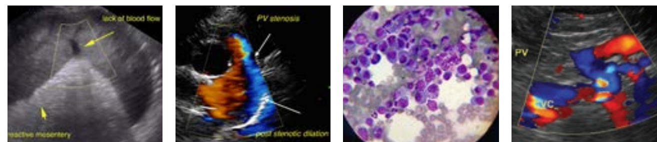


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Nole Kaminski

SPECIES

Canine

BREED

Border Collie/Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

72 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alex Emerson

HOSPITAL NAME

AC of Casselberry

REFERRING VET

Dr. Alex Emerson

INVOICE

29824

DATE

11/16/21

PRESENTING CLINICAL SIGNS

Chronic history of intermittent bouts of vomiting. No diarrhea
Abnormal PE/Chem/CBC/UA Results: Normal BW, AXR and TXR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology 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.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm at the caudal pole and 0.50 cm at the cranial pole. The right adrenal gland measured 0.70 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Subtle areas of increased parenchyma echogenicity to emerging echogenic nodular changes were noted around the splenic hilus. These are likely incidental and consistent with probable emerging benign myelolipomas. 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

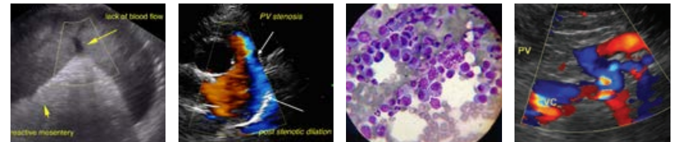
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.44 cm. Pylorus wall measured 0.61 cm.

The duodenum exhibited intact yet subjective mild prominent wall layering with mild primarily upper to mid duodenal ileus. The jejunum and ileum to the level of the colon were sonographically unremarkable. Duodenum wall measured 0.45 cm.

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



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Pancreas

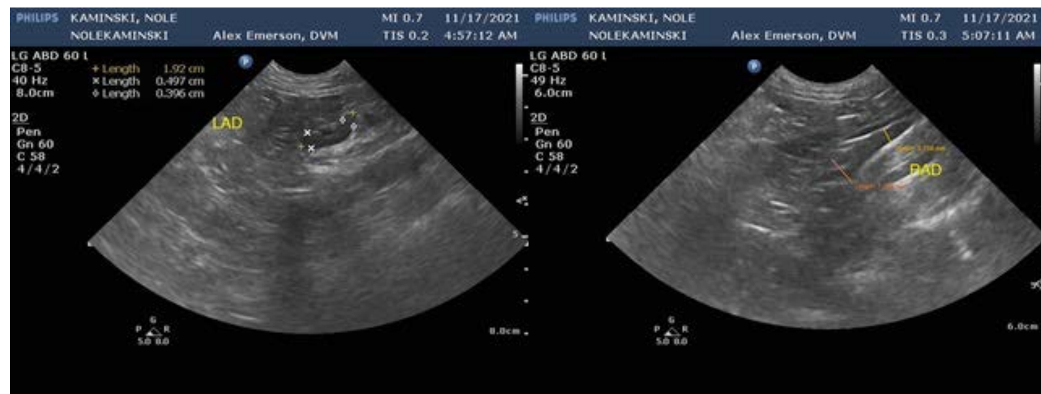
The pancreas base and right pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia. The left pancreatic limb exhibited subtle hypoechoic to heterogeneous parenchyma without evidence of left limb peripancreatic omental reactivity. No evidence of concurrent free fluid or lymphadenopathy.

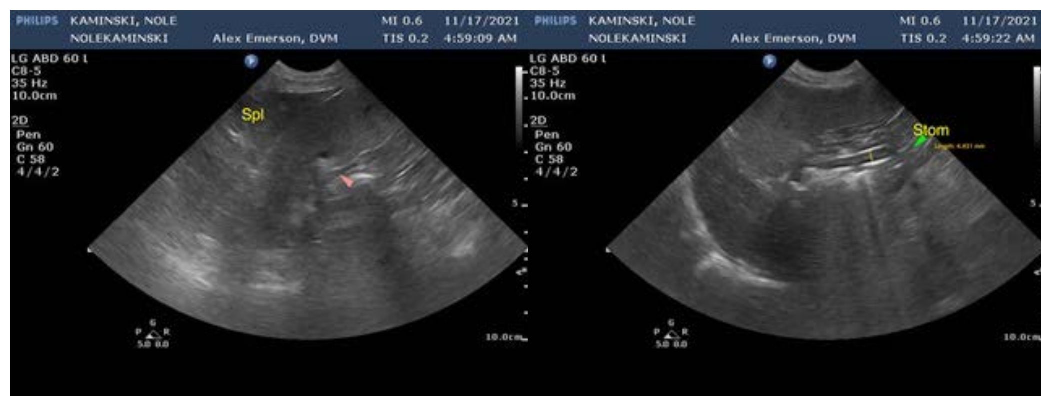
ULTRASONOGRAPHIC FINDINGS

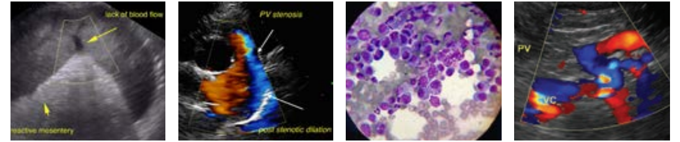
- Pancreatitis with regional peripancreatic reactive mesentery – subjectively mild to moderate and involving primarily the pancreas base and right pancreatic lim.
- Associated mild duodenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the patient's intermittent bouts of vomiting is most likely associated with mild to moderate, possibly recurring active pancreatitis and associated duodenitis or structurally insignificant gastroduodenitis. No overt evidence of neoplastic criteria. Correlation with spec fPL or assessment of serum cobalamin and folate levels to rule out concurrent underlying enteropathy may be considered. Empirically, therapy for mild to moderate pancreatitis with as needed gastrointestinal support would be appropriate. Sonographic reassessment of the pancreas may be considered pending clinical response to therapy, or if continued clinical signs of pancreatitis despite conservative therapy.







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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