SonoPath
Clinical Sonography & Telecytology
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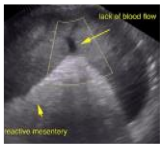
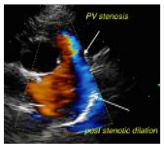
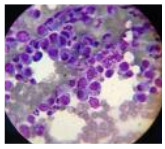
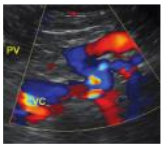




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bandit Lizotte

SPECIES
Canine

BREED
Chihuahua

SEX
MN

AGE
6 years

WEIGHT
16 lbs.

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

IMAGING PERFORMED BY
Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bennett

INVOICE

DATE
3/16/23

PRESENTING CLINICAL SIGNS

Painful abdomen, dehydrated. Had been vomiting profusely, no longer vomiting but not eating. Has not eaten for 4-5 days. Lethargic. FNA of pancreas, the inflamed and walled off area in the body of pancreas.
Abnormal PE/Chem/CBC/UA Results: CPL abnormal, elevated GGT=20, T bili=0.8, ALB=4.7, TP=7.9, Neutrophilia=39k, Hct=55%, Plt=593. RADS: Thickened small bowel, no overt cranial abdominal abnormalities but gas-filled stomach.

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 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 4.3 cm in length. The right kidney measured 4.1 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 0.52 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 1.4 cm length.

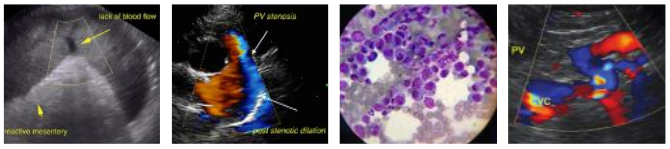
Spleen

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/ Gallbladder

The liver was subjectively enlarged in size with symmetrical capsule contour and uniform reduced parenchyma echogenicity compared to falciform fat and spleen. Concurrent mild increased prominence of the portal vascular bordered was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses or nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild to moderate hyperechoic yet non-congealed debris. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. Mild gastric distension with primarily anechoic fluid was present.

The small intestine presented intact wall layering with mildly prominent duodenum walls. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. 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

Focal to regional subjectively circumscribed hypoechoic to anechoic parenchyma was present in the area of the pancreas base caudal to the pylorus measuring ~ 2.0 cm in diameter. Power Doppler assessment revealed no obvious vascularity with peripheral omental blood flow. Regional peripancreatic to cranial abdominal hyperechoic omentum and suspect scant pockets of peritoneal free fluid were present along with minor hypoechoic pancreaticoduodenal lymphadenopathy.

Free Abdomen

No omental masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Regional active potentially necrotic/necrotizing pancreatitis vs suspected pancreatic abscess in the area of the pancreas base with regional peritonitis, minor potential for pancreatic neoplasia possible yet thought less likely.
- Gastritis/gastroduodenitis pattern with functional/metabolic gastric stasis.
- Mild hepatomegaly with mild parenchymal hypoechogenicity.
- Gallbladder debris-not consistent with mucocele criteria, no obvious evidence of post hepatic obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending pancreatic cytology +/- C/S is recommended. If cytology is non-diagnostic aggressive empirical therapy for active necrotizing pancreatitis with close clinical monitoring and ideally sonographic reassessment over the next 48 hours would be reasonable. Given this presentation and without overt evidence of vascularity within the abnormal pancreas base, laparotomy with gross inspection of the pancreas and biopsy vs resection of compromised tissue may be indicated pending clinical response to therapy.

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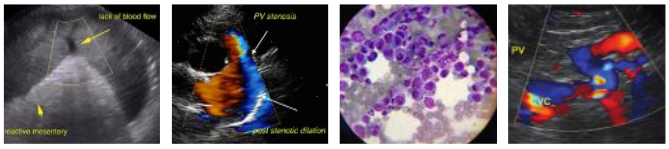

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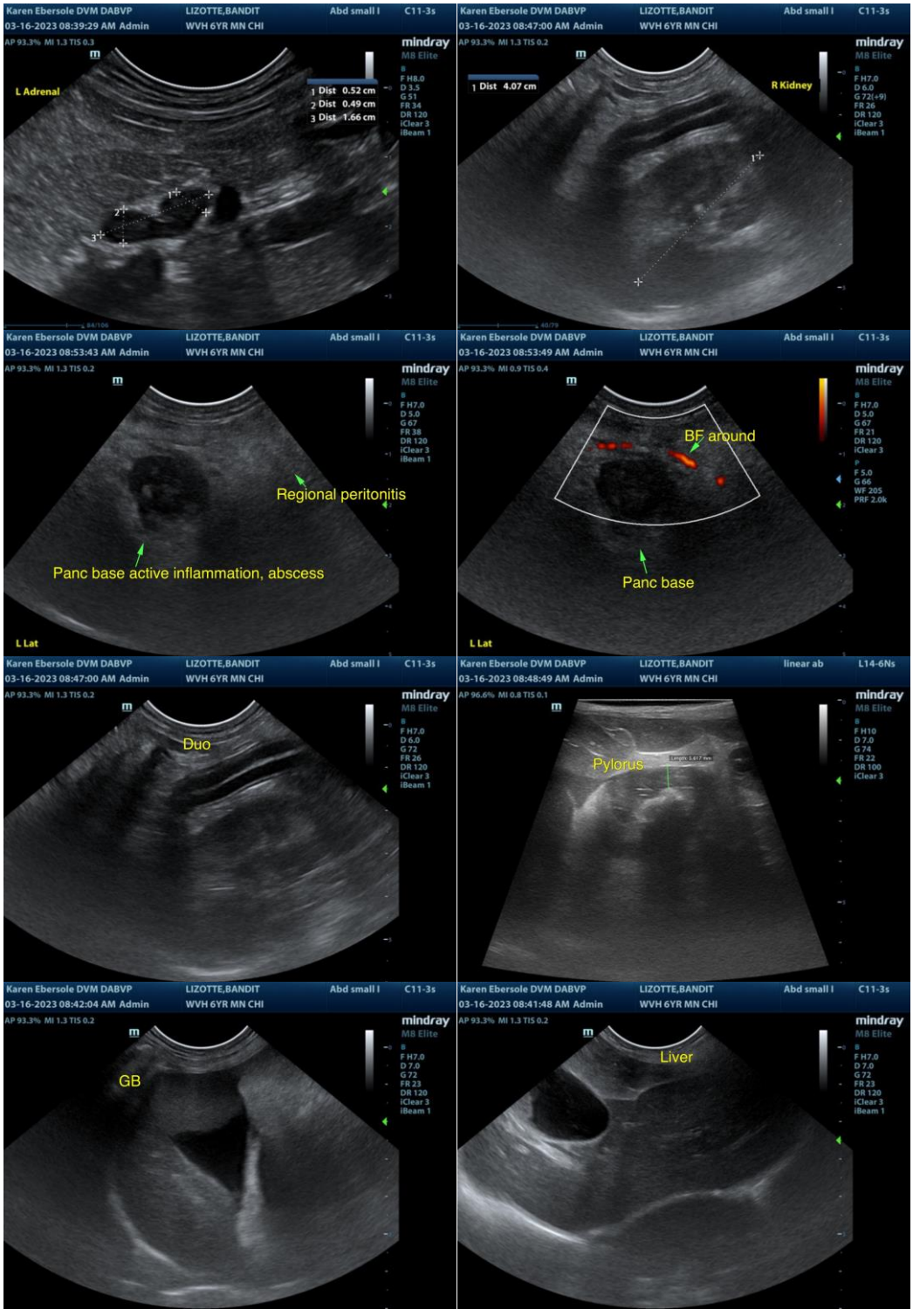

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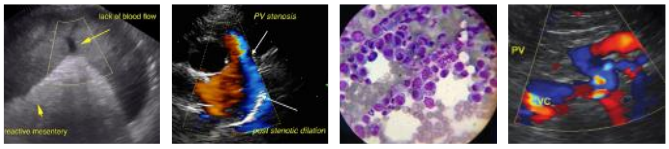

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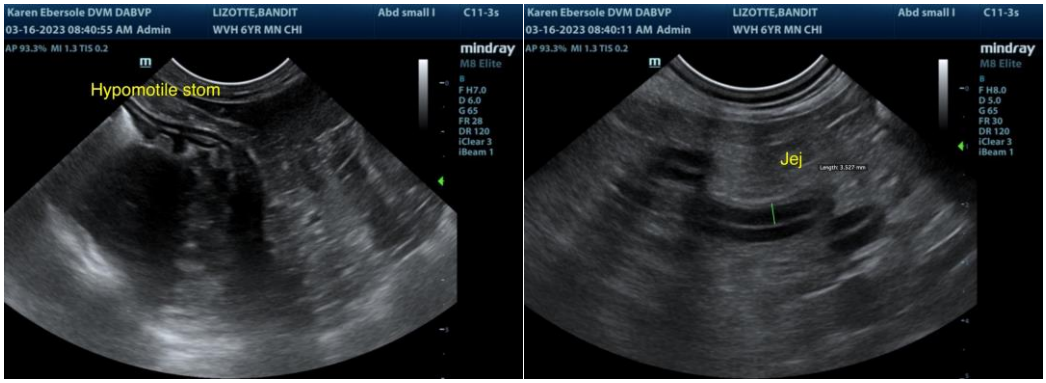

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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