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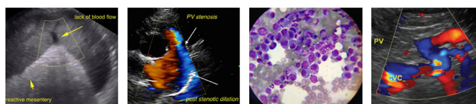

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Roman Sprengel

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Male

AGE

4 Years

WEIGHT

116 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island AMC

REFERRING VET

Dr. Lisa Sabbadini

INVOICE

35617

DATE

2/13/22

PRESENTING CLINICAL SIGNS

Bi-cavity exams. Recheck echo. History mild tricuspid valve dysplasia. Subsequently, had a cardiology consult (Adam Kane, DVM, DACVIM) - exam unremarkable, echo not repeated. Holter monitor recommended. Currently doing well, but losing weight. On Purina EN diet. Sedated with gabapentin, trazadone, dexdomitor, torbugisic. -Pertinent previous echo findings (7/5/19 (Mandi Kleman, DVM, DACVIM): LA 2.77 cm; LA:Ao 1.12; LV 4.17 cm; normal RV/RA size; apical displacement of TV with mild TR. Occasional single VPCs
Abnormal PE/Chem/CBC/UA Results: Magnesium 1.4 (L); crea 1.6; SDMA 16 (H); ALB 2.9; TLI >50 (H); UA - pH 7.5; protein 1+ (H); struvite cry 1-20.

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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.1 cm x 3.9 cm.

Normal size and margination was 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 9.2 cm. The right kidney measured 6.4 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm at the cranial pole and 0.56 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

Spleen

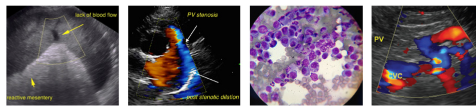
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was 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 moderate mildly inspissated debris primarily in the mid to caudal lumen and gallbladder neck. The gallbladder walls were normal without evidence of inflammatory changes. No evidence of peripheral gallbladder inflammation or effusion.

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. Gastric body wall measured 0.60 cm.



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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio and subjective propensity for subtly prominent muscularis layer as well as subtly prominent to echogenic submucosal layer. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.56 cm. Jejunum wall measured 0.45 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Other

Both the left and right testicles were sonographically unremarkable.

No overt lymphadenopathy or peritoneal effusion.

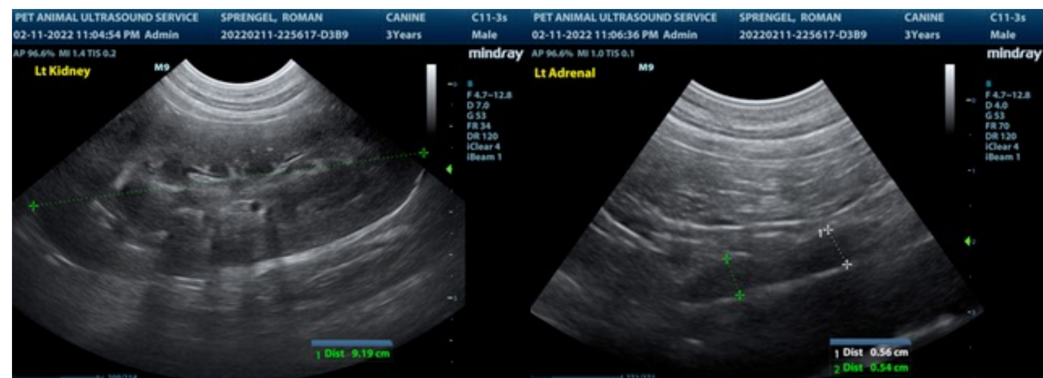
ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris (non-mucocele)
- Mild benign prostatic hyperplasia
- Overtly normal gastrointestinal tract
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The elevated TLI in this patient may correlate with low-grade to potential mild chronic to chronic active pancreatic inflammation. Elevated TLI may also be associated with gastrointestinal disease, which may correlate with the weight loss in this patient. At times, the sonographic appearance of the small intestine does not correlate with gastrointestinal signs or weight loss. If not yet done, assessment of cobalamin and folate levels is recommended.

Continued monitoring of albumin levels, specifically for evidence of progressive hypoalbuminemia is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If not done, 3-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor to the patient's weight loss.



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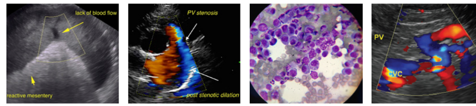

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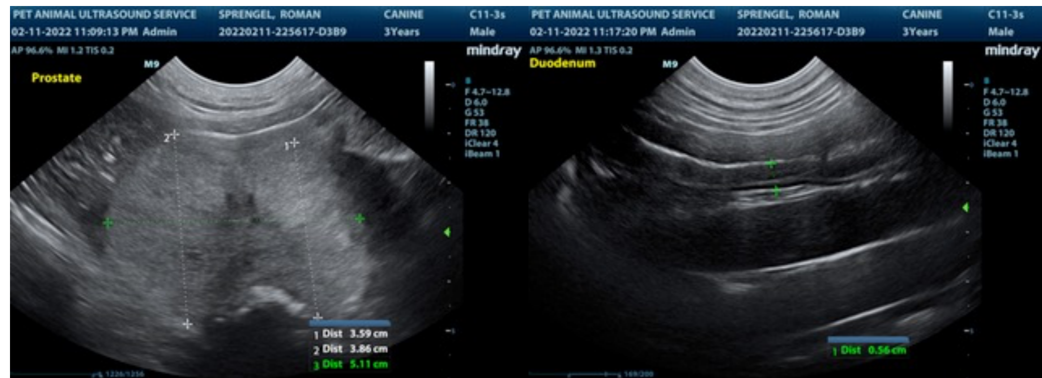

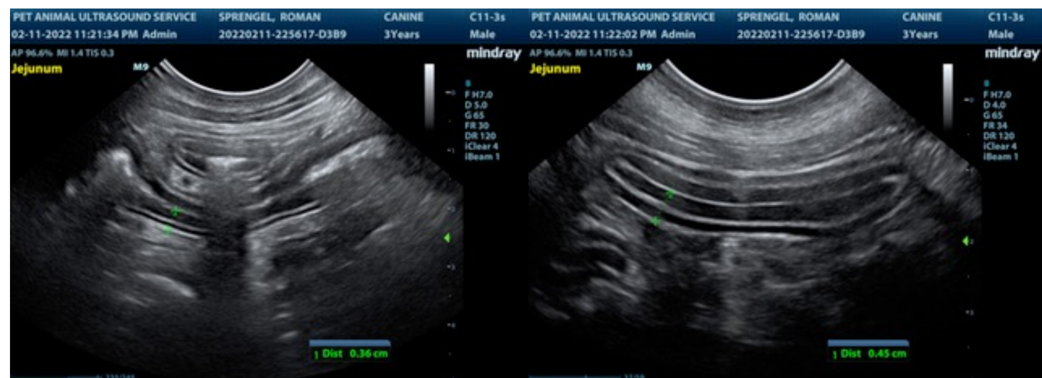

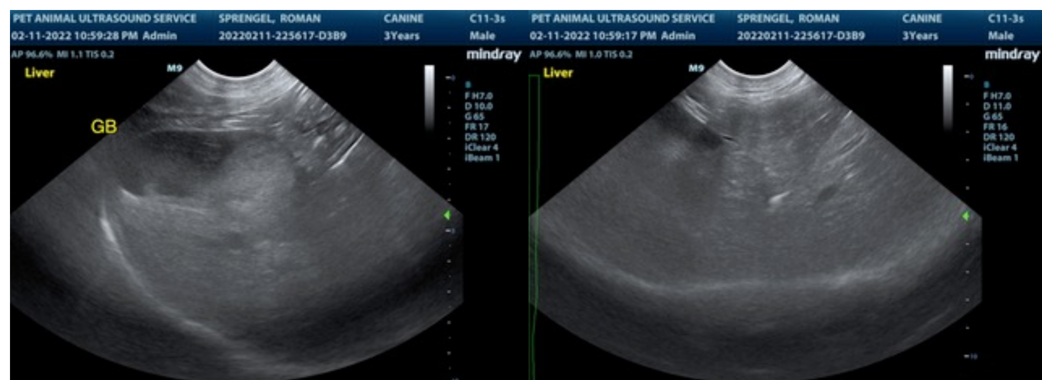

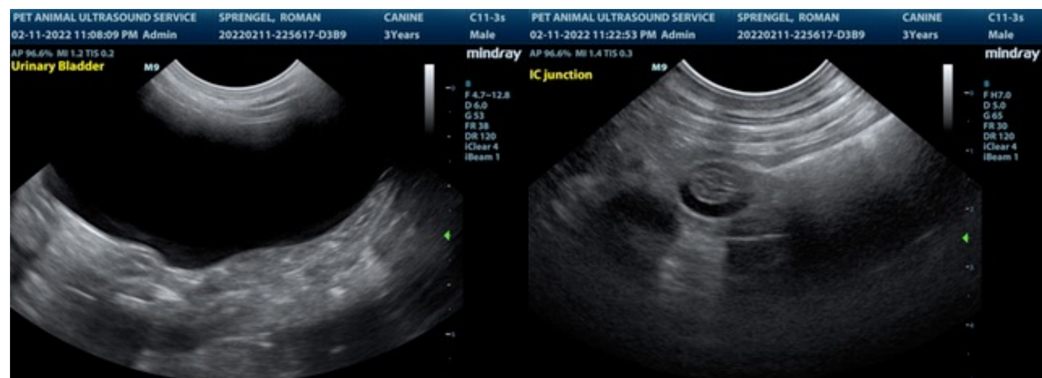

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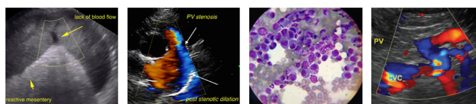

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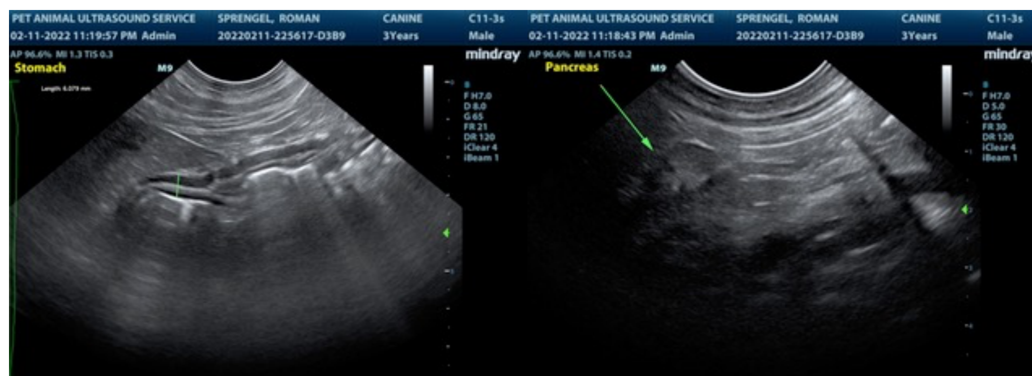

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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