**PATIENT**

Laura Light

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

6yr

WEIGHT

43lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

12198ag

DATE

11/21/2022

PRESENTING CLINICAL SIGNS

Acute diarrhea starting last night. Chronic History included chronic pancreatitis and multiple FB surgeries (last surgery was in August). Pancreatitis may be resulting in chronic nausea causing Pica and tendency toward FB. Has been on a long term course of cerenia and reglan and initially was doing well. Owners report that in the last 3-4 weeks he was looking bloated and moving slower. Seems tender on abdominal palpation. Owners did note that they had company last night and it was possible that he could have had a bite of something like cheese. He is strictly on Low Fat ID diet. He also has gained 3 # in the last 3 months. Did eat today at 10:30am and a treat a couple hours ago. No vomiting today.

Abnormal PE/Chem/CBC/UA Results: Sharp rise in ALKP 1223 (was 348 8/23/2022) snap CPL Positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 6.5 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland exhibited borderline prominent caudal width in light of body weight with symmetrical capsule contour and homogenous parenchyma. No evidence of neoplastic criteria was noted. The left adrenal gland measured 0.73 cm width at the caudal pole and 2.2 cm length.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 2.5 cm length.

Spleen

The spleen exhibited possible subnormal size possibly secondary to mild volume contraction and 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 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 primarily anechoic luminal content and mild nondependent nonorganized

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echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal**SPECIES**

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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 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.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Soft to non-formed fecal matter was present in the colon lumen with lumen dilation

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Pancreas

The pancreas exhibited prominent size, areas of capsule asymmetry and non-homogeneous mild variably echogenic parenchyma compared to the adjacent omental fat.

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Free Abdomen

No peritoneal effusion was present.

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Focal, mildly prominent to enlarged mesenteric lymph 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). This finding is not consistent with inflammatory or neoplastic criteria and may be secondary to inflammatory enterocolopathy.

Subjective increased amount of intra-abdominal fat with normal omental echogenicity, no omental masses.

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ULTRASONOGRAPHIC FINDINGS

- Mildly prominent to non-homogeneous pancreas-consistent with chronic to chronic active pancreatitis, no evidence of significant active pancreatitis or pancreatic neoplastic criteria
- Colitis pattern with potential concurrent gastroenteritis
- Benign hepatopathy-sonographically suggestive of metabolic/reactive/vacuolar hepatopathy
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

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Supportive care for chronic/chronic active pancreatitis and enterocolitis should prove beneficial. A fresh fecal analysis to rule out parasitic ova/giardia +/- GI panel to assess for or rule out non-structural intestinal disease may be considered. Hepatosupportive medications such as Denamarin +/- Ursodiol if evidence of increasing ALP or increasing cholestasis is recommended.

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Primary adrenal disease is considered unlikely given adrenal sonographic appearance and in light of clinical signs and without reported PU/PD, polyphagia etc.

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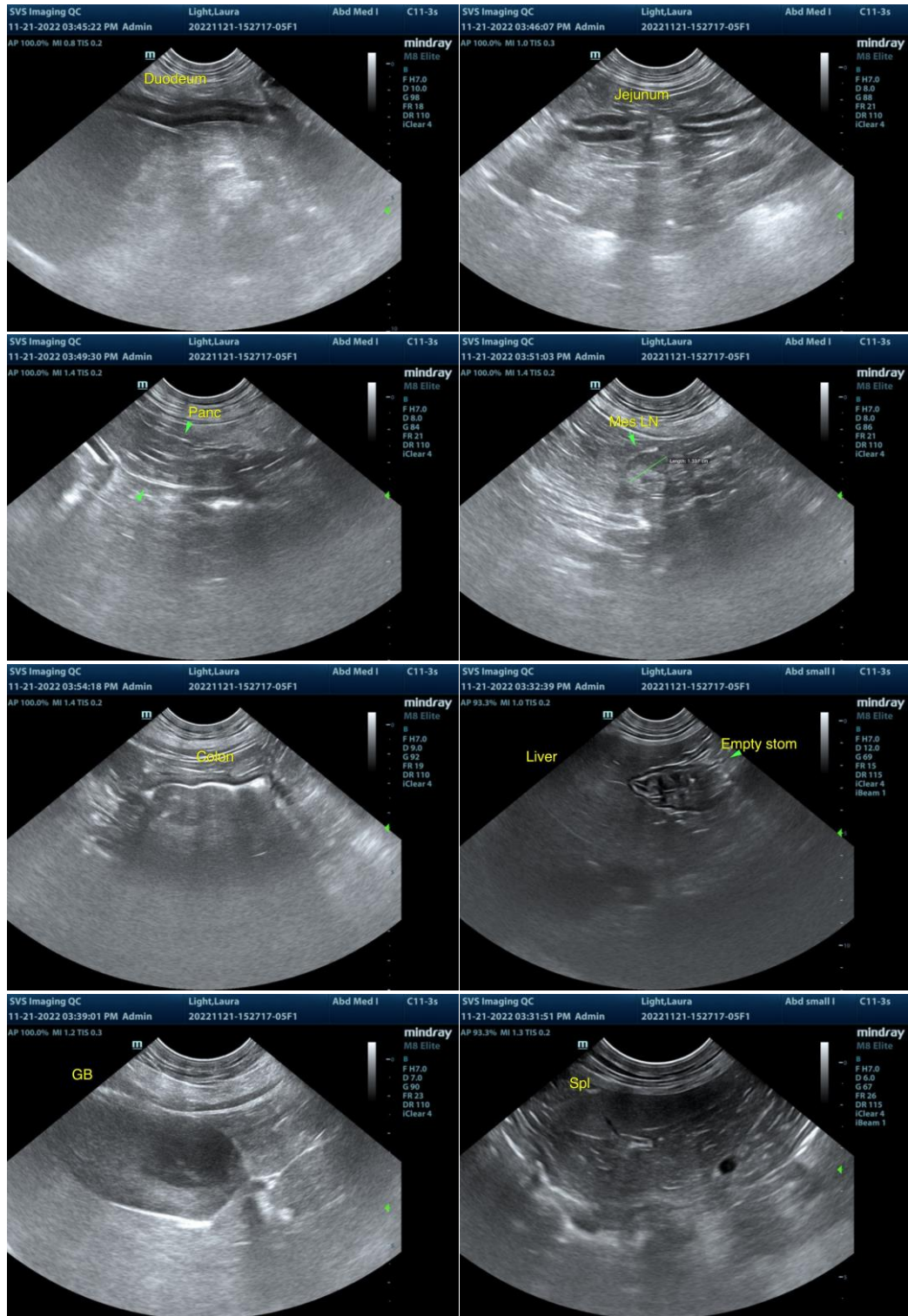
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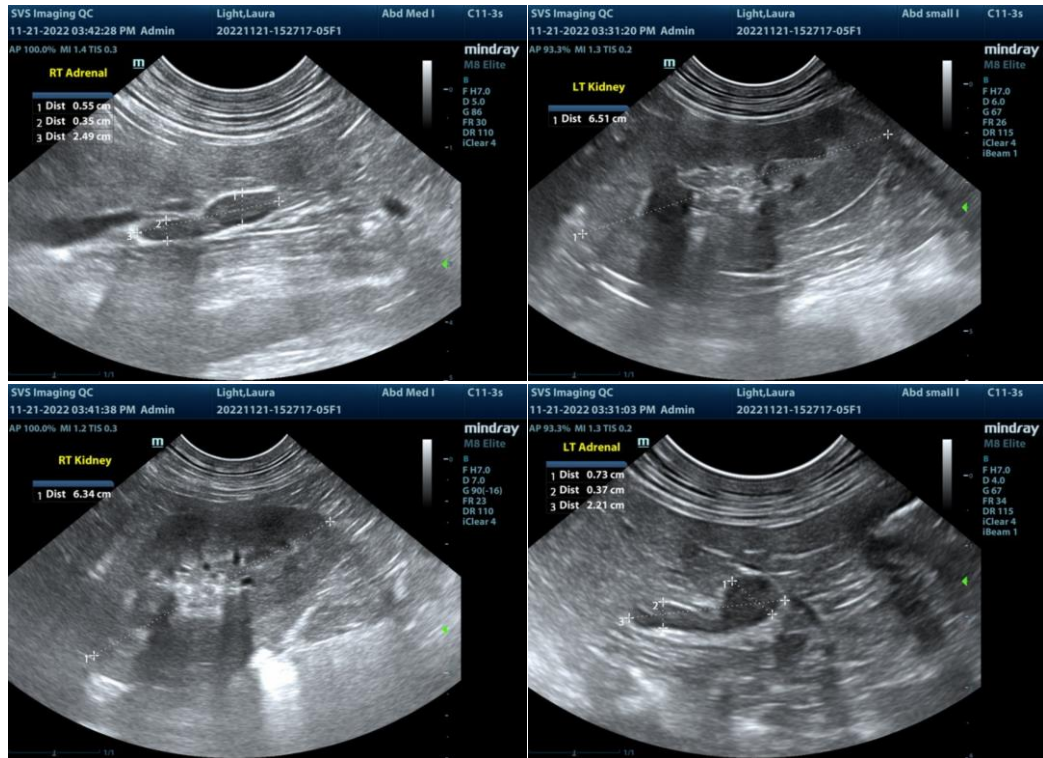
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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