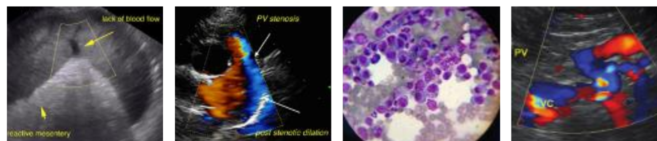
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jake McQuin

SPECIES

Canine

BREED

Alsakan Klee Kai

SEX

Neutered Male

AGE

8 Years

WEIGHT

13.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

East Bend AH

REFERRING VET

Jamie Thurk, DVM

INVOICE

21649

DATE

3/15/23

PRESENTING CLINICAL SIGNS

History: Patient has long history of intermittent pancreatitis, elevated triglyceride levels and occasional esophagitis. Patient had dental cleansing with extractions ~ 1 month ago. Pre-anesthetic blood work was unremarkable and he recovered without complications Patient evaluated on 3/13/23 for acute onset of progressive lethargy, hyporexia, reluctance to be social, possible discomfort (secluding himself), with obvious gulping and licking efforts that suggest gastric reflux and esophageal discomfort. No V/D/R noted Current meds: -- Cerenia -- Gabapentin -- Omeprazole -- Probiotic -- Sucralfate -- Tylan powder

Abnormal PE/Chem/CBC/UA Results: PE: Overweight, unremarkable otherwise 3/13/23: -- thoracic and abdominal radiographs: -- Crus of the diaphragm are slightly asymmetrical with very subtle cranial deviation of the gastric axis on the lateral view of the thoracic radiograph. Cardiac silhouette and pulmonary parenchyma are unremarkable. The esophagus is not overtly dilated/distended, nor readily visible. The VD view demonstrates a possible abnormal deviation of the right crus of the diaphragm craniad, with mild increased opacity and loss of serosal detail in the right liver lobes, however no indication of hiatial hernia or displacement of the stomach, which is apparently empty with no noted ingesta, nor FB, nor obvious obstruction. No obvious intestinal FB, nor obstruction. Remainder of serosal surfaces of the spleen and abdominal organs appear normal. Spec cPL: elevated >400 Blood work (2/20/23; pre-anesthetic): CHEM: -- ALT: 146 U/L (10-125) -- remainder wnl CBC: -- Unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with pinpoint areas of dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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 pyelectasia was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.8 cm in length. Nonobstructive medullary mineral was present bilaterally, primarily around the pelvis and within the lateral diverticuli.

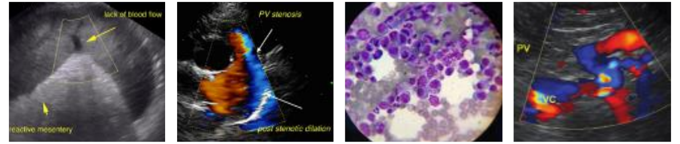
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm in length x 0.54 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 2.8 cm length x 0.64 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



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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 visualized diaphragm appeared to be intact without diaphragmatic defect or evidence of hernia criteria.

The gallbladder was mildly distended in size with primarily anechoic content with mild nondependent to mildly congealed yet nonorganized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. 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 mild luminal gas. No evidence of retained gastric ingesta, fluid or foreign material. The entirety of the stomach appeared to be within the abdominal cavity caudal to the liver.

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 pancreas was normal in size, exhibiting isoechoic to mildly heterogeneous parenchyma compared to adjacent nonreactive peripancreatic omentum. No signs of active inflammation or neoplasia.

Free Abdomen

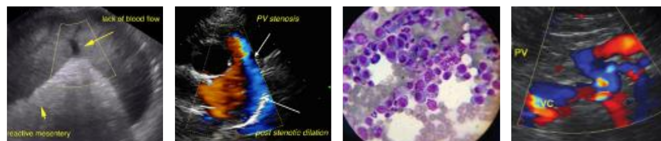
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Pinpoint dependent urinary bladder luminal mineral
- Bilateral nonspecific chronic renal changes with nonobstructive medullary mineralization/small renoliths
- Low-grade benign hepatopathy
- Mildly distended gallbladder with mild congealed luminal debris (non-mucocele)
- Heterogenous pancreas- no sonographic evidence of active pancreatitis
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is suspected that this patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Full urinary work up, including urinalysis, screening culture and sensitivity, and baseline UPC , if evidence of proteinuria, is recommended.



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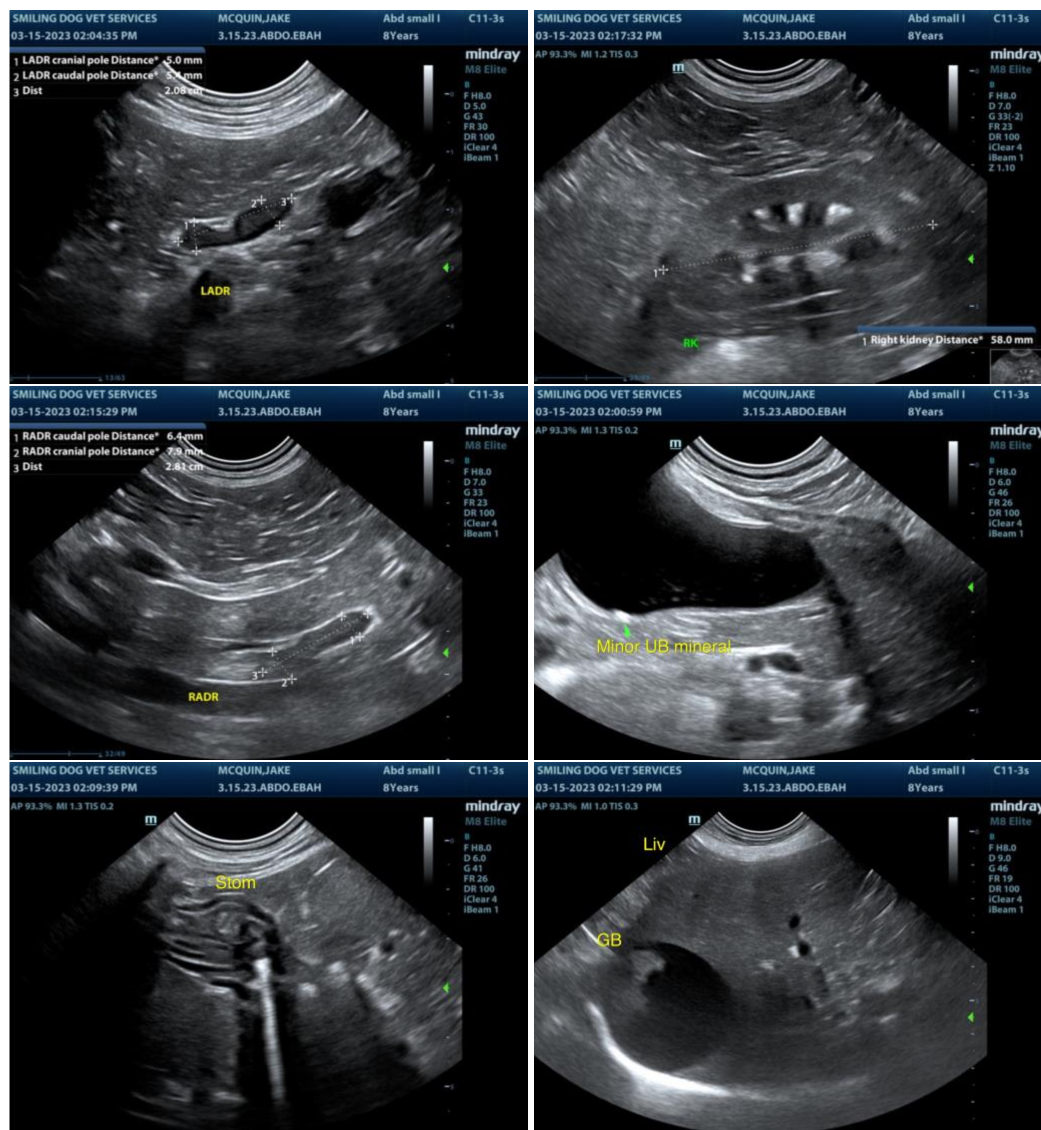
Potential age-related/patient pancreatic variant, benign remodeling owing to previous inflammatory episode or low-grade to chronic pancreatitis is possible. Monitoring for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas, as well as periodic spec CPL is suggested.

Continued medical therapy for presumptive esophagitis/mild gastritis or chronic pancreatitis, which may include continued gastroprotectants , as well as bland or low-fat canned diet and assessment of clinical response would be reasonable. Upper gastrointestinal endoscopy may be indicated if persistent/progressive signs of esophagitis/gastritis.



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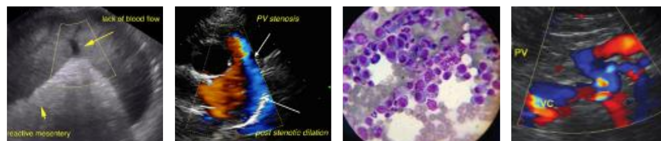

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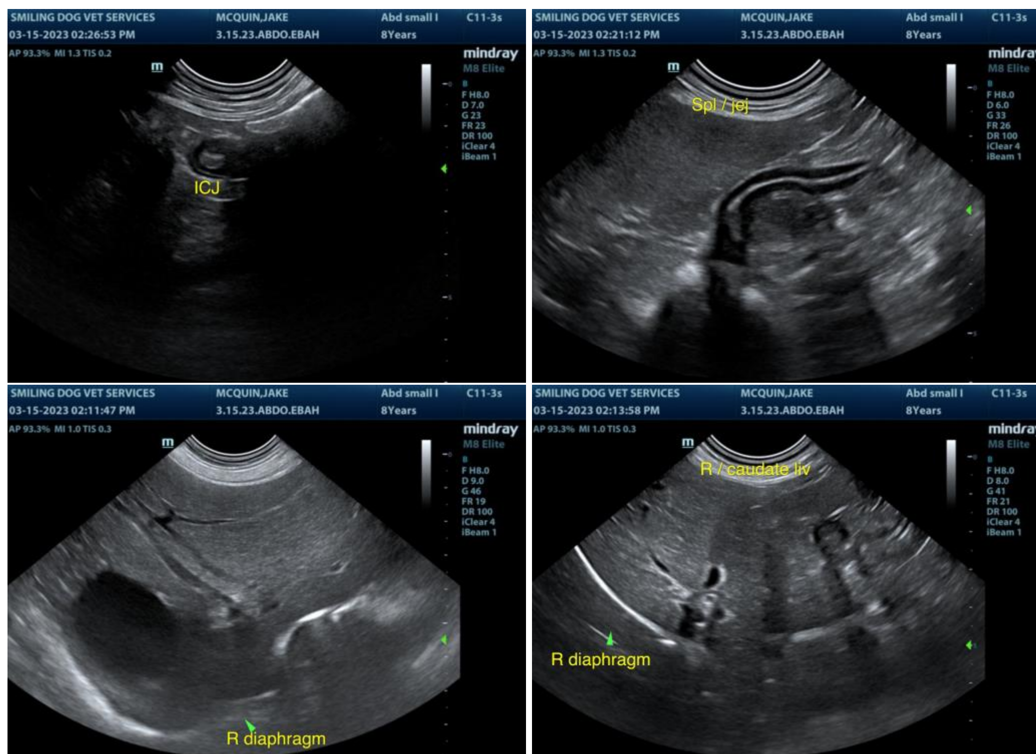

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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