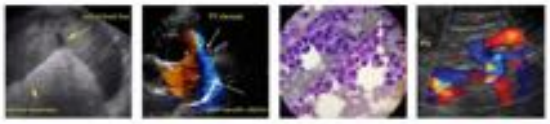

PATIENT

Lili Taylor

SPECIES

Canine

BREED

Pembroke Corgi

SEX

Spayed Female

AGE

8y8m

WEIGHT

26lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

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REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10068

DATE

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PRESENTING CLINICAL SIGNS

On recent lab work Lili had a UTI and increased cPL. On follow up labs after treatment for UTI, UTI resolved, fPL climbing. Asymptomatic for GI issues. ~Lipase climbing- sedated

Abnormal PE/Chem/CBC/UA Results: Pulse 100 Resp 30/pant CRT <2 sec BP 180/170/182/180

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 (4.75 cm) with pinpoint hyperechoic foci in the cortex. Most consistent with dystrophic mineralization. Overall echogenicity is normal with adequate 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 (4.76 cm) with pinpoint hyperechoic foci in the cortex. Most consistent with dystrophic mineralization. Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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.

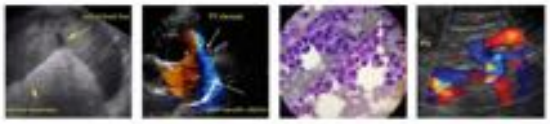
The right adrenal gland is normal in size, slightly irregular measuring 0.38 cm at the cranial pole, 0.83 cm at the caudal pole, and 1.83 cm in length. It is visualized in its normal position between the cranial aspect of the right kidney and the caudal vena cava. Slightly abnormal in that the caudal pole is larger than the cranial pole but still within normal limits. No evidence of vascular invasion.

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. There is a very small hypoechoic focal lesion which appears possibly cystic measuring 0.38 cm diameter.

Liver

The liver is subjectively normal 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. There are two irregularities in the parenchyma visible next to each other, one is hyperechoic measuring 1.16 cm x 0.90 cm and the other is



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hypoechoic measuring 0.90 cm x 1.15 cm. Additionally, there is a hyperechoic nodule visualized in independently measuring 0.67 cm.

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. The duodenum measured as normal (0.35 cm), and the jejunum measured as normal (0.27 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

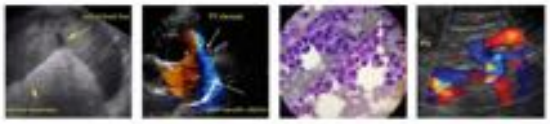
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, there are occasional mildly prominent mesenteric lymph nodes visualized measuring 0.48 cm and 0.46 cm. Additionally, the sub lumbar lymph nodes appear normal the right measures 0.51 cm, and the left measures 0.37 cm. The omentum is of normal uniform echogenicity.

OTHER

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Small hypoechoic lesion visualized within the splenic parenchyma. This could represent a benign or early neoplastic lesion; I suspect this is too small to sample at this time. Recommend close continued monitoring with ultrasound. (Recheck in 6-8 weeks?)
- Prominent mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.



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- Heterogenous liver with hypoechoic and hyperechoic nodules. 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. The significances of the nodules are uncertain. There are minimal criteria for malignancy visualized, consider sampling and close monitoring with ultrasound.

SECONDARY FINDING

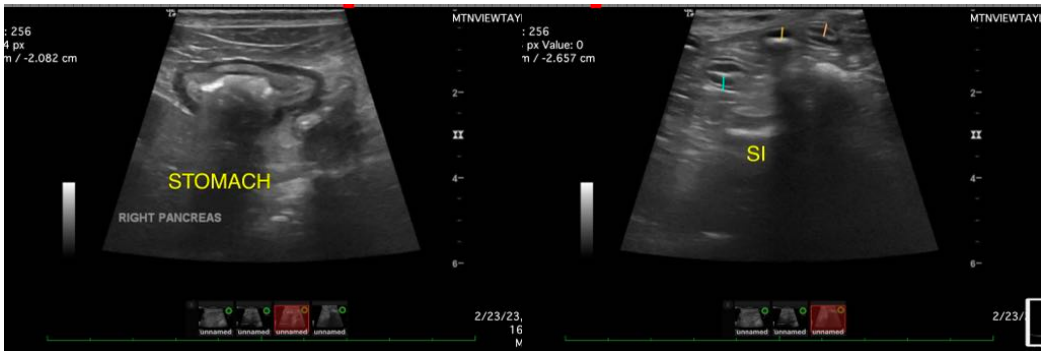
- Hyperechoic foci in the renal cortexes. Findings are most consistent with dystrophic mineralization and likely incidental.
- Prominent caudal pole of the right adrenal. I suspect this represent normal anatomic variation as it is not overtly enlarged, recommend continued monitoring with ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of pancreatitis visualized on today's exam, the pancreas is visible and slightly mottled. This could be consistent with mild inflammation or more likely previous episodes of inflammation. Unfortunately, a negative PLI test is more clinically useful, a positive can be questionable. I would consider a low-fat diet and continued monitoring.

There is a hypoechoic nodule in the spleen and hyper and hypoechoic nodules in the liver. The significance of these lesions is uncertain, correlate with bloodwork. You could consider a fine needle aspirate of the liver, I suspect the splenic lesion is too small to easily sample, continued monitoring of these lesions is warranted.

Consider three view thoracic radiographs as a baseline.



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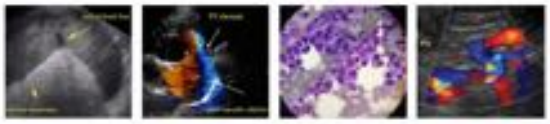

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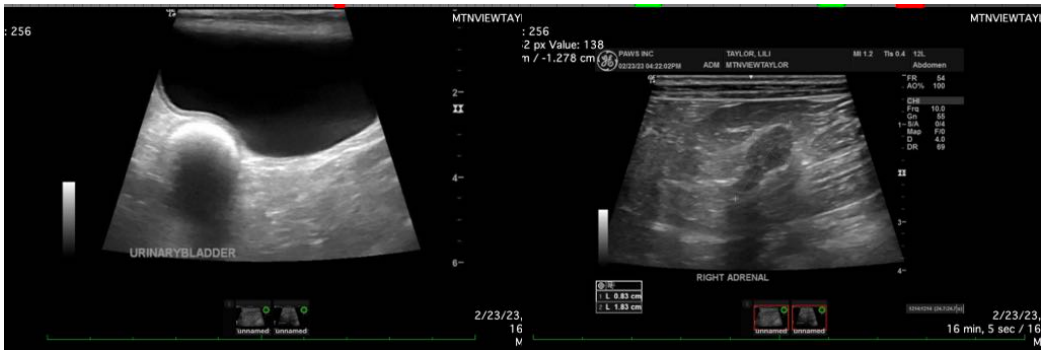

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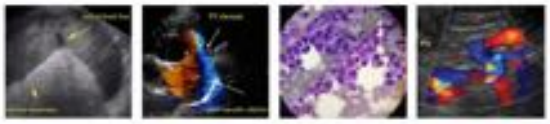

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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