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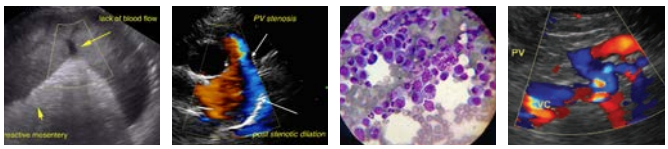

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1-800-838-4268 info@sonopath.com

**PATIENT**
Charlie Brown

**SPECIES**
Canine

**BREED**
Labrador Retriever

**SEX**
Neutered Male

**AGE**
7 Years

**WEIGHT**
110 Pounds

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

**IMAGING PERFORMED BY**
Kelly Vazquez

**HOSPITAL NAME**
Ramapo Valley AH

**REFERRING VET**
Dr. Katara

**INVOICE**
26183

**DATE**
10/11/21

## PRESENTING CLINICAL SIGNS

Patient with history of cutaneous mast cell tumor, presents for vomiting. Started on 10/6-10/7, inappetant over this past weekend, unusual gas pattern seen on radiographs from today 10/11. On cerenia 120 mgs.
Abnormal PE/Chem/CBC/UA Results: 9/29/21: ALP 629, Chol. 402, trigs 993, PSL 288, WBC 17.5, neuts. 15225.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 8.6 cm. The right kidney measured 8.4 cm.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma.

### *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*

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach exhibited generalized intact wall layering with subjective mild prominent wall layering, primarily in the area of the pylorus. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. Pylorus wall measured 0.65 cm.

The upper duodenum exhibited mild to moderate mural hypertrophy with indistinct wall layering extending to the level of the mid duodenum. The mid to descending duodenum as well as the jejunum and ileus exhibited intact wall layering, maintained 1:3 muscularis/mucosa ratio, generalized duodenal as well as segmental jejunal ileus without overt evidence of obstructive pattern or obvious foreign material.

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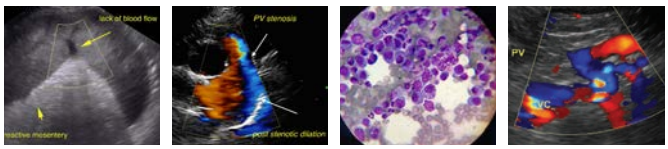

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Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

The pancreas base and right pancreatic limb exhibited enlarged size with asymmetrical contour, hypoechoic to mildly mixed echogenic parenchyma, including focal hyperechoic pancreatic parenchyma without evidence of distal acoustic shadowing. Associated regional peripancreatic reactive to potentially inflamed mesentery was present.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

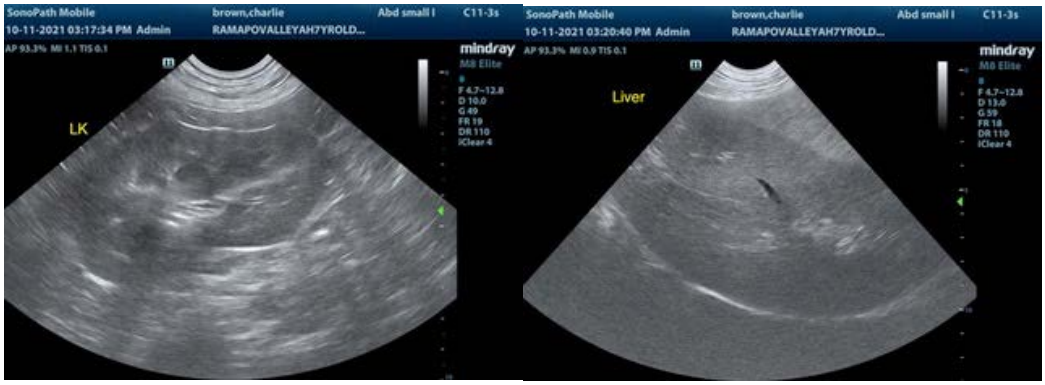
## ULTRASONOGRAPHIC FINDINGS

- Enlarged, hypoechoic to focally echogenic pancreas base and right pancreatic limb
- Moderate duodenitis and segmental jejunitis with generalized duodenal and segmental jejunal ileus
- Associated peripancreatic to periduodenal reactive to potentially inflamed mesentery
- Reactive/vacuolar hepatopathy pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the pancreas may include acute or acute on chronic pancreatitis with potential areas of pancreatic fibrosis. The duodenum may exhibit secondary inflammatory mural changes owing to the pancreatitis. However, potential for possible neoplastic pancreatic or emerging duodenal mural process (which may present in similar sonographic manner) cannot be excluded.

Assuming normal clotting status, ultrasound guided FNA of the pancreas using 25-gauge needle and under analgesic may be considered for screening cytology. Empirically, hospitalization with medical therapy for pancreatitis and as-needed gastrointestinal support with sonographic monitoring over the next 3-5 days would be appropriate. Pancreatic and upper gastrointestinal inflammation versus potential for pancreatic and emerging upper intestinal neoplasia are considered primary differential diagnoses.



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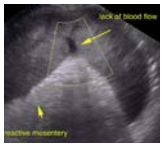
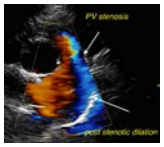
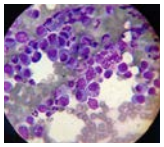
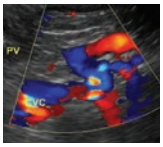

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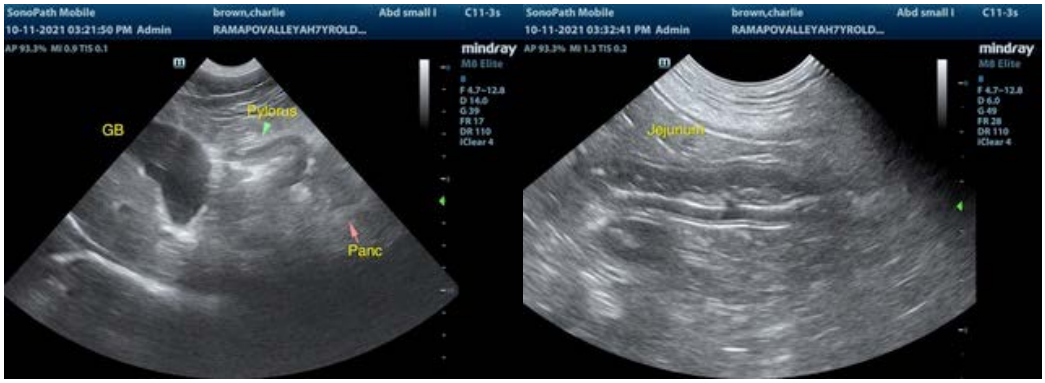


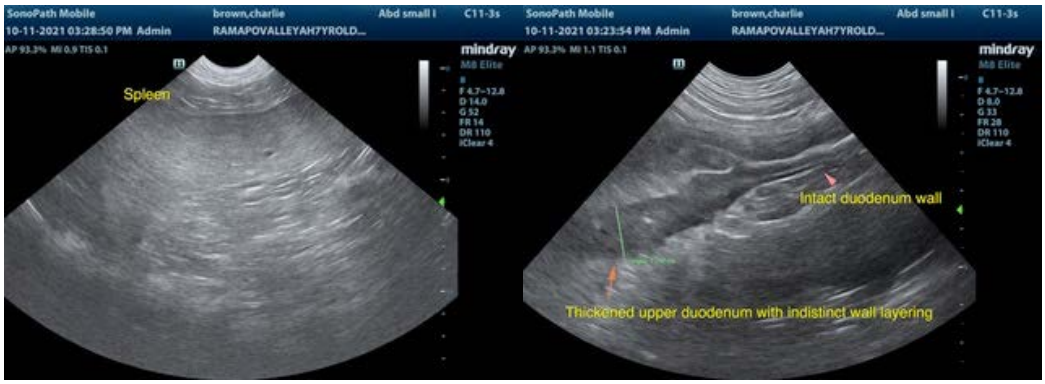


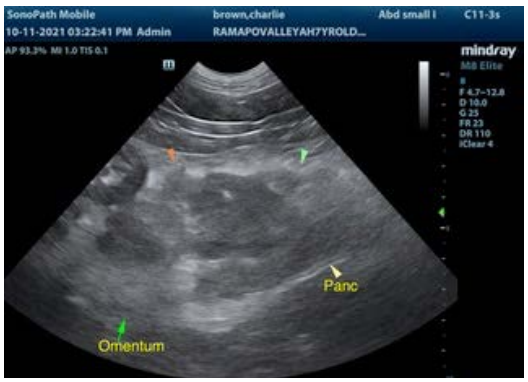


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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