IMAGING PERFORMED BY

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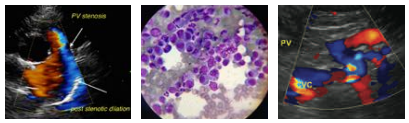

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DATE
9/15/21

PATIENT
Tuti McAuliffe

SPECIES
Canine

BREED
Pomeranian Mix

SEX
Neutered male

AGE
11/29/06

WEIGHT
14.6 lbs

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

HOSPITAL NAME
Taylorsville VC

REFERRING VET
Dr. Bray

INVOICE
91839

PRESENTING CLINICAL SIGNS

History: Vomited bile 3 times the past week, not eating a full meal, grazing throughout the day instead of eating all at once. Owner doesn't see p vomit just finds bile on floor, no food in bile. Appetite decreased and vomiting started at same time past week. P has lost 1 Lb but this occurred before vomiting and decreased appetite occurred. Panting randomly, more than just with activity. Owner is trying to decrease Flovent dosing and p doing well. P has pancreatitis. I believe most likely all signs are associated with pancreatitis. Since p is still eating, has no fever or WBC elevation, ok to try outpatient treatments but if p declines, recommend rechecking and hospitalize. Owner ok with plan. Recommend ultra-low-fat diet
Current Medications: Cerenia 24mg 1/2 SID; Famotidine 10mg 12/SID; Buprenorphine 0.3mg/mL 0.35mL BID.
Lab Results: Dx: CBC/Chem 15/Lytes/SDMA: Stress Leukogram, Mild Elevation in BUN, renal vs pre-renal (has had elevations in past), ALT and ALP elevations, inflammation vs secondary to Flovent (chronic)
Dx: cPL: Abnormal.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 8-19-2020.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 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 (5.3 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. A large cortical cyst was noted and measured 1.64 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.7 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 0.43 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 0.45 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. Myelolipomas were noted.

Liver
The liver is subjectively large in size, and 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 gallbladder revealed minor polyps. 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. The duodenum measured as normal and the jejunum measured as normal (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
PRIMARY FINDINGS:

- Large heterogenous 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.

- Gallbladder polyps. The significance of the gallbladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

SECONDARY FINDINGS:

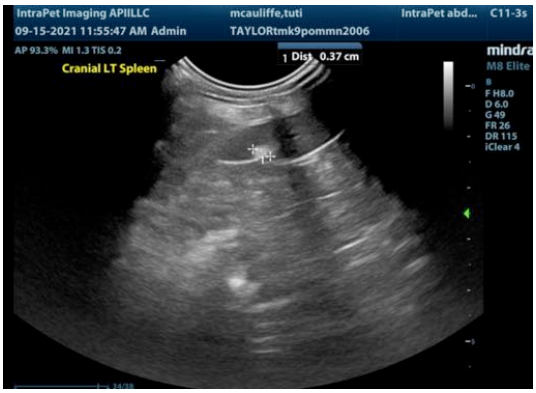
- Left sided renal cyst. This is likely an incidental finding.
- Hyperechoic foci in the spleen. This is most consistent with benign myelolipomas.

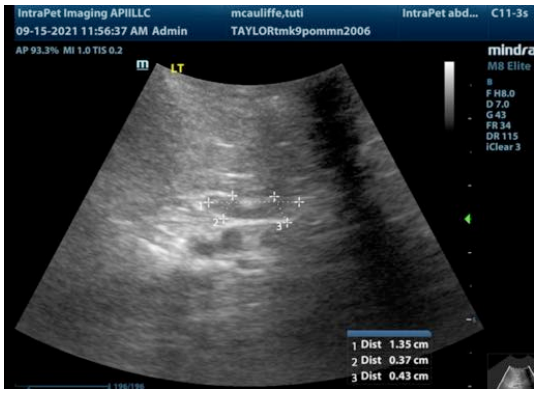
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

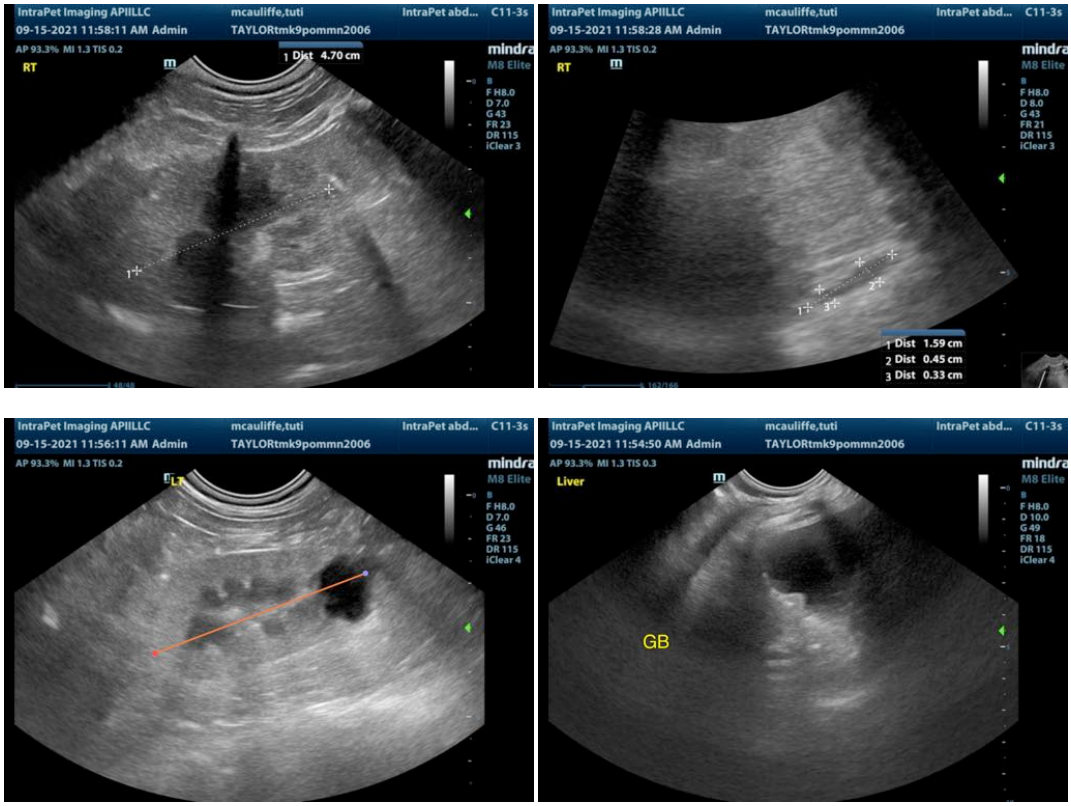
There are on obvious lesions associated with the recent decrease in appetite and vomiting. The pancreas appears relatively normal. Unfortunately, sometimes clinical signs do not always correlate with ultrasonographic findings. Consider a quantitative PLI evaluation and a B12 folate to obtain more information about the pancreas and small intestine.

The changes reported in the gallbladder and liver are non-specific and appear relatively stable from the last scan on 8/19/20. If the liver values seem to be worsening you can consider a liver function test as sometimes a vacuolar hepatopathy can progress to effect liver function; however, this is unlikely. You can also consider a FNA of the liver.

It is not uncommon to have GI disease with no significant ultrasonographic lesions. If the liver is functioning normally then consider primary gastrointestinal disease such as GI parasitism, dietary indiscretion, pancreatitis, dysbiosis, IBD and less likely intestinal neoplasia. Correlate with radiographic findings. If there is no response to treatment for pancreatitis you may need to consider obtaining GI biopsies.







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