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Clinical Sonography & Telecytology
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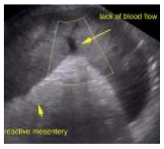
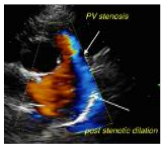
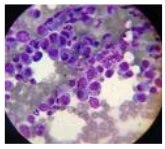
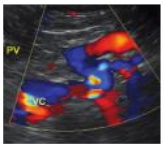





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Cody Wolfe

SPECIES
Canine

BREED
Shetland Sheepdog

SEX
Neutered Male

AGE
11 Years

WEIGHT
14.6 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Miller

INVOICE
14035

DATE
2/21/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for chronic V+, D+, lethargy, wt loss, and not eating today. Previous Health Concerns: None Current Medications/Supplements/OTC: Omeprazole, Metronidazole Abnormal PE/Chem/CBC/UA Results: Respiration Effort: slightly increased MM/CRT: pale pink, tacky, crt <2 Abd Rads from reg vet – decreased serosal detail especially in cranial abdomen, possible space-occupying mass in right cranial abdomen BW from reg vet – pancreatitis EPOC – mild azotemia and mild anemia

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. Aortic trifurcation was normal.

No evidence of pathology in the area of the residual prostate.

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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent in size with mild asymmetrical capsule contour yet without evidence of parenchymal escape. Non-homogeneous to subtly nodular parenchyma without evidence of parenchymal mineralization was present. The left adrenal gland measured 3.0 cm in length x 0.88 cm at the cranial pole and 1.17 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

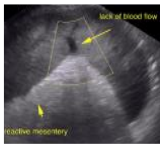
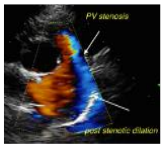
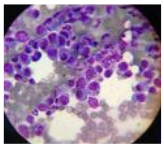
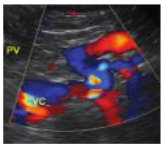
The spleen was mildly enlarged, potentially owing to sedation. Primarily maintained symmetrical capsule contour and finely textured homogeneous parenchyma was present. Solitary, mildly expansive hypoechoic caudal splenic nodule, measuring 1.5 x 1.0 cm.

Liver

The liver exhibited mild generalized enlargement. Aside from decreased parenchyma echogenicity, mild generalized parenchymal remodeling, including focal to intermittent discreet, isoechoic to mildly nonhomogeneous intraparenchymal nodule to nodules, an example measured 1.0 cm in diameter. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non distended in size with moderate non-dependent, yet non-organized, non-mineralized gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic fluid was present.

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 segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

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 regional peripancreatic to generalized reactivity mesentery. No overt evidence of neoplasia. Small pockets of very scant peritoneal free fluid.

Free Abdomen

No overt lymphadenopathy or omental masses.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific, mild chronic renal changes
- Mildly expansive caudal splenic nodule- focal hyperplasia, hematopoiesis, hematoma, acute infarct, neoplasia possible
- Hepatomegaly, exhibiting hypoechoic focal to intermittently nodular parenchyma- acute hepatitis congestion, reactive hepatopathy, occult neoplasia, nodular hyperplasia or other hepatopathy possible.
- Moderate gallbladder debris (non-mucocele), potentially secondary to fasting or cholestasis.
- Pancreatitis
- Gastroenteritis pattern- IBD, enterotoxaemia, infectious gastroenteritis, dietary indiscretion, occult neoplasia or other enteropathy possible
- Nonspecific, mildly prominent to nodular left adrenal gland- adenomatous change, hyperplasia, emerging neoplasia or other
- Generalized reactive mesentery with small pockets of very scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs in this patient may be owing to pancreatitis with concurrent primary or secondary hepatopathy and gastroenteritis. However, given the patients weight loss, a more chronic process or other etiologies (such as neoplasia) may be possible.

Assuming normal clotting status, hepatosplenic FNA, using a 25-gauge needle and specifically in the area of the caudal splenic nodule warranted for screening cytology. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Fresh fecal analysis to rule out parasitic ova/Giardia.

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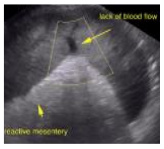
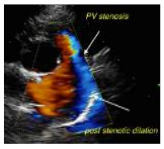
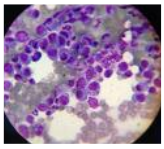
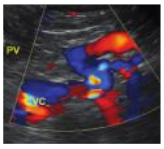

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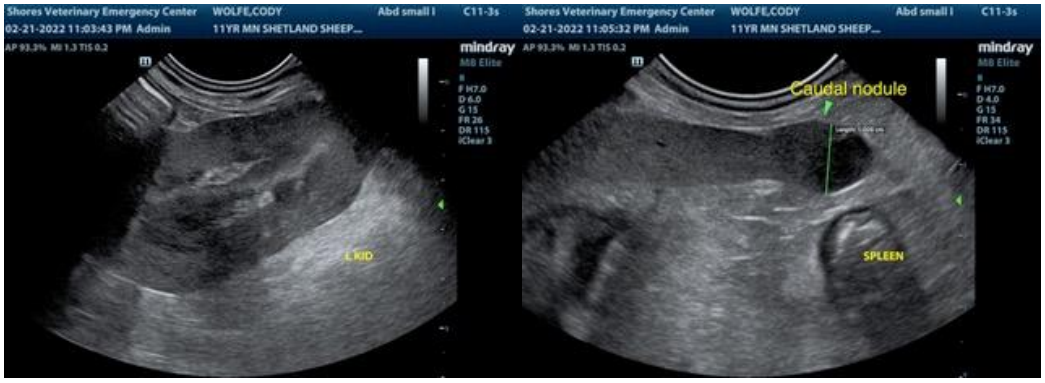
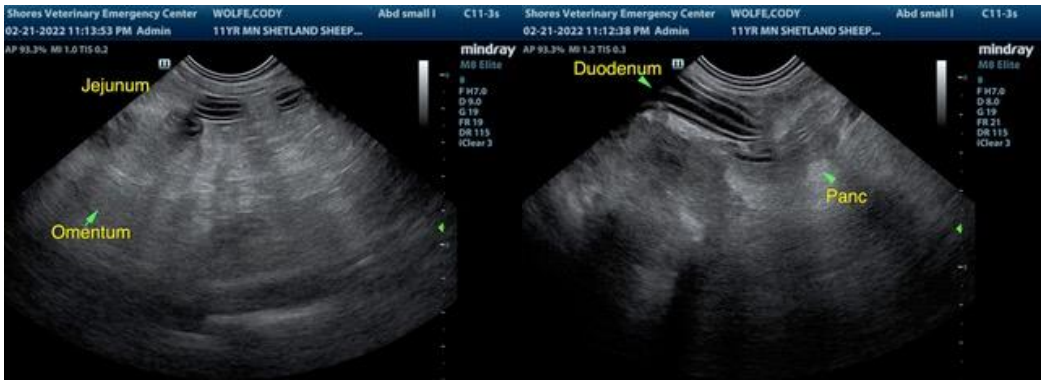
Screening blood pressure to assess for evidence of hypotension, potentially associated with the left adrenal gland. Empirically, hospitalization with broad spectrum antibiotics, pain management (if clinically indicated), gastrointestinal and hepatic support with assessment of clinical response would be reasonable. Ideally, sonographic monitoring for evidence of progressive inflammatory pancreatic gastrointestinal and hepatic changes as well as progressive left adrenal gland changes or enlargement is recommended.





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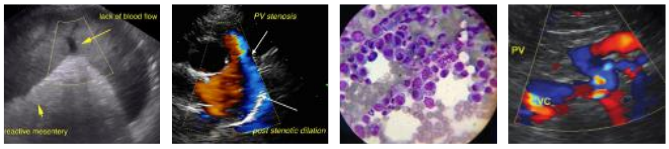

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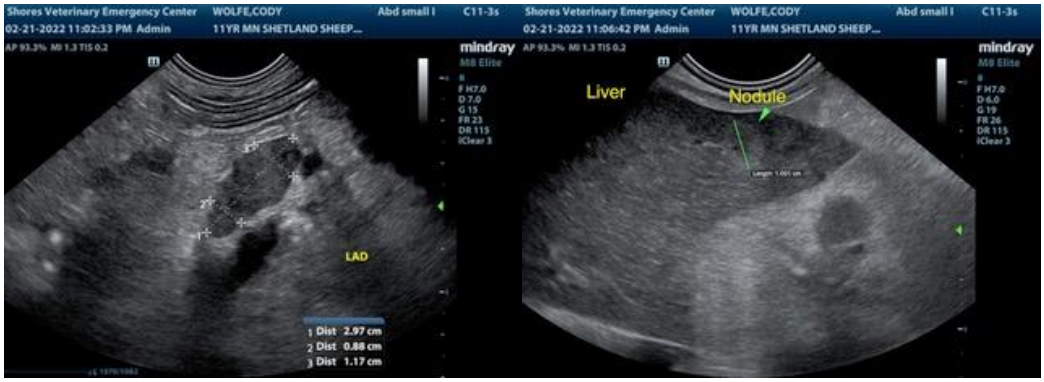

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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