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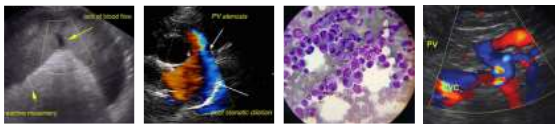


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Riley Lamer

SPECIES
Canine

BREED
Australian Shepherd

SEX
MN

AGE
10 years

WEIGHT
72 lbs.

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Reid Veterinary Hospital

REFERRING VET
Dr. Tim Reid

INVOICE
13126

DATE
1/20/22

PRESENTING CLINICAL SIGNS

Was being treated for pancreatitis, but has had abdominal pain for months
Abnormal PE/Chem/CBC/UA Results: Current Medications Gabapentin, Tramadol, metronidazole, omeprazole, sucralfate

ALP 2348, ALT 65, GGT 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.4 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

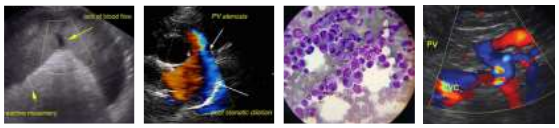
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.49 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. Intermittent non-expansive, mildly hyperechoic intraparenchymal nodules were present. An example of the nodules measured 1.1 cm In diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.45 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.47 cm. The jejunum wall width measured 0.32 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

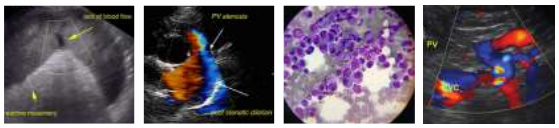
Primary Findings

- Hepatopathy exhibiting minor generalized parenchymal remodeling and intermittent mildly hyperechoic intraparenchymal nodule - subjectively benign
- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild heterogeneous pancreas is nonspecific with considerations including age-related / patient, mild parenchymal remodeling owing to previous inflammation, or low-grade to chronic pancreatitis which may present as essentially sonographically normal. If gastrointestinal signs are present, mild to low-grade pancreatitis, structurally insignificant inflammatory bowel, dietary indiscretion / food hypersensitivity, or less likely infiltrative gastrointestinal neoplasia could be considered.

Suspect, age-related hepatic parenchyma changes or benign vacuolar hepatopathy with intermittent intraparenchymal lipogranulomas or areas of nodular hyperplasia. Chronic inflammatory hepatopathy is less likely with hepatic neoplasia considered an unlikely differential diagnosis.



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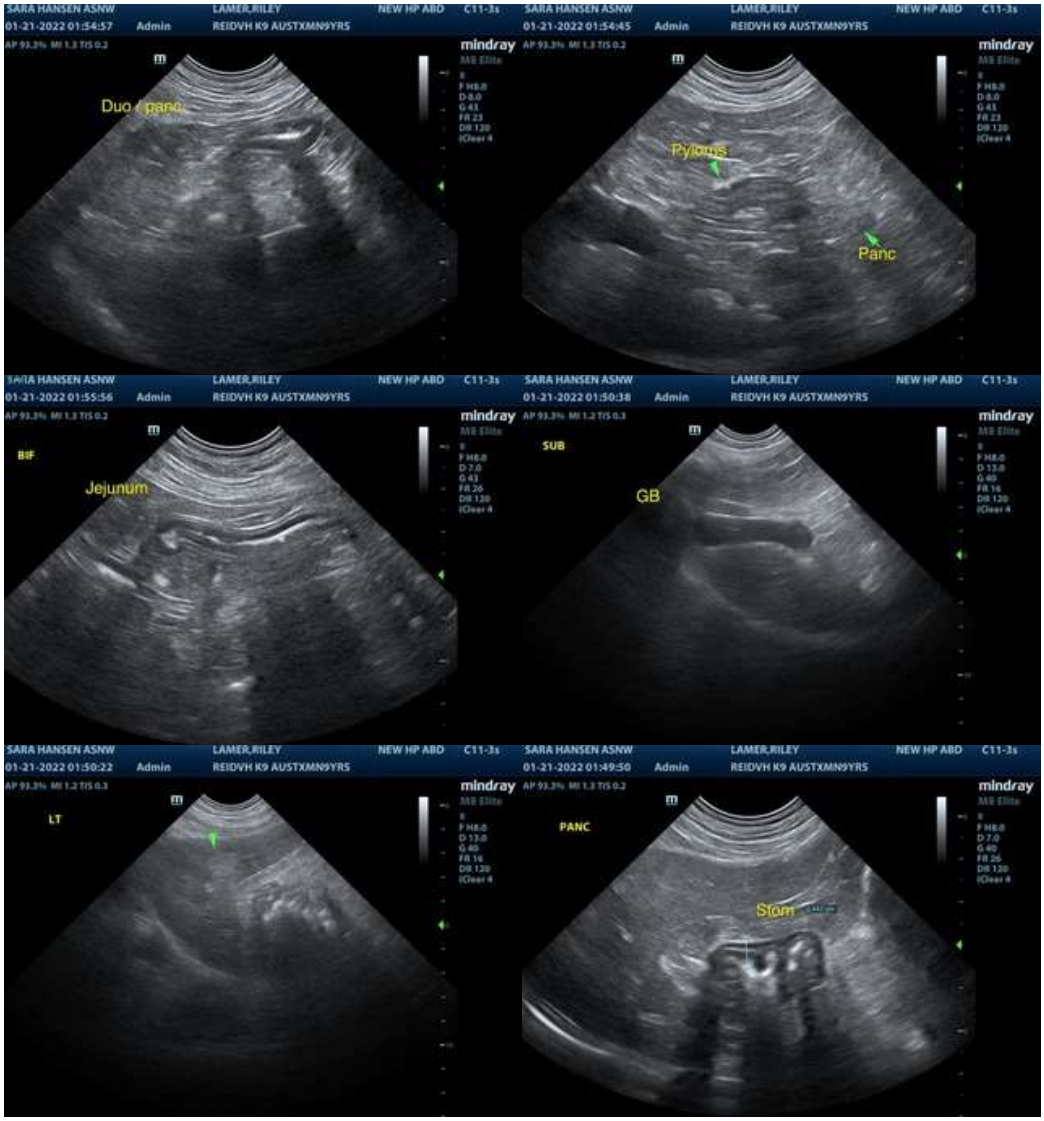
Assuming normal clotting status, ultrasound-guided FNA of the liver could be considered for screening cytology. Hepatosupportive medications may prove beneficial. Overall, an obvious source of intraabdominal pain was not definitively evident in this study without evidence of significant visceral pathology. Continued as-needed gastrointestinal support and/or therapy for low-grade to chronic pancreatitis is recommended if clinically indicated.



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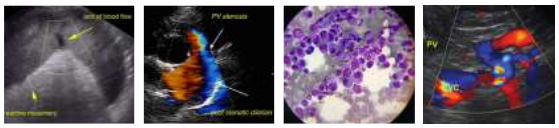

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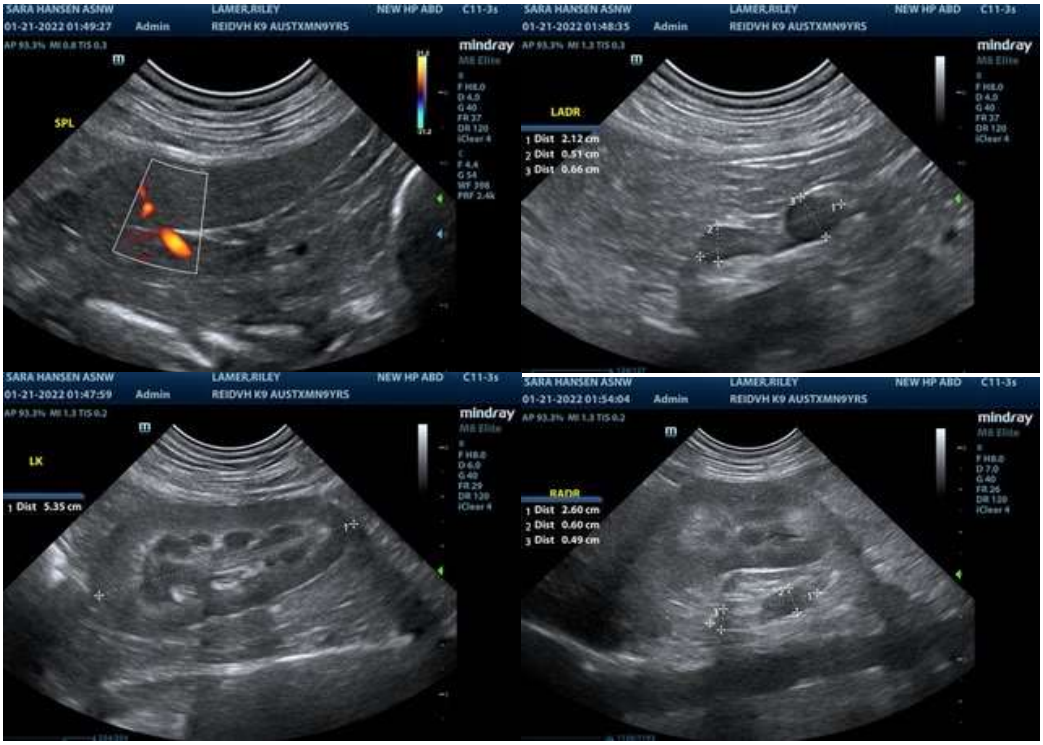

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com