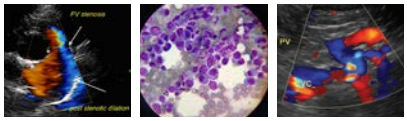
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

9/27/22

PATIENT

Chloe Whitley

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

4/23/14

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Creswell Vet Clinic

REFERRING VET

Dr. Cullum

INVOICE

41671

PRESENTING CLINICAL SIGNS

Within the past 2 weeks P began having loose stool, severe lethargy, anorexia and vomiting. No changes in diet or risks of FB per o.

Current Medications: Galliprant 10mg SID. Medications being started 9/22- Cerenia 16mg SID x 4 days, Metronidazole 62.5mg BID x 8 days.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.48 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture. Continued monitoring for progression is warranted.

The left kidney has a normal shape and size (4.81 cm) with numerous small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.91 cm) with small non-obstructive nephroliths, the largest of which is measured at 0.44 cm. Overall echogenicity is slightly hyperechoic with mildy reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.68 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 0.51 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, and normal in 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 lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. The duodenum appears somewhat corrugated adjacent to the inflamed pancreas.

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 a large echogenic, fluid-filled structure that appears to be arising from the right limb of the pancreas in the right cranial abdomen, measuring approximately 2.48 cm x 2.63 cm. Findings are most consistent with abscess or cyst. There is evidence of severe regional mesenteric inflammation. Consistent with severe pancreatitis.

Free Abdomen

There is scant free abdominal fluid around the fluid-filled structure in the right cranial abdomen. No lymphadenopathy is noted, and there is severe regional inflammation surrounding the pancreas.

ULTRASONOGRAPHIC FINDINGS

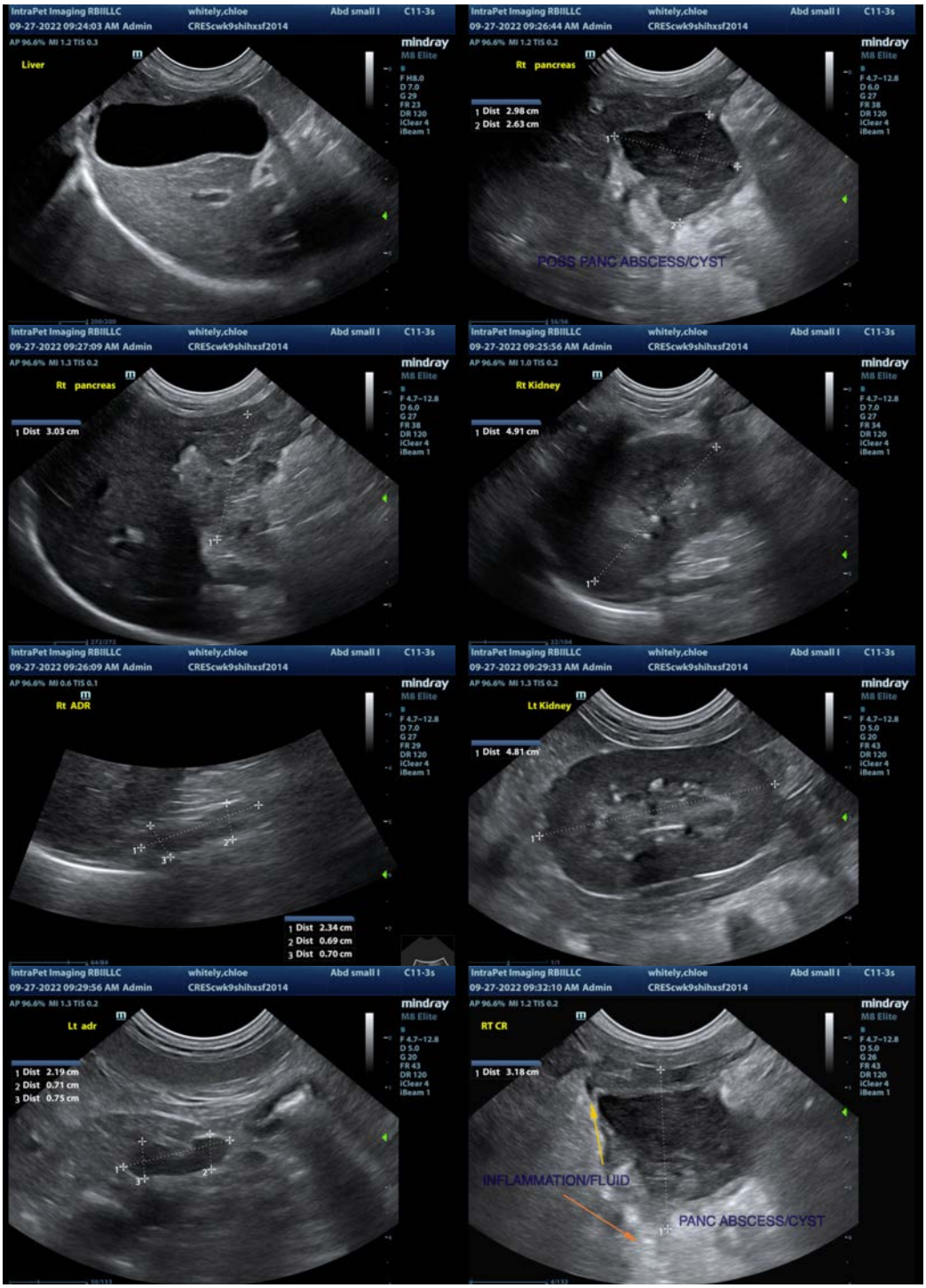
- Hypoechoic, enlarged, inflamed pancreas with an adjacent echogenic fluid-filled structure – Findings are most consistent with severe pancreatitis and a pancreatic abscess/cyst.
- Irregular thickened urinary bladder wall – Findings could be consistent with cystitis, lack of urine distention, or an early neoplastic process. Recommend urinalysis and culture and continued monitoring.
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

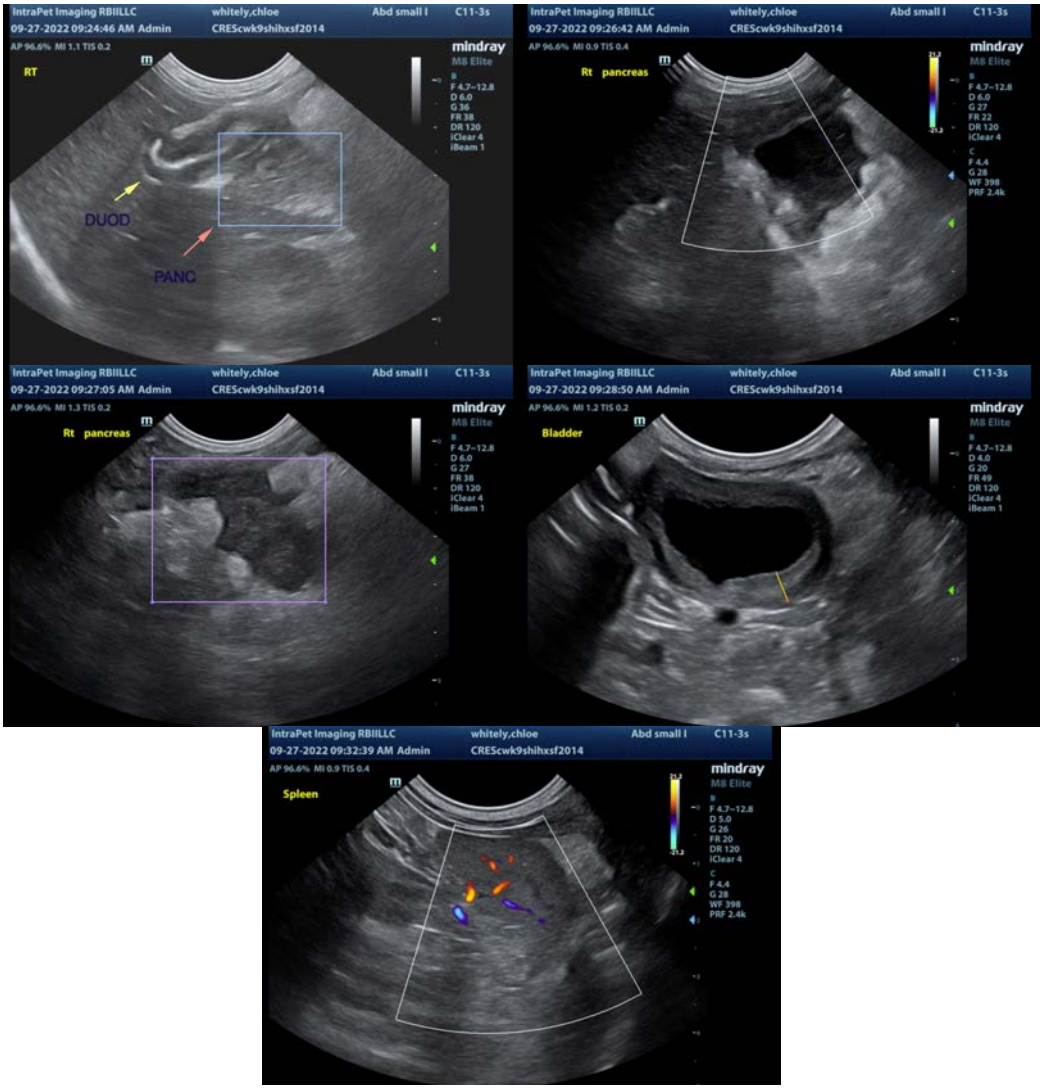
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears severely inflamed and there is an echogenic fluid-filled structure visualized in the right cranial abdomen, adjacent to the duodenum, most consistent with a cyst or abscess. Recommend aggressive medical management for pancreatitis and drainage of the pancreatic cyst with fluid analysis, cytology, and an aerobic/anaerobic culture. Additionally, you could consider installation of Baytril at the time of drainage if a non-sterile abscess is suspected.

The urinary bladder is somewhat irregular with some focal areas that appear slightly more prominent. Recommend a urinalysis and culture and continued monitoring for progression of this lesion, as an underlying neoplastic process cannot be ruled out.

Recommend three view thoracic radiographs to evaluate for possible 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.

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