SonoPath
Clinical Sonography & Telecytology
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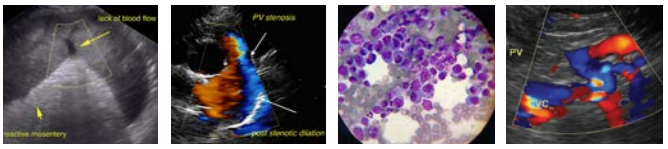


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Willy Arroyo

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
10 Years

WEIGHT
8.5 Pounds

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

IMAGING PERFORMED BY
Dr. Cassells-Conway

HOSPITAL NAME
Central Broward AH

REFERRING VET
Dr. Janeen Lezcano

INVOICE
24908

DATE
8/24/21

PRESENTING CLINICAL SIGNS

P has a hx of recurrent incidents of vomiting, diarrhea and hyporexia. P has been on RC LF diet long term but continues to have these relapses. P presented on 8/21 for relapse of anorexia and discomfort. Blood work suggestive of pancreaititis (high lipase). On 8/23 P presented due to continued discomfort (restlessness, lethargy and dec appt). P currently on gabapentin, famotidine and cerenia. Tramasdol was added yesterday.
Abnormal PE/Chem/CBC/UA Results: On PE p appeared dehydrated and sensitive on ad palpation. 8/23: NSAID panel: NSF, PCV/TP: 54/8 8/21: CBC: NSF, PCV/TP: 50/7; Chem: glob: 4.6, creat: 0.8, ALP: 230, lipa: 2042 (1800).

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 prostate is normal in size (0.75 cm) and shape for this neutered male dog. 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.

The left kidney has a normal shape and size (3.48 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.

The right kidney has a normal shape and size (3.75 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 0.73 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.

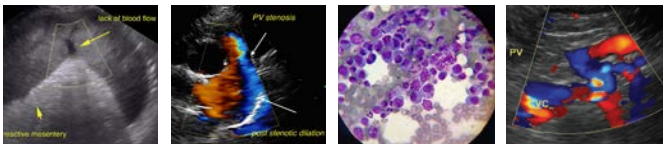
The right adrenal gland is normal in size measuring 0.23 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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 large in size, with normal echogenicity and 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.



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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 large amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible. The gallbladder wall measures 0.22 cm in thickness.

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, 0.31 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 normal and isoechoic to surrounding 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.

ULTRASONOGRAPHIC FINDINGS

- Large amount of gallbladder debris with mildly thickened gallbladder wall – could be consistent with early cholecystitis.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not see any focal bowel lesions or severely inflamed pancreas to explain this patient's periodic inappetence and diarrhea. The gallbladder has a large amount of intraluminal material, and the wall appears somewhat thickened. There could be episodes of cholecystitis. Consider starting Ursodiol, and monitor the gallbladder with ultrasound, particularly if these episodes seem to respond to antibiotics and if liver values tend to improve with antibiotics. The liver is large and heterogeneous. This is a non-specific finding. If liver values continue to rise or do not normalize, you could consider a liver function test and possibly even a fine needle aspirate, although changes appear relatively benign at this time. Consider a quantitative PLI level to Texas A&M with a B12 and folate level to more specifically evaluate the pancreas and to look for concurrent evidence of small intestinal disease. If there is a dietary intolerance/food allergy component to this scenario as well, you may need to consider a low fat, hypoallergenic diet. I have had success utilizing veterinary nutritionists (I have used University of Tennessee's consultation service) to help formulate a homemade novel protein low fat diet for these individuals that are both prone to pancreatitis and are intolerant to some dietary ingredients.

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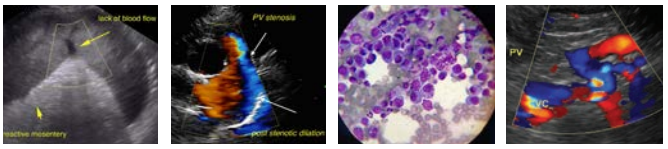

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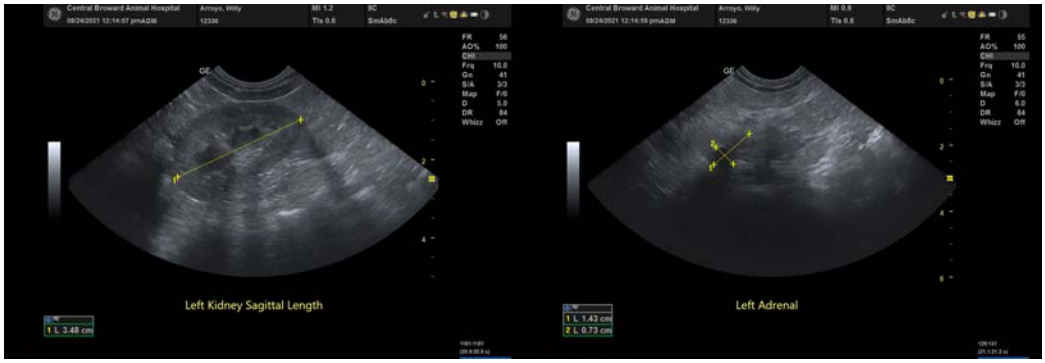

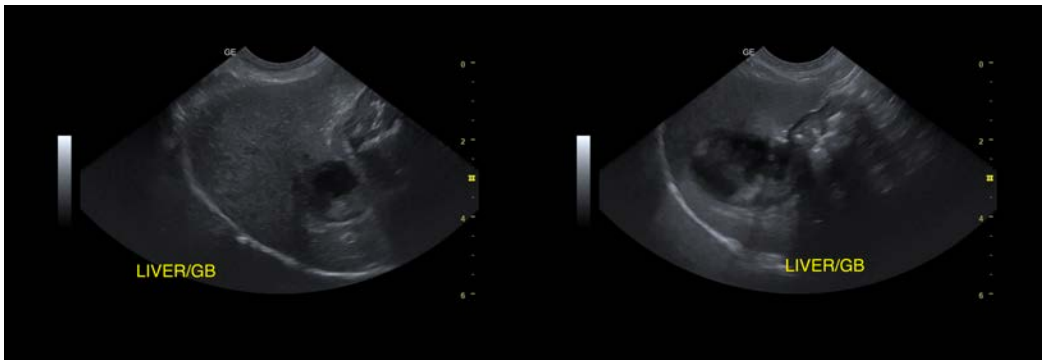

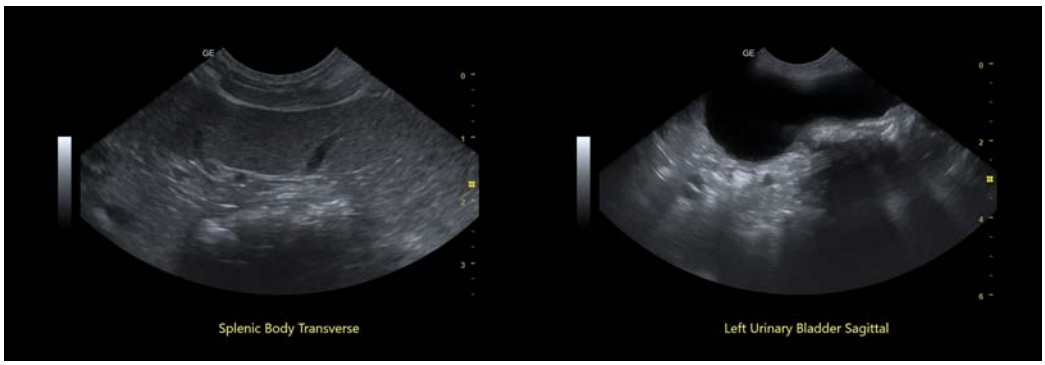

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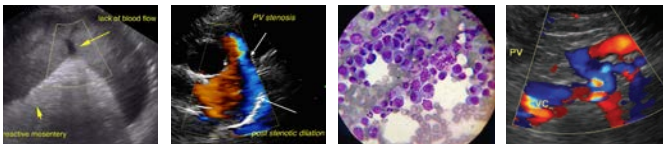

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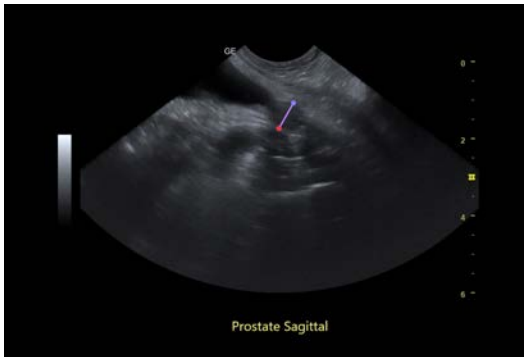

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com