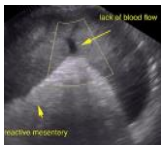

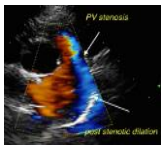

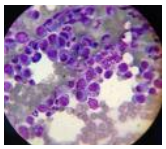
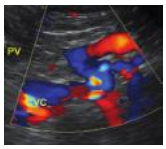

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PATIENT

Teddy Weaver

SPECIES

Canine

BREED

Bassett Hound X

SEX

Neutered male

AGE

12 years

WEIGHT

18.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

La Paw Animal Hospital

REFERRING VET

Dr. Stephanie Sur DVM

INVOICE

10222ag

DATE

03/22/2022

PRESENTING CLINICAL SIGNS

History: Reason for Non-urgent Ultrasound: chronic pancreatitis, with decrease weight and intermittent anorexia and ADR Primary Problem(s): weight loss, anorexia; Beginning in December, 2021, patient has had recurring episodes of pancreatitis (diagnosed based upon elevated spec cPL tests). Teddy has responded well to medical management, however continues to demonstrate hyporexia and loses interest in food quickly. Client has tried multiple diets, including home prepared and raw foods. Teddy will initially show enthusiasm for eating, but then loses interest Patient has lost ~ 3-4 pounds in last 3 months. Pertinent Medical History: Previously on NSAID's for arthritis, had liver elevations, took milk thistle and resolved. Current Medication: Cerenia, Mirtazapine, Tri Heart,

Abnormal PE/Chem/CBC/UA Results: Physical exam: Lenticular sclerosis OU. Moderate dental disease and halitosis (especially the R maxillary arcade). Generalized muscle atrophy/evidence of weight loss. Bilateral valgus angular limb deformity and elongated stifles; likely congenital. Diagnostic Tests Performed/Results: 12/4/21 CHEM: ALB low at 2.5 g/dL AST: 139 U/L increased ALT: 368 U/L increased ALP: 300 U/L increased AMYL: 1798 U/L increased spec cPL: 715 elevated WBC (value not given) 2/7/22; spec cPL: 356 2/21/22 spec cPL: 73 3/21/22 Spec CPL: 83

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. No overt pathology in the area of the right kidney. The left kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.88 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.85 cm width at the caudal pole and 2.8 cm length.

Spleen

The spleen exhibited mild parenchymal heterogeneity with a solitary discretely hypoechoic to subtly expansive nodule present in the caudolateral splenic parenchyma measuring 0.81 cm in diameter. 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.

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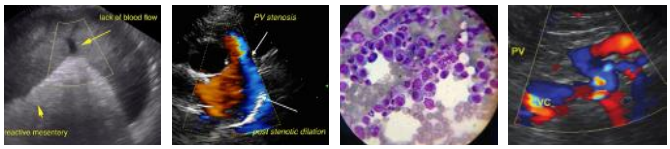

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Liver

The liver was mildly enlarged with subjectively normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Possible nonspecific shadowing luminal echo measuring approximately 2.5-3 cm in diameter present in the area of the gastric antrum and pylorus. The lumen of the stomach was empty with no signs of ileus, retained fluid or foreign material. The ventral gastric body wall measured 0.45 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent segmental duodenojejunal mucosa. No evidence of loss of intestinal wall layering, mechanical/metabolic ileus or intestinal masses.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

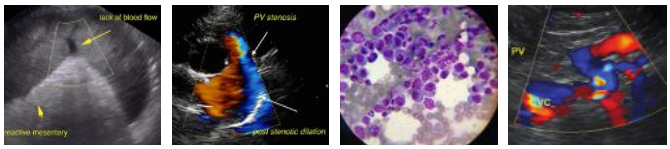
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild nonuniform to remodeled parenchyma-vacuolar hepatopathy, chronic active hepatitis, cholangiohepatitis, early fibrosis, cirrhosis or other hepatopathy possible. Neoplasia is considered a less likely differential diagnosis yet cannot be excluded.
- Nonspecific discrete splenic nodule-focal lymphoid hyperplasia, hematopoiesis, hematoma, infection, infarct or emerging neoplastic nodule possible.
- Possible nonspecific shadowing gastric luminal echo-retained ingesta, possible gastric foreign body cannot be excluded.
- Mild pancreatic remodeling-age related pancreatic changes, potential for low grade to chronic pancreatitis.
- Mild left kidney pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status a hepatic parenchyma and splenic nodule FNA using a 25g needle is warranted for screening cytology. If no evidence of neoplastic criteria, upper gastrointestinal endoscopy for further assessment of the gastric interior could be considered especially if persistent shadowing echo is noted within the gastric lumen vis sonographic monitoring. Potential for structurally insignificant inflammatory enteropathy could be possible. If endoscopy is elected biopsies are recommended at the time of endoscopy.



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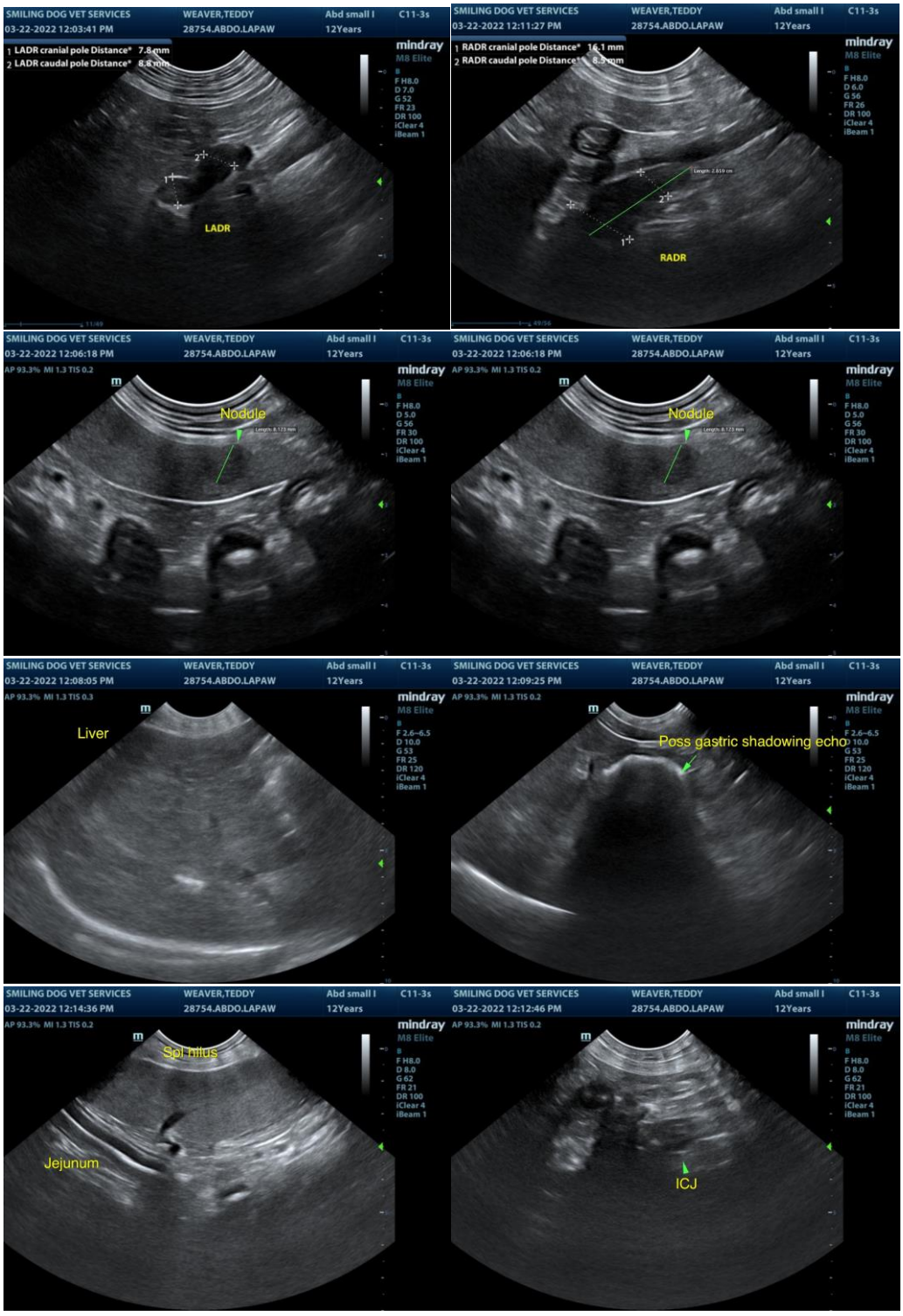
The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.



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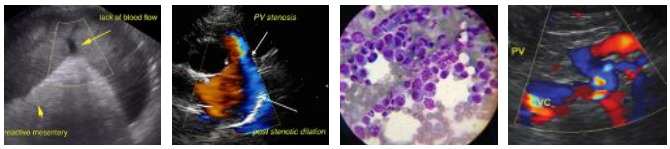

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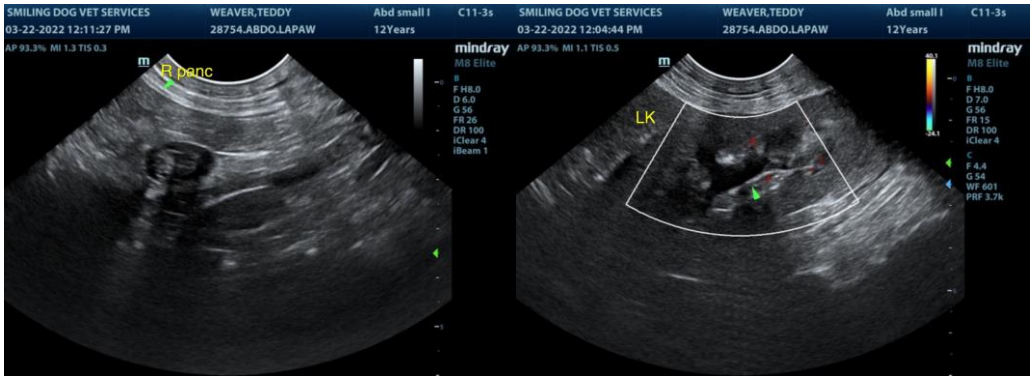

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com