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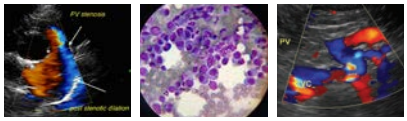

SonoPath

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**DATE**

7/6/22

**PATIENT**

Sophie Mastracci

**SPECIES**

Canine

**BREED**

Cavalier King Charles Spaniel

**SEX**

Spayed Female

**AGE**

1/7/12

**WEIGHT**

20.3 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Stephanie Pearce RDCS, RVT

**HOSPITAL NAME**

Paradise Animal Hospital

**REFERRING VET**

Dr. Riehl

**INVOICE**

39236

## PRESENTING CLINICAL SIGNS

Had hematochezia 3/2021 secondary to carprofen (cPL not checked). Had pancreatitis as younger dog but no cPLs recorded. Have been tracking cPL--progressively increasing despite asymptomatic currently. Routine/proactive abdomen ultrasound while asymptomatic to see degree of remodeling of pancreas.

Current Medications: Dasuquin advanced, proviable, interceptor
Lab Results: 10/2021: cPL 491 (0-200). 11/2021: cPL 433. 4/2022: cpL 697. 6/2022: cpL 840.
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, 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 (4.87 cm) with pinpoint non-obstructive nephroliths. 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 (5.35 cm) with pinpoint non-obstructive nephroliths, one measuring 0.37 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 0.65 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 0.63 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. There are very ill-defined hyperechoic areas of mottling within the splenic parenchyma. Some of these are slightly more defined. One of these regions measures at 0.95 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. 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 <0.7cm 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.

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 prominent, mottled and irregular. 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.

### *Other*
A brief view of the heart was submitted. No significant pericardial effusion was seen.

## ULTRASONOGRAPHIC FINDINGS

- 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.

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

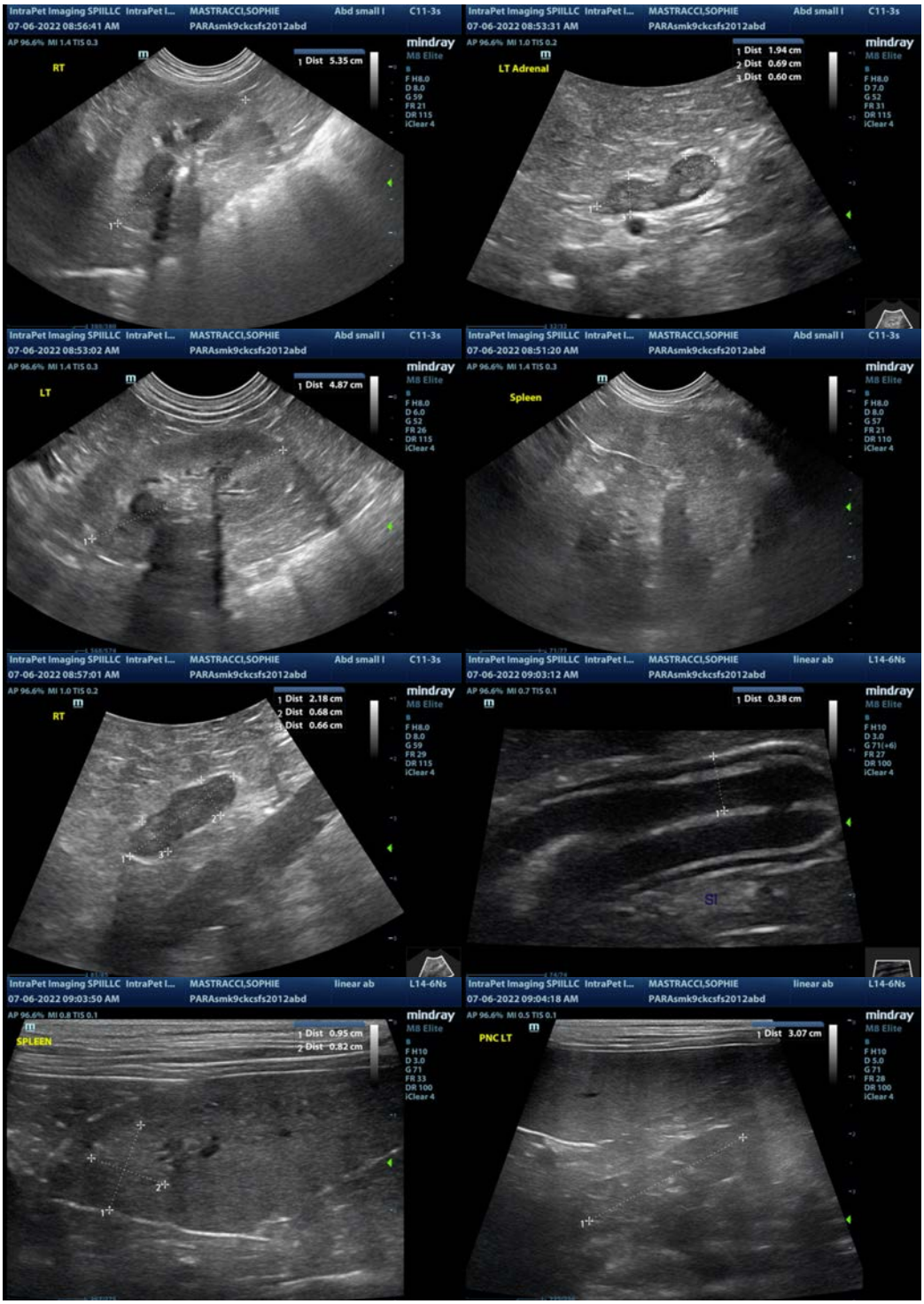
- Moderate ingesta within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed).

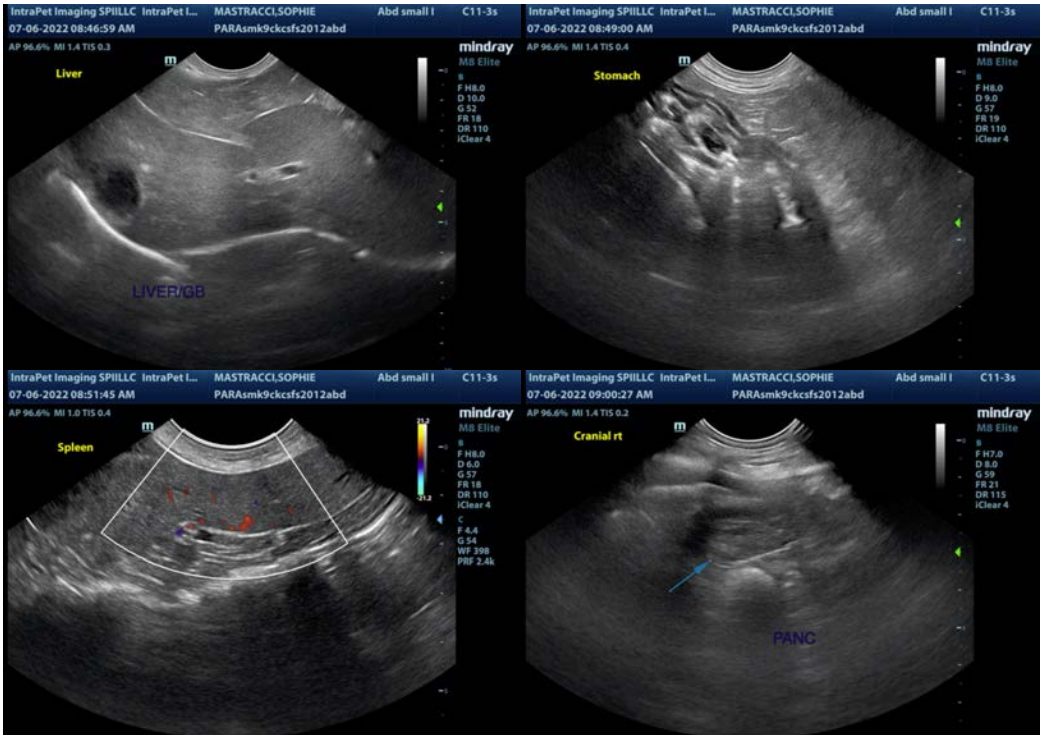
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's ultrasound are relatively mild and non-specific. The pancreas is visible and appears somewhat irregular and mottled. Per the sonographer's notes, the patient was uncomfortable when scanning over the area of the pancreas. These findings could indicate some residual pancreatic inflammation, but visibly there is minimal inflammation surrounding the pancreas. If cPL levels are not helpful in managing the case, I would consider managing the pancreatitis as best you can symptomatically, with intermittent imaging if the patient is not clinically doing well. If the patient worsens, you could consider a fine needle aspirate of the pancreas.

The spleen is somewhat mottled. Most of these areas appear hyperechoic and ill-defined, which trends

towards a less aggressive type of lesion. Options moving forward include continued monitoring or a fine needle aspirate.






**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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