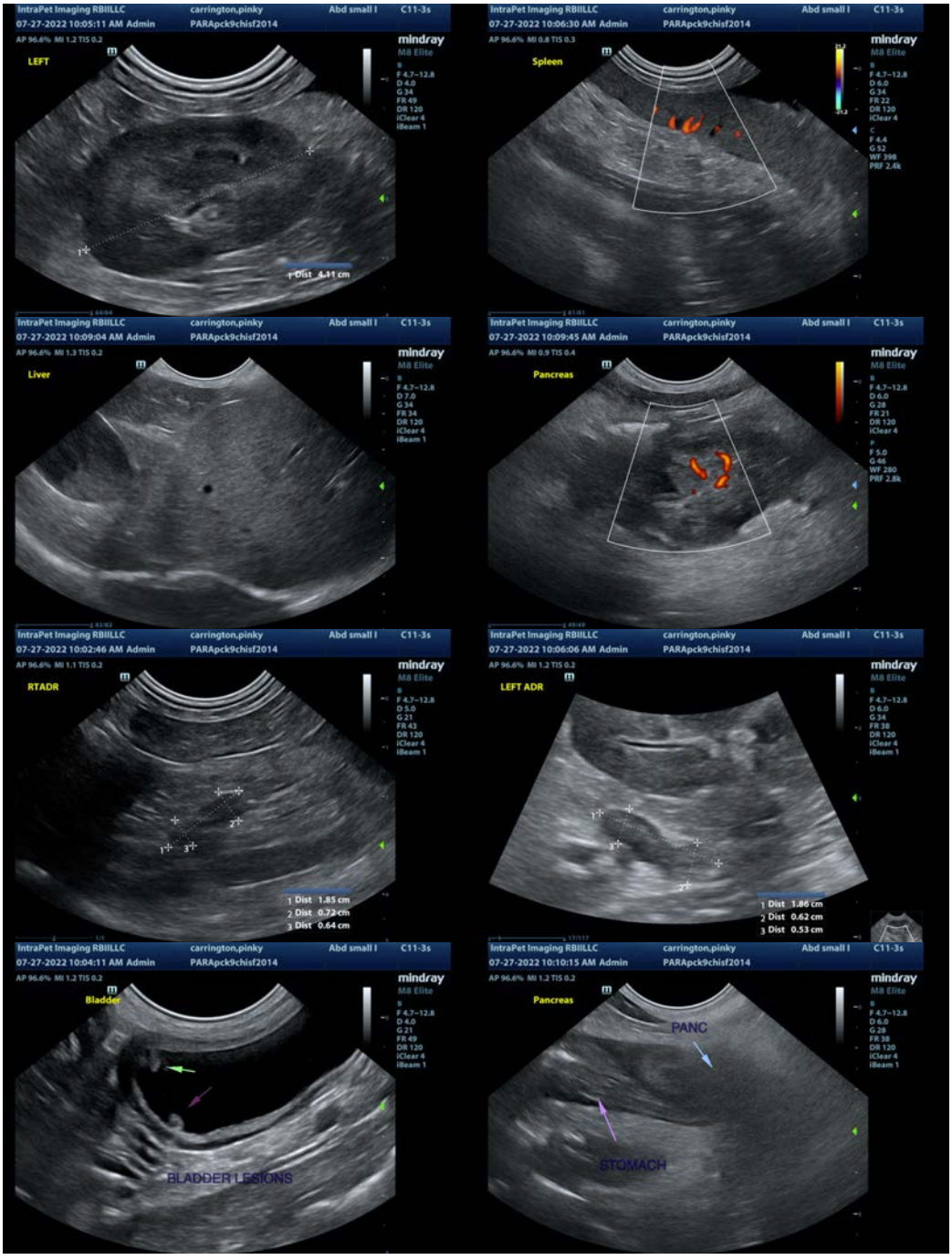
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed are consistent with severe pancreatic inflammation and surrounding focal peritonitis. At this time, there are no focal cystic lesions or abscesses noted, but continued monitoring is warranted, as these may develop. Recommend aggressive medical care for pancreatitis including IV fluids, pain medications, nausea medications, +/- plasma, etc.

The changes in the liver and gallbladder are non-specific and unlikely directly related to the pancreatitis. If there are liver enzyme elevations in the future, then consider further evaluation.

Both kidneys have decreased corticomedullary distinction. Recommend blood pressure evaluation, urinalysis and culture. Additionally, there are at least 3 polypoid-like mass lesions towards the apical region of the urinary bladder. These could represent benign polyps or early/small transitional cell carcinoma lesions. If urinary tract infection is present, recommend treatment and reevaluation of these lesions in 3-4 weeks while still on therapy (therapy should ideally be continued until these have resolved). If no infection is present, consider sampling of these lesions with either cystoscopy or a traumatic catheterization once the pancreatitis has resolved.




IntraPet Imaging RBIILLC
carrington,pinky
Abd small I
C11-3s
07-27-2022 10:05:11 AM Admin
PARApck9chisf2014
LEFT
Dist 4.11 cm
07-27-2022 10:06:30 AM Admin
Spleen
07-27-2022 10:09:04 AM Admin
Liver
07-27-2022 10:09:45 AM Admin
Pancreas
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RTADR
Dist 1.85 cm
Dist 0.72 cm
Dist 0.64 cm
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LEFT ADR
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Dist 0.62 cm
Dist 0.53 cm
07-27-2022 10:04:11 AM Admin
Bladder
BLADDER LESIONS
07-27-2022 10:10:15 AM Admin
Pancreas
PANC
STOMACH
mindray
M8 Elite

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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