

**DATE PRESENTING CLINICAL SIGNS**

8/19/22 Came in ADR 8/15/22- lethargic, didn't eat that day and had thrown up 4 times.

PATIENT

Current Medications: Cerenia 16mg SID, Clavamox 62.5mg BID- both started 8/15/22.

Lab Results: Amylase 18,709.

Jabberwocky
Klingebiel

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Yorkiepoop

SEX

Neutered Male

AGE

3/2/09

WEIGHT

10 Pounds

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is relatively normal in size, measuring 1.3 cm x 1.8 cm. The margins are slightly irregular and there is a focal lesion visualized within the parenchyma, which is largely hypoechoic, but slightly mixed echogenicity, possibly cystic, measuring 1.34 cm x 1.32 cm in cross section. Correlate these findings with neutering history, as this could represent a previously involuted lesion or possibly even an early neoplastic lesion.

The left kidney has a normal shape and size (3.71 cm) with shadowing, non-obstructive nephroliths, the largest of which measured 0.39 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.73 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.

IMAGING PERFORMED BY

Stephanie Warga
RDCS, RVT

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.

HOSPITAL NAME

Chadwell AH

The right adrenal gland is normal in size measuring 0.56 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.

REFERRING VET

Dr. Gold

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. No focal parenchymal abnormalities are visualized.

INVOICE

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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 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. Jejunum wall measured 0.28 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No lymphadenopathy. The omentum is severely inflamed in the right cranial quadrant of the abdomen in the region of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Irregular, mixed echogenic/possibly cystic region in the prostate – Any lesions observed in the prostate in a neutered male are concerning. If this pet was neutered late in life and had previous prostatic disease, this could be an involuted lesion (abscess, cyst, etc.). If this patient was neutered early in life, I would be more concerned about this being a neoplastic lesion.
- Decreased corticomedullary distinction in both kidneys with left-sided non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.
- Hypoechoic, prominent pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate 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.

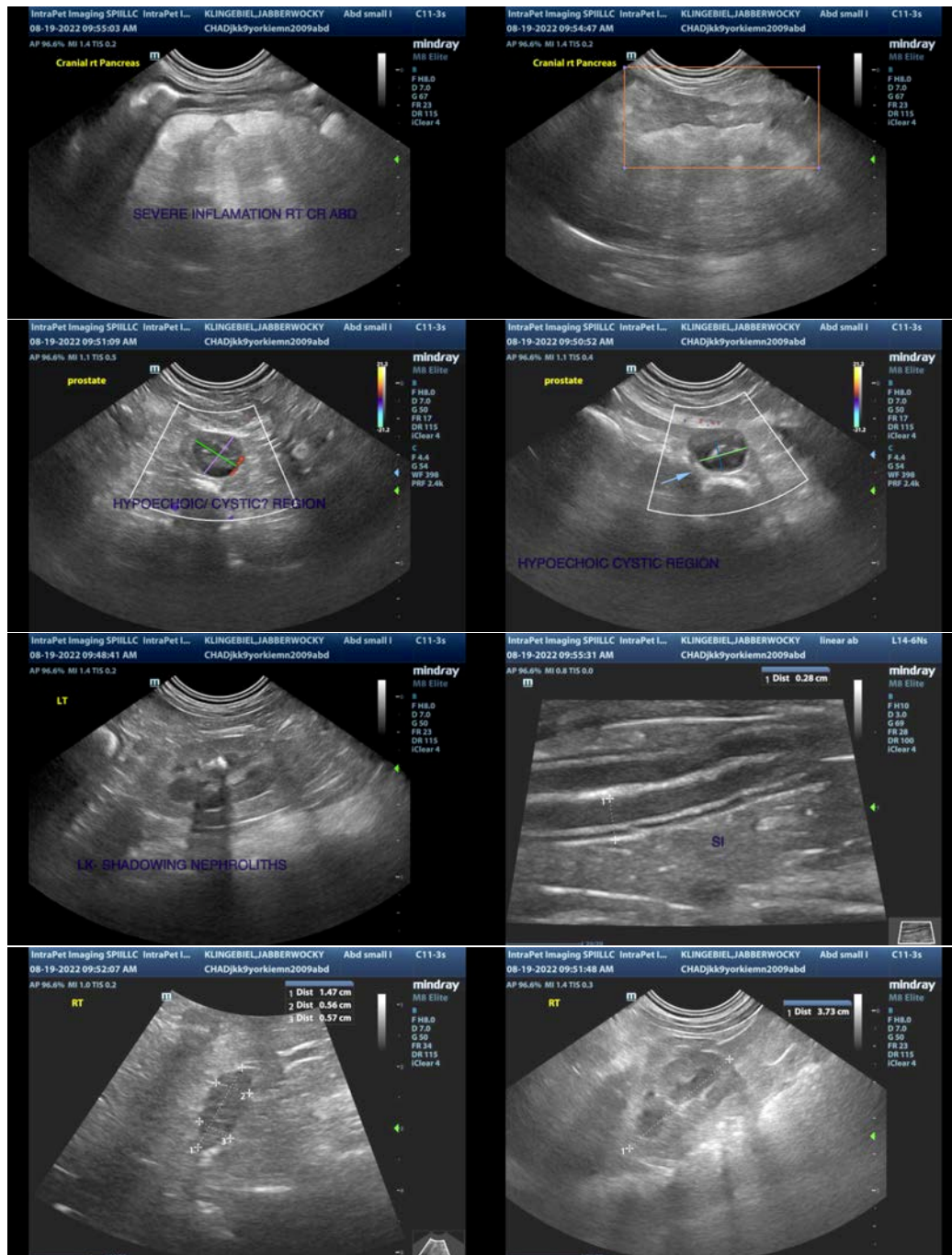
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

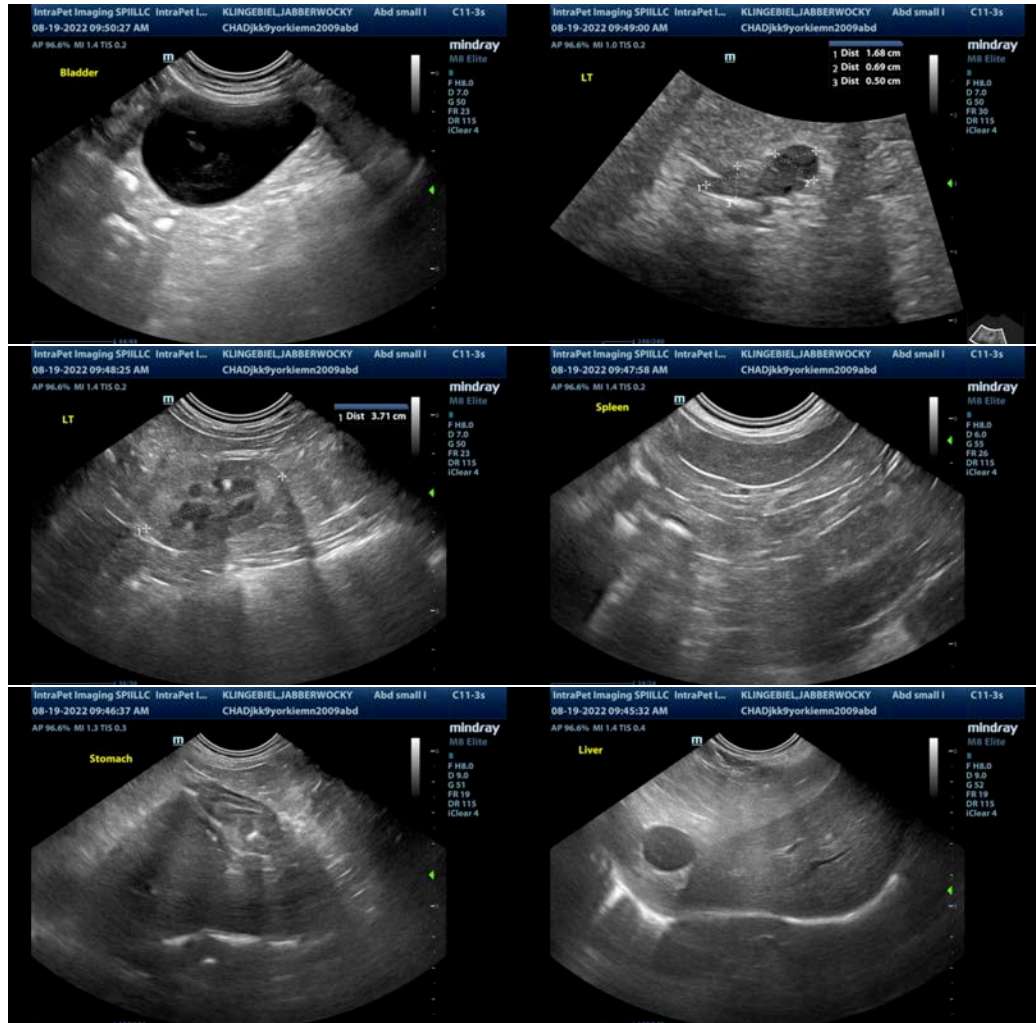
There is moderate (possibly even severe) inflammation of the pancreas present, particularly in the right cranial quadrant. Recommend treatment for pancreatitis and continued monitoring. If clinical signs are not improving, consider an aspirate of the pancreas.

There is a mixed echogenic, somewhat hypoechoic lesion visualized on the prostate. Benign prostatic lesions are unusual in neutered male dogs, so this is always a concern. If this pet was neutered late in life and had

previous prostatic disease, this could represent an involuted lesion. Alternately, this could be an atypical cyst, an early neoplastic lesion, etc. If possible, consider a fine needle aspirate of this lesion. If this is not possible, recommend continued monitoring and reevaluation in 6-8 weeks. Additionally, recommend a urinalysis and culture.

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/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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