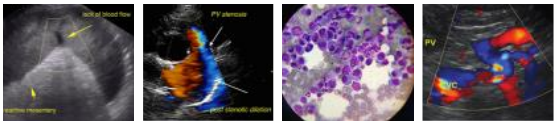
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Sadie Webber

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

21 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Mckenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

14083

DATE

2/25/22

PRESENTING CLINICAL SIGNS

History: 5 times vomited yesterday bilious fluid with some grass, diarrhea for 2-3 days, in May 2021 history of pancreatic abscess - Sonpath should have these studies Current Medications Cerenia, proviable capsules and paste

Abnormal PE/Chem/CBC/UA Results: Superchem (collected 2/24)- wnl except Albumin 4.5 (2.7-4.4) ALP 220 (5-131) K 3.5 (3.6-5.5) Triglycerides 569 (29-291) amylase 1349 (290-1125) Precision PSL 825 (24-140)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm in length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm in length x 0.58 cm width at the caudal pole.

Spleen

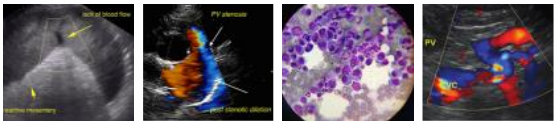
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

The liver presented mildly 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. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Mild intact yet prominent wall layering was present. Mild retained anechoic fluid was present in the stomach.

The duodenum exhibited intact yet subjective mild prominent wall layering. The duodenum was empty without evidence of ileus. The jejunum and ileum to the level of the colon were sonographically unremarkable.

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

Pancreas

The area of the pancreas base and right pancreatic limb exhibited variable yet mild to moderate prominent size with indistinct capsule margination. Variably echogenic yet primarily hypoechoic pancreatic parenchyma was present.

Free Abdomen

Regional, mildly nonuniform, hyperechoic peripancreatic mesentery was noted. No overt free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic to chronic active pancreatitis pattern with suspect areas of potential active to acute inflammation, regional peripancreatic chronic reactive to inflamed mesentery with potential for omental saponification
- Mild vacuolar/reactive hepatopathy
- Mild gastroduodenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients history, chronic to chronic active pancreatitis with suspected periodic flare ups of active pancreatic inflammation is suspected, resulting in generalized chronic reactive to potentially inflamed peripancreatic mesentery. This is suspected to be the cause of the patients clinical signs, including diarrhea. Possibility of concurrent gastrointestinal disease cannot be definitively excluded. Further assessment may include folate and cobalamin levels. No overt evidence of recurrent pancreatic abscess, while potential for neoplastic criteria is considered a less likely differential diagnosis.

Empirically, novel protein, hydrolyzed diet or bland/low fat diet, high colony count probiotic (such as current Proviable), antibiotic trial (such as metronidazole) and as needed supportive care for chronic active pancreatitis/intermittent gastroenteritis would be reasonable. Periodic sonographic monitoring of the pancreas is likely appropriate to assess for progressive pancreatic or regional omental changes.

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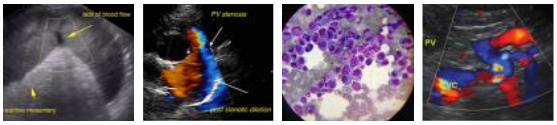

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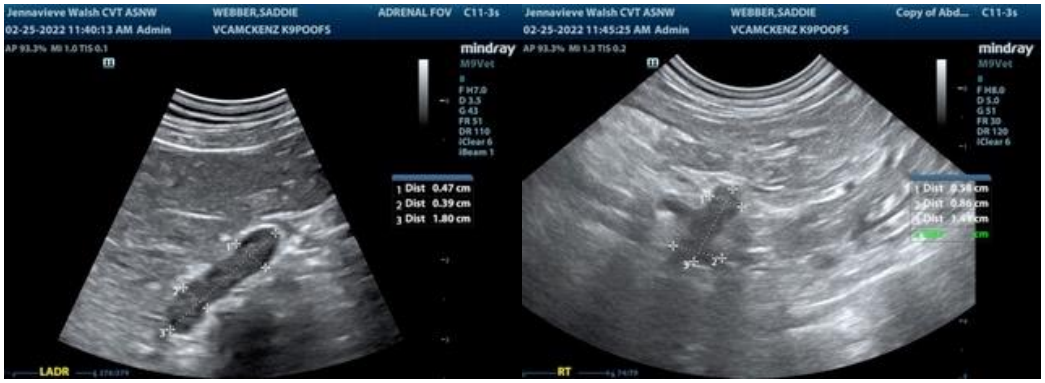

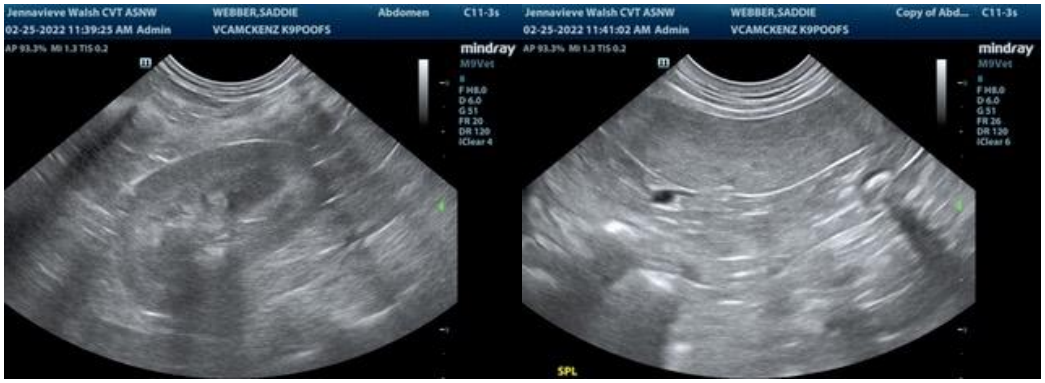

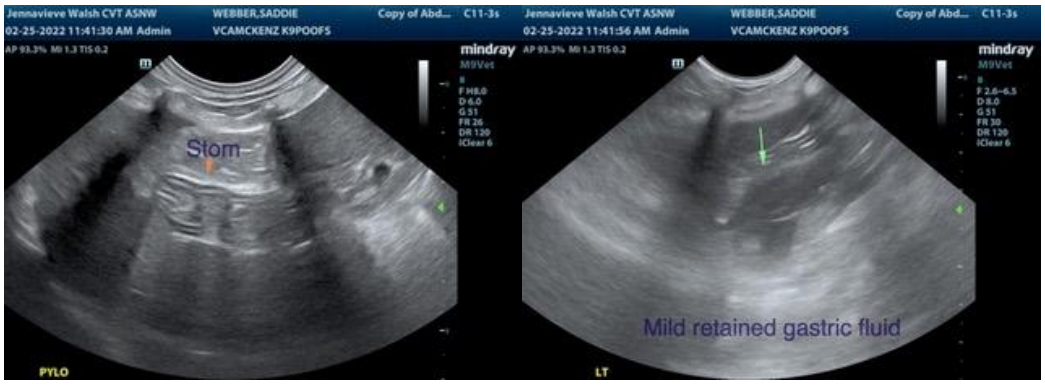

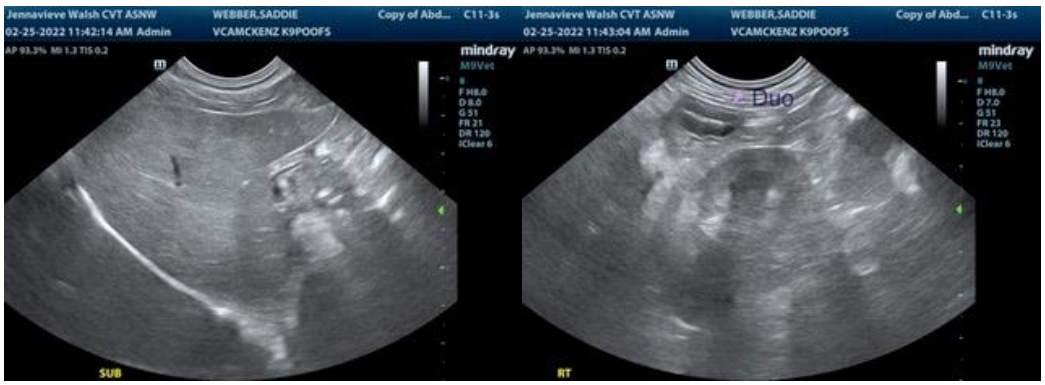

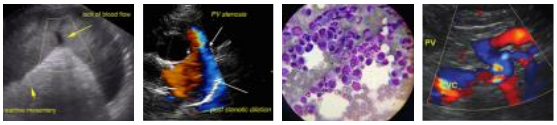

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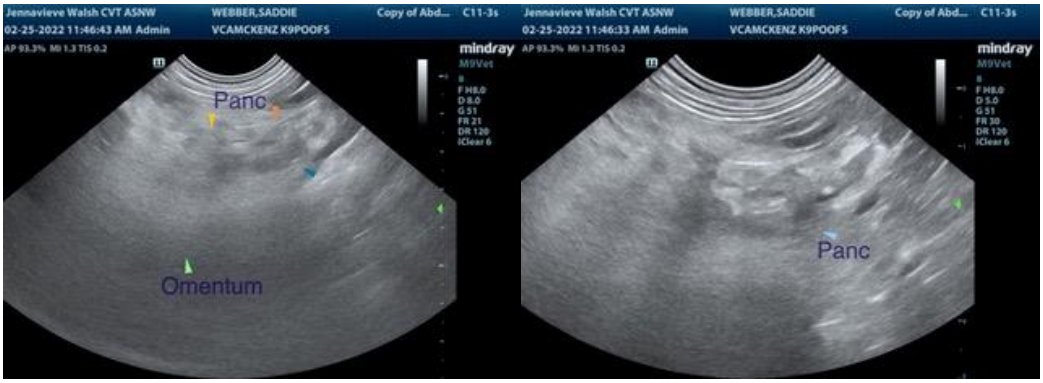

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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