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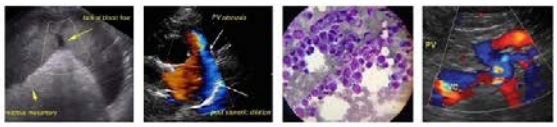

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

**PATIENT**
Zaps Peretti

**SPECIES**
Canine

**BREED**
DLH

**SEX**
Spayed Female

**AGE**
15 Years

**WEIGHT**
5.55 kg

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

**IMAGING PERFORMED BY**
Kelly Reschny

**HOSPITAL NAME**
Buck Animal Hospital

**REFERRING VET**
Dr. Yenssen

**INVOICE**
39553

**DATE**
7/29/22

## PRESENTING CLINICAL SIGNS

Tense on abdominal palpation, mild muscle wasting. Controlled diabetic, hyperthyroid and has GI disease but has been not wanting to eat for ~2 weeks now - o has to coax/force feed - getting same amount of food but losing weight. meds: insulin, felimazole, metronidazole
Abnormal PE/Chem/CBC/UA Results: BW-NAF

## 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 (3.93 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 (3.98 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 0.36 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 0.28 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 (0.7 cm in width at the level of the hilus), 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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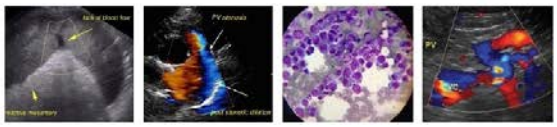

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 left limb of the pancreas appears prominent, large and hypoechoic, measuring 2.11 cm x 1.41 cm. This area is surrounded by hyperechoic mesentery and overlaps the spleen on many views. The appearance is most consistent with focal inflammation or a mass of the left limb of the pancreas, although splenic origin is a possibility.

### *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

- Focal hypoechoic area in the left limb of the pancreas with surrounding hyperechoic mesentery – most consistent with focal pancreatitis or a pancreatic mass lesion. Recommend a fine needle aspirate.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. This is most consistent with a diabetic hepatopathy.
- Moderate gastric ingesta – consistent with a recent meal.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is abnormal hypoechoic inflamed tissue in the region of the left limb of the pancreas. This tissue also is in the region of the spleen. Splenic origin cannot be ruled out. Recommend a quantitative fPLI, TLI, cobalamin and folate (GI panel to Texas A&M) to further evaluate the pancreas and small intestine, as well as a fine needle aspirate of this lesion to try and determine if this is a mass lesion or just extremely inflamed pancreas. Recommend treatment for acute pancreatitis with pain medications, fluids, nutritional supplementation, and treatment for the diabetes (potentially injectable short-term insulin, etc.) while recuperating.

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

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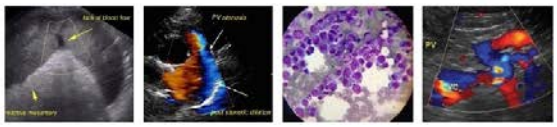

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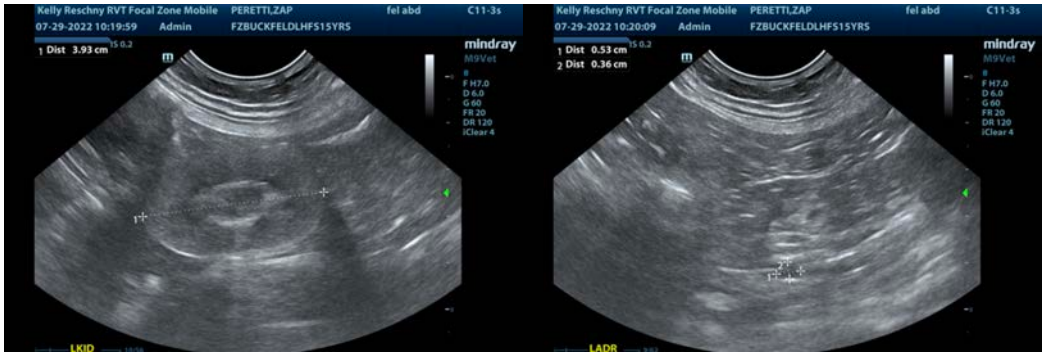

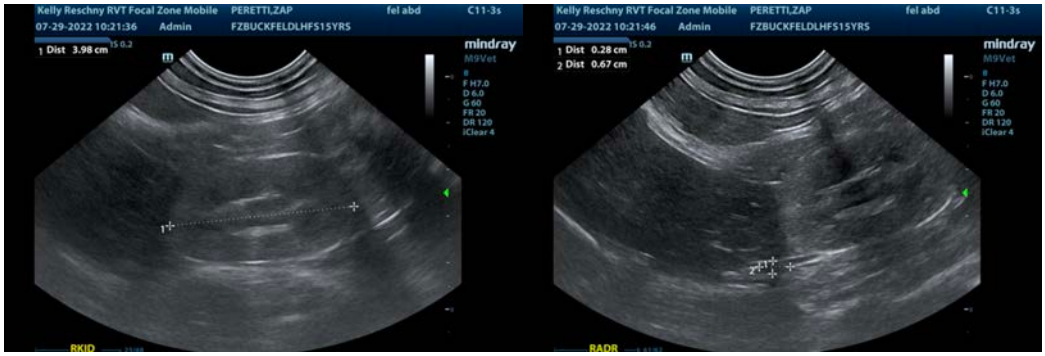

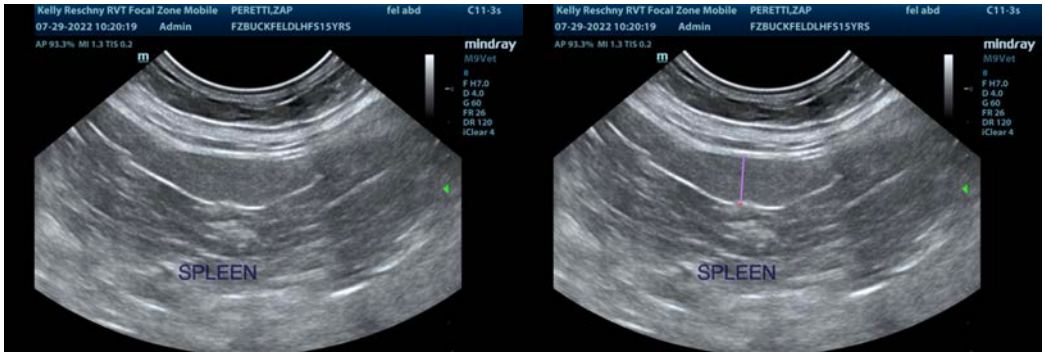


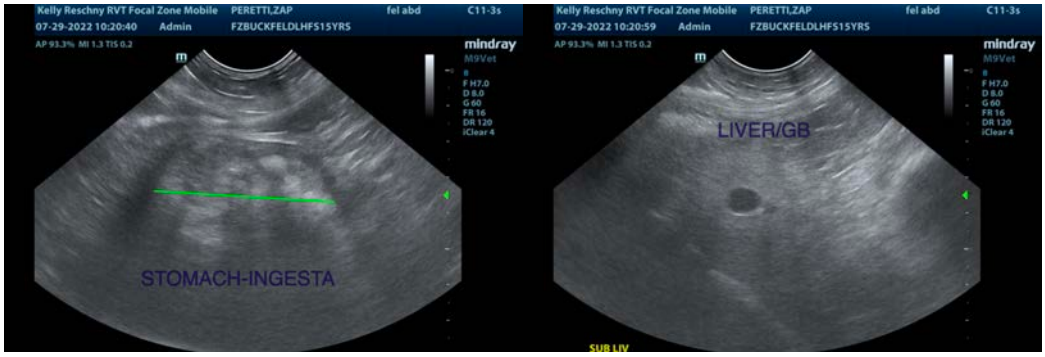

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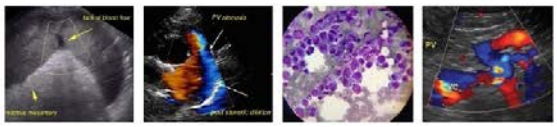

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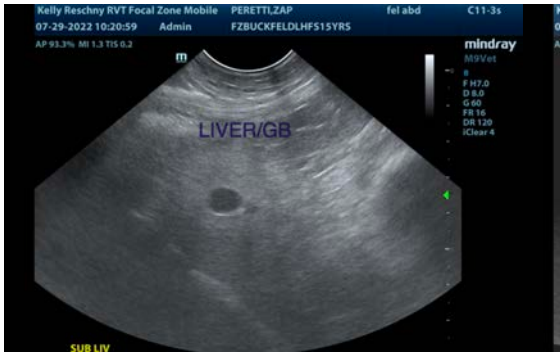


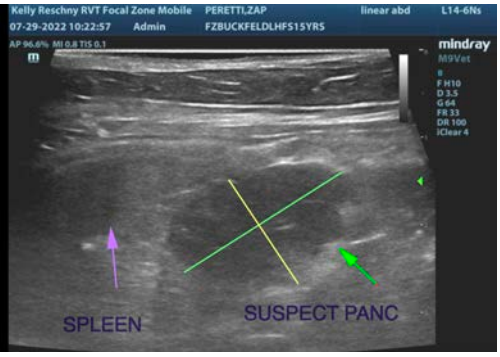


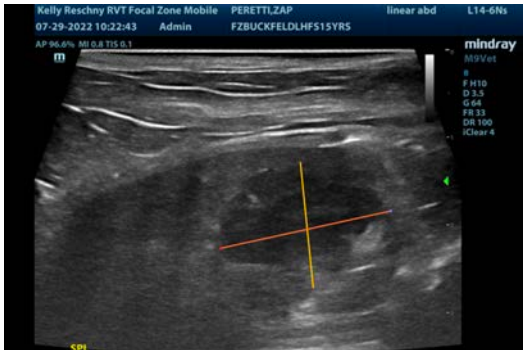

**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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