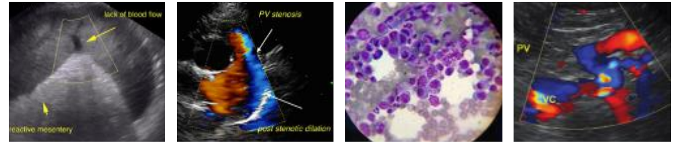

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1-800-838-4268 info@sonopath.com

PATIENT

Jennie Evans

SPECIES

Canine

BREED

Blue Healer

SEX

FS

AGE

12 years 7 months

WEIGHT

66.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathon Renfro

INVOICE

14213

DATE

11/8/21

PRESENTING CLINICAL SIGNS

Presented 11/6: seems painful in back/belly, not wanting to eat much, ataxia in rear limbs, PU/PD. Abdominal distension. RX Carprofen. Diarrhea today.
Abnormal PE/Chem/CBC/UA Results: Last year dex suppression test normal. 11/6: ALP >2400 (20-150), AMY 1715 (200-1200). UA Sp. Grav. 1.005. Slightly decreased lymphocytes.

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. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.1 cm in length. Mild pyelectasia was noted in the right kidney.

Adrenal Glands

Both adrenal glands were mildly prominent in size yet without evidence of significant hyperplasia or adrenal tumors. Maintained symmetrical capsule contour was noted with subtle non-homogeneous non-mineralized parenchyma. The left adrenal gland measured 0.95 cm width at the caudal pole and 0.93 cm width at the cranial pole. The right adrenal gland measured 0.75 cm width at the caudal pole and 0.87 cm width at the cranial pole.

Spleen

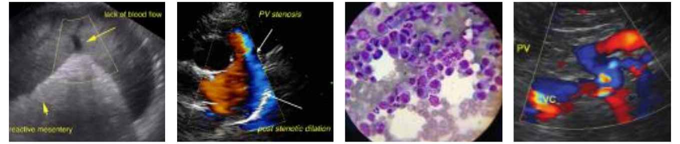
The spleen was normal in size and contour with generalized mild parenchyma heterogeneity with pinpoint hyperechoic parenchymal foci as well as a solitary non-expansive small hypoechoic nodule adjacent to the splenic hilus.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Mild generalized hepatic parenchyma echogenicity compared to adjacent falciform fat. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly echogenic yet non-thickened gallbladder walls with mild to moderate non-dependent non-organized echogenic luminal debris. 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.



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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.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with minor right kidney pyelectasia
- Benign splenic parenchymal hyperechoic foci and solitary small hyperechoic nodule-likely consistent with pinpoint to focal areas of microinfarction, fibrosis, emerging mineralization or benign myelolipomas
- Mild hepatomegaly with generalized parenchymal remodeling-subjectively benign
- Mild gallbladder debris (non-mucocele)
- Bilateral subjective mild prominent adrenal glands-non-specific
- Probable chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic active pancreatitis suspected. If evidence of cranial abdominal or subxiphoid discomfort on palpation, correlation with a spec CPL may be considered.

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded. Hepatosupportive medications, including Denamarin and ursodiol may prove effective.

Although no overt evidence of adrenal pathology, recheck adrenal work up could be considered if strong clinical suspicion for hyperadrenocorticism.

The pyelectasia in the right kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Leptospirosis/PCR may be considered as potential exposure.

As needed gastrointestinal support indicated.

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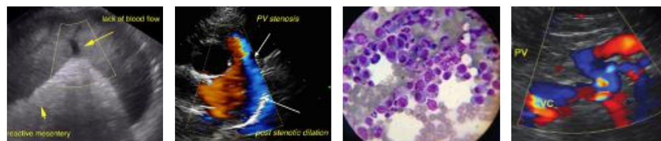

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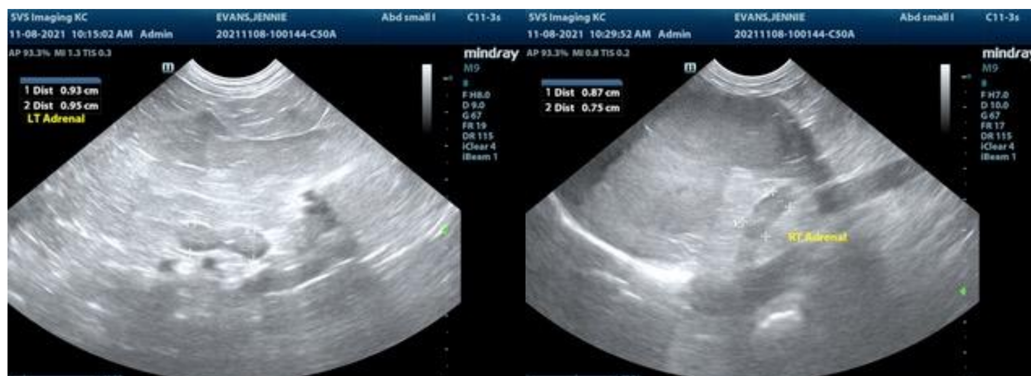

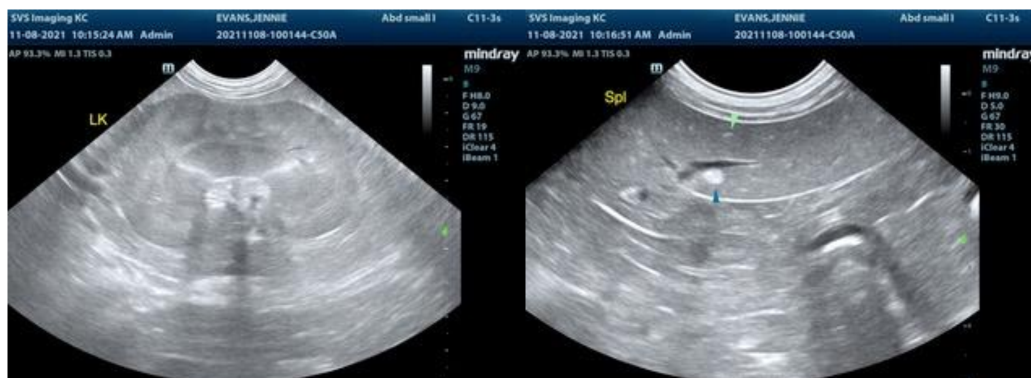

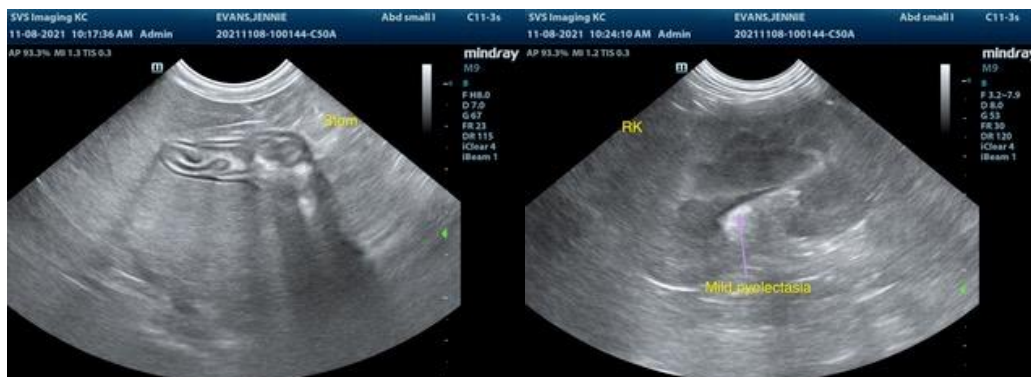

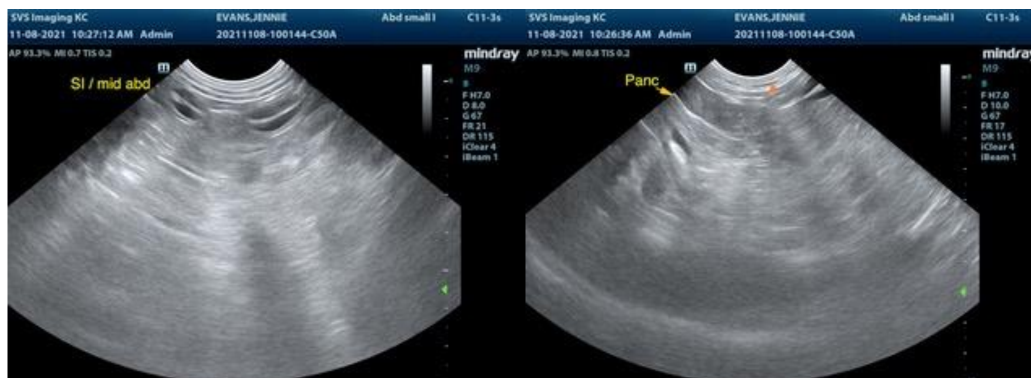

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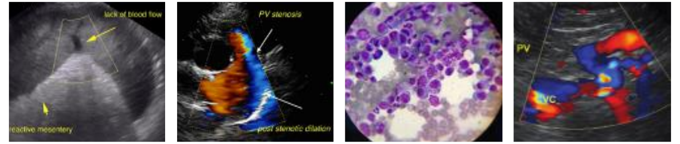

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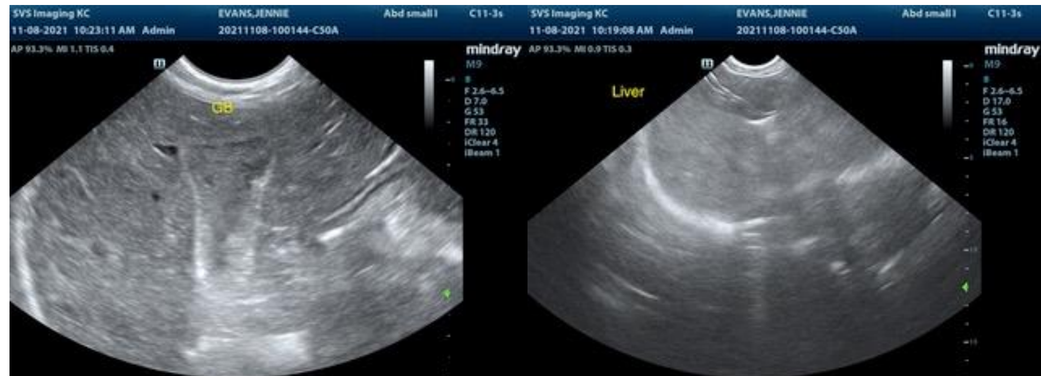

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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