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Clinical Sonography & Telecytology
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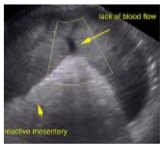
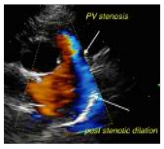
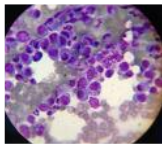
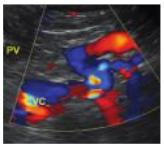

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Astro Kunimoto

SPECIES

Canine

BREED

SIberian Husky X

SEX

MN

AGE

4 years

WEIGHT

31.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet Hospital

REFERRING VET

Dr. Katz

INVOICE

15229

DATE

10/13/22

PRESENTING CLINICAL SIGNS

10 day history of lethargy, pu/pdf. History is zinc deficiency. Febrile in hospital, hyporexia. Abnormal PE/Chem/CBC/UA Results: Elevated ALP 1500, ALT 300, marked amylase and lipase elevations. USG 1.016 with proteinuria. Leukocytosis with marked monocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The residual prostate was free of pathology.

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 6.9 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland exhibited subjective subnormal in size, given the patient's breed and body weight, which is likely a normal patient variant. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.36 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 0.42 cm width at the caudal pole and 0.46 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 presented enlarged in size. 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 minor, non-dependent, mildly hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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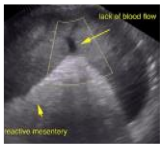

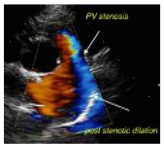

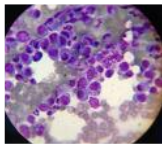
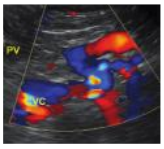

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas and no signs of ileus, obstruction, or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental duodenojejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.30 cm width.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

Pancreas

The pancreas base and right pancreatic limb exhibited variably prominent size with capsule asymmetry and nonhomogeneous, hypoechoic to parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum.

Free Abdomen

Focal to intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.82 cm diameter.

ULTRASONOGRAPHIC FINDINGS

- Mildly irregular prominent to hypoechoic pancreas base and right pancreatic limb - suggestive of active to chronic active pancreatitis
- Hepatopathy - subjectively benign, metabolic, reactive, vacuolar hepatopathy, nonobstructive cholestasis, primary or concurrent inflammatory hepatopathy possible, occult hepatic neoplasia considered an unlikely differential diagnosis
- Mild gallbladder debris (non-mucocele)
- Mild gastroduodenitis
- Intermittent mild benign / reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for pancreatitis with as-needed hepato-gastrointestinal support and assessment of clinical response would be reasonable. Recheck sonogram may be considered if continued or progressive clinical signs despite empirical therapy. Baseline UPC may be considered if persistent or significant proteinuria is noted. A resting cortisol level to rule out occult Addison's Disease is suggested, if no evidence of stress leukogram in the face of leukocytosis.

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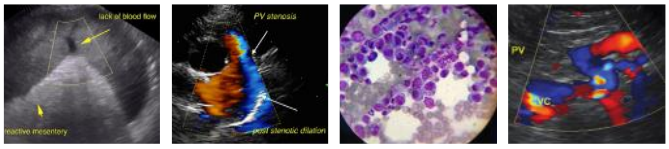

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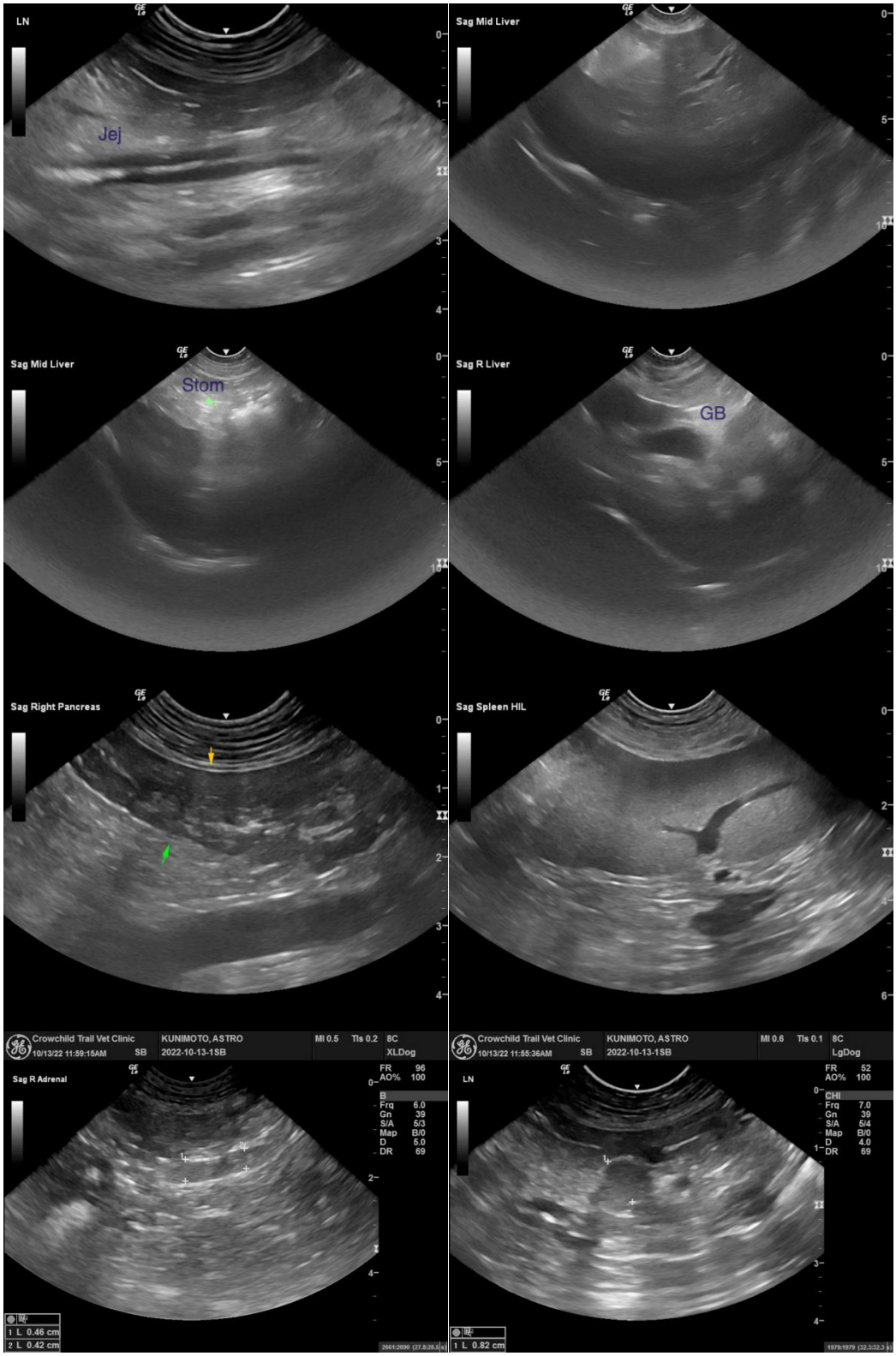

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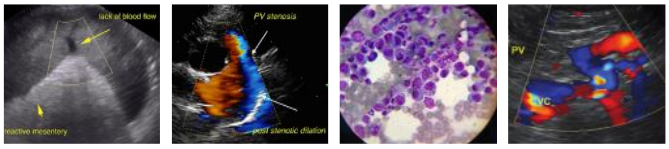

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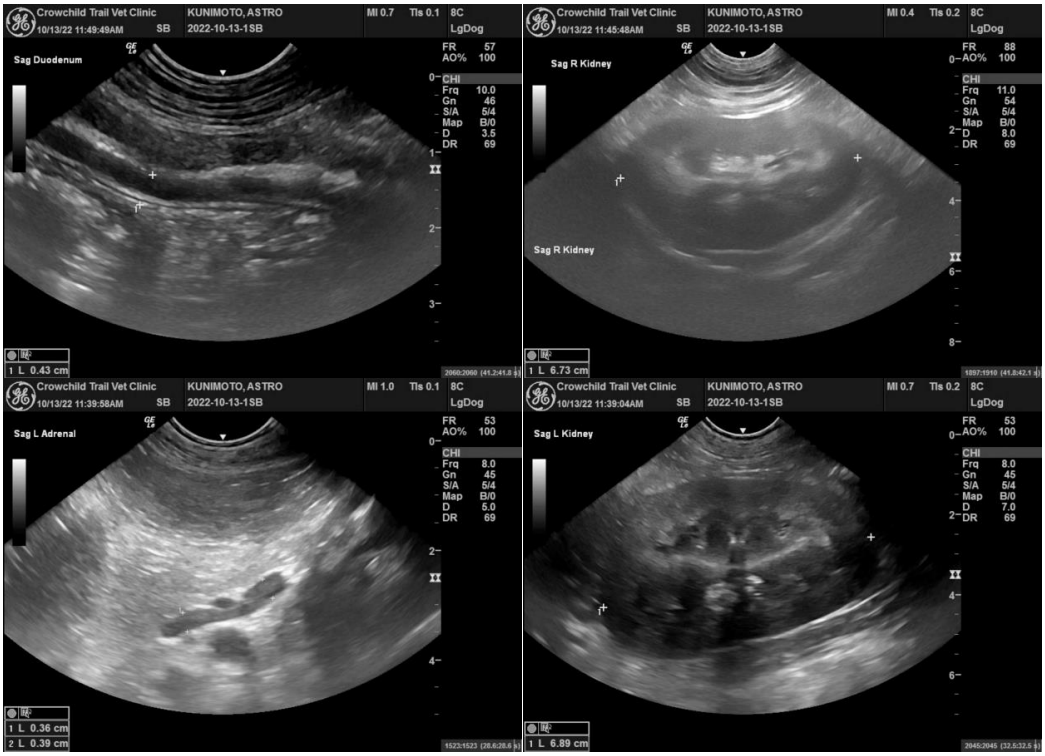

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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