

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Satchmo Murtha

SPECIES
Canine

BREED
Sealyham Terrier

SEX
Male Intact

AGE
11 Years

WEIGHT
9.3kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary
Emergency Center

REFERRING VET
Dr. Zippay

INVOICE
50406

DATE
2-21-22

Presented at our hospital for becoming restless tonight after dinner. Was here 2/15 for pancreatitis, did well overnight and discharged next day. Was doing well @ home then tonight after going o/s after dinner pt was acting uncomfortable and restless. Previous Health Concerns: sensitive stomach (poss IBD), dental disease, pneumonia, low albumin Current Medications: Tylan powder, Pred in AM, Cerenia 4pm, Metro 6pm, Provable @ dinner
Abnormal PE/Chem/CBC/UA Results: Abdominal: tense cranial abdomen, no obvious mass noted Genitourinary: intact, 2 descended testicles; RECTAL: prostate symmetrically enlarged, non-reactive on palpation Radiographs 2/15/22: small amount ingesta type material in stomach, empty SI, no obvious mass or obstruction, small urinary bladder Chemistry 2/15/22: BUN 32.4 H, Globulin 4.4 H, Glucose 145 H, ALP 188 H, Lipase unreadable, Albumin 2.5 (normal but low end of range) CBC 2/15/22: Lymph 0.15 L, stress leukogram, RBC 9.84 H, HGB 23.1 H, HCT 63.7 H EPOC 2/15/22 : Creat failed to read, Glucose 127 H cPL: Strong abnormal Urinalysis (via cystocentesis): UAG 1.048, 3+ protein, 0-1 RBC/hpf, few crystal fragments, present 2/20/22: BUN- 39.4 H; PHos- 5.8 H; TP- 8.8 H; Glob- 5.5 H; Glu- 67 L; Cholesterol- 442 H; ALP- 227 H; GGT- 19 H; AMY- 2419 H; Lip- *** H; WBC- 31.26 H; NEU- 29.78; LYM- 0.44 L; NEU%- 95.3 H; LYM%- 1.5 L; EOS%- 0.4 L; PLT- 552 H; Rads Stomach severely dilated with gas, decreased detail cranial abdomen

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 nondependent particulate sediment was present likely consistent with mild cellular or crystalline debris and 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 prostate was mildly enlarged in size. 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 3.0 cm x 2.3 cm.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 pyelectasia was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm in length.

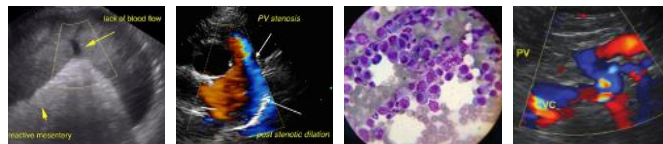
Adrenal Glands

The left adrenal gland was mildly prominent in size with minor asymmetrical contour and heterogeneous to nodular potentially cystic parenchyma. No evidence of parenchymal mineralization. The left adrenal gland measured 2.3 cm length x 0.87 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized owing to periadrenal increased omental artifact yet without overt pathology measuring 0.60 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. 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.



PATIENT

Liver / Gallbladder

Satchmo Murtha

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.

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Gastrointestinal

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The stomach presented intact yet subjective prominent wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained nonshadowing ingesta/chyme. No evidence of ileus, obstruction or foreign material.

SEX

Male Intact

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with mild segmental duodenojejunal ileus. No obstructive pattern noted.

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

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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 regional peripancreatic to cranial abdominal reactive mesentery. No overt evidence of neoplasia.

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Free Abdomen

Small pockets of scant peritoneal free fluid were present.

No overt lymphadenopathy was present.

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R. McKenzie Daniel,
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(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Erin Wicks

Primary

- Pancreatitis with regional peripancreatic to cranial abdominal reactive mesentery and scant free fluid.
- Gastroduodenitis with gastric hypermotility.
- Benign / reactive hepatopathy.
- Mild age related kidneys.

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Secondary

- Benign prostatic hyperplasia.
- Nonspecific nodular to potentially cystic prominent left adrenal gland.
- Mild urinary bladder sediment.

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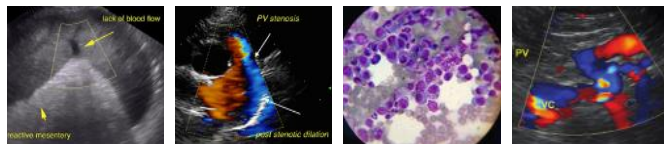
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with medical therapy for pancreatitis and as needed gastrointestinal support recommended. Minor potential for pancreatic neoplasia, which may present in a similar sonographic manner, cannot be excluded yet thought less likely.

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Screening blood pressure recommended given the left adrenal gland presentation to assess for evidence



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of hypertension suggested. Sonographic monitoring of the left adrenal gland for evidence of progressive nodular to potential cystic changes suggested with initial recheck in 4-6 weeks.

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Likewise, sonographic recheck of the pancreas may be considered pending clinical response to therapy or if persistent/progressive signs of pancreatitis continue.

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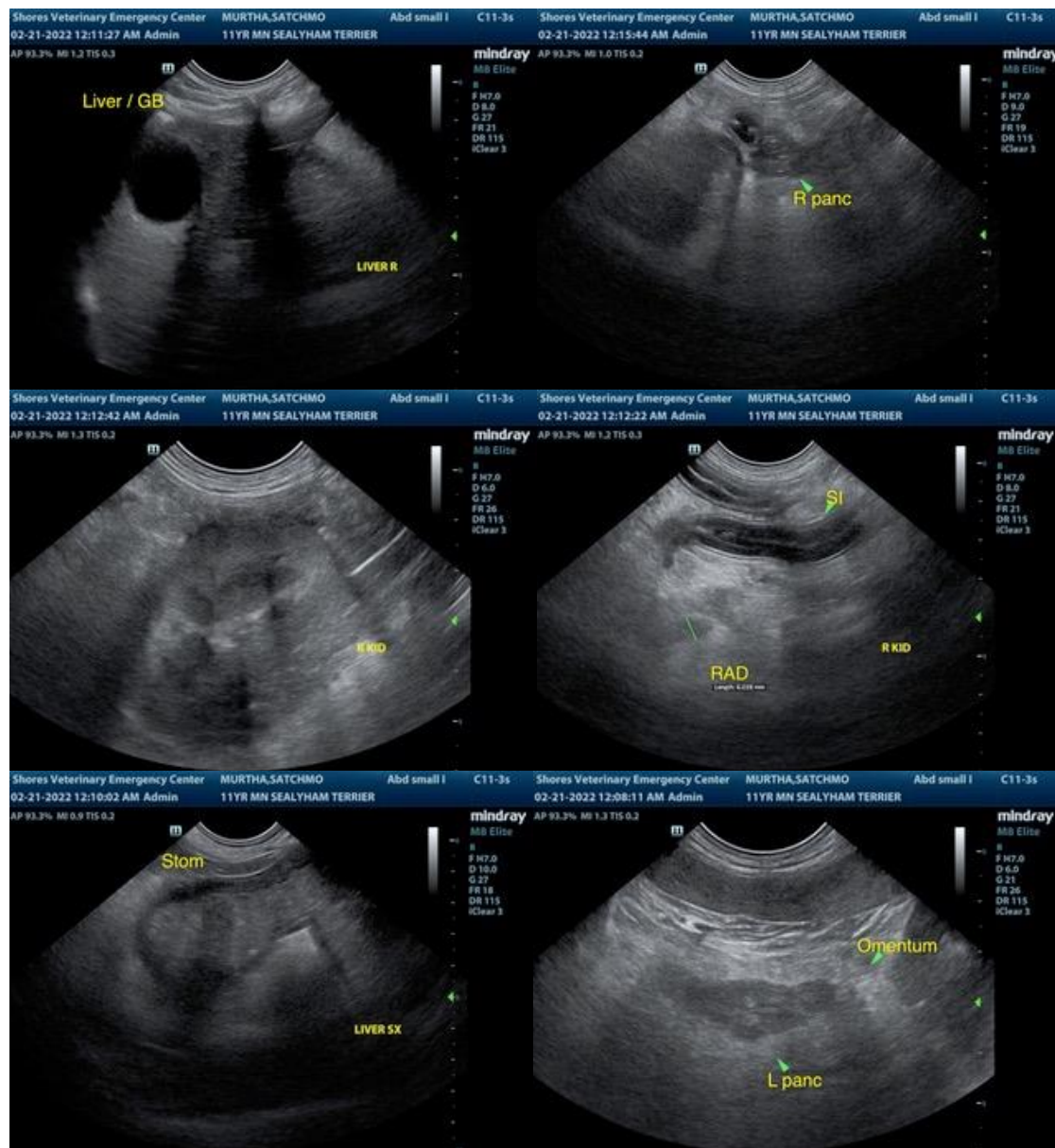
Dr. Zippay

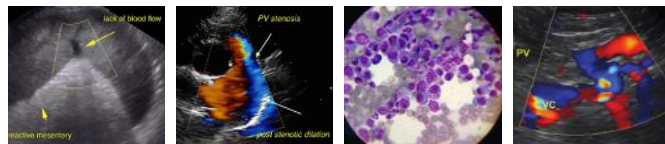
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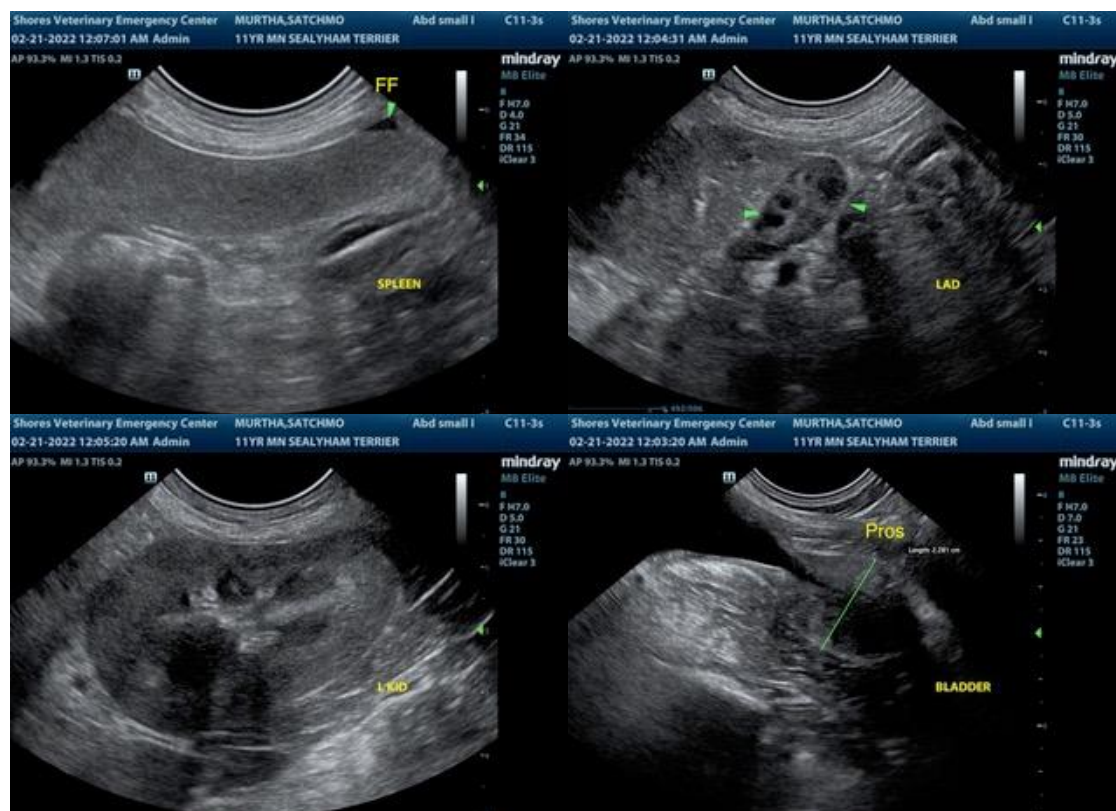
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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