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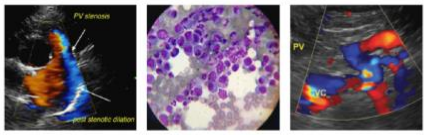
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Murphy Taylor
49634A

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

Bel Air VH

REFERRING VET

Madison VS- Dr. Marroquin

INVOICE

14551

DATE

3/29/22

PRESENTING CLINICAL SIGNS

History: About 2 weeks ago, owner noticed Murphy seemed itchy on his rear end. Was taken to pcDVM and sent home with antibiotics and Prednisone. On Sunday, Murphy became lethargic, started vomiting and was not eating/drinking/urinating/defecating. Was brought back to pcDVM yesterday and blood work was performed. Murphy was given SQ fluids and Cerenia SQ. When owner arrived home, Murphy was not improving. Today, was brought back to pcDVM and AXR were performed. pcDVM noticed the liver looked abnormal.

Abnormal PE/Chem/CBC/UA Results: Pain on palpation of the cranial abdomen. BW- Elevated ALP (819), hypercholesterolemia (455), hyperglycemia (122), normal WBC (9.6K) with bands (672).

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.75 cm in width.

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 pelvic dilation was present. The left kidney measured 5.0 cm in length. A small caudal cortical cyst was present in the right kidney, which was incidental. The right kidney measured 5.0 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 0.46 cm width at the caudal pole and 0.46 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole and 0.41 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, potentially coalescing echogenic nodules were present primarily around the medial 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Solitary, non-expansive to disruptive isoechoic to mildly nonhomogeneous intraparenchymal nodule (1.2 cm in diameter) was present in the mid to left liver. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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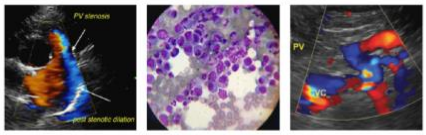

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The gallbladder was non distended in size with moderate gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. The stomach appeared to be mildly gas distended with potential for minor retained fluid. No overt evidence of retained gastric ingesta or foreign material. The gastric body wall measured 0.36 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Intermittent, minor duodenojejunal nonobstructive metabolic ileus was present. The duodenum wall measured 0.37 cm. The jejunum wall measured 0.35 cm.

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

Pancreas

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. Regional hyperechoic to edematous mesentery was present, primarily around the pancreas base and left pancreatic limb. Mild localized free fluid was present around the abnormal pancreas. This change is more prominent in the pancreas base and left pancreatic limb yet also involving the right pancreatic limb.

Free Abdomen

Focal, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.6 cm x 0.6 cm. This lymph node is considered incidental. No evidence of omental lymphadenopathy with mild volume peripancreatic to peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Active pancreatitis with regional, primarily peripancreatic to cranial abdominal peritonitis- potential for emerging pancreatic omental adhesions or saponification possible.
- Vacuolar hepatopathy pattern, exhibiting minor generalized parenchymal remodeling and solitary nonspecific intraparenchymal nodule. The solitary nodule is suggestive of hyperplasia or lipogranuloma. Neoplastic criteria considered less likely.
- Gastroenteritis
- Moderate gallbladder debris (non-mucocele)
- Benign splenic nodule to coalescing nodules- consistent with probable myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for pancreatic neoplasia, which may present in similar sonographic manner as active inflammation, cannot be excluded yet thought less likely. Aggressive therapy for active pancreatitis, which may include antibiotics, plasma expanders, analgesia and as needed gastrointestinal support warranted. Sonographic reassessment of the pancreas recommended in 3-5 days, pending clinical response or if clinical signs consistent with pancreatitis continue.

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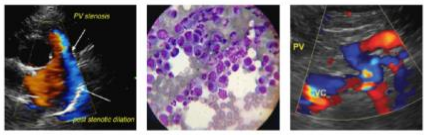

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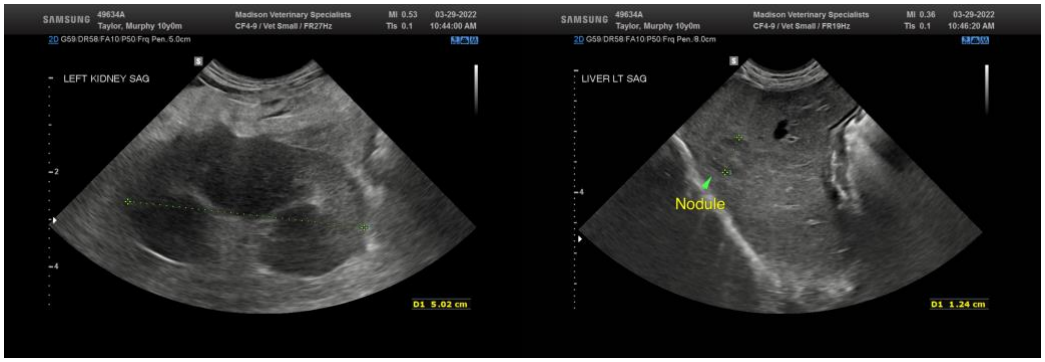

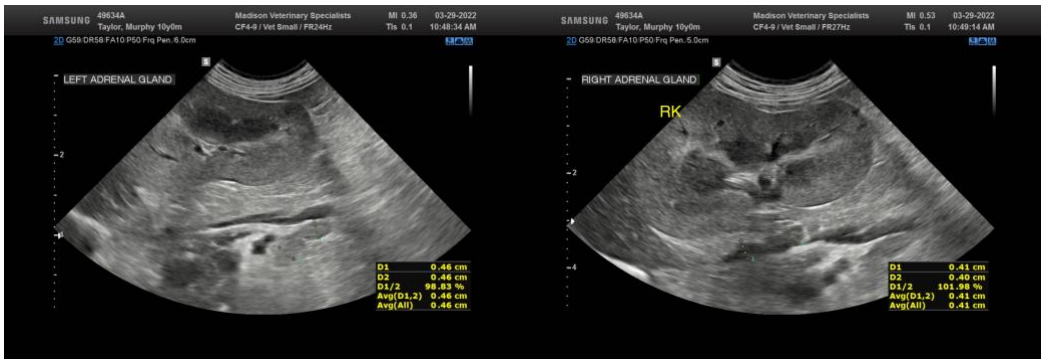

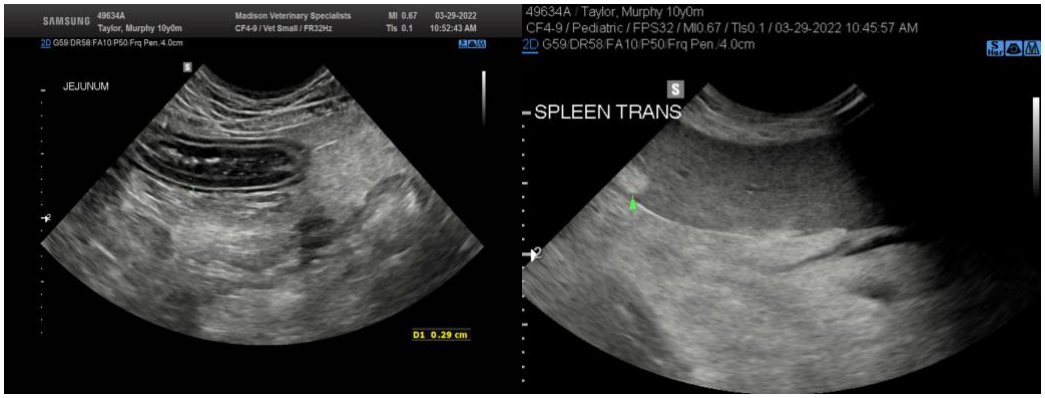

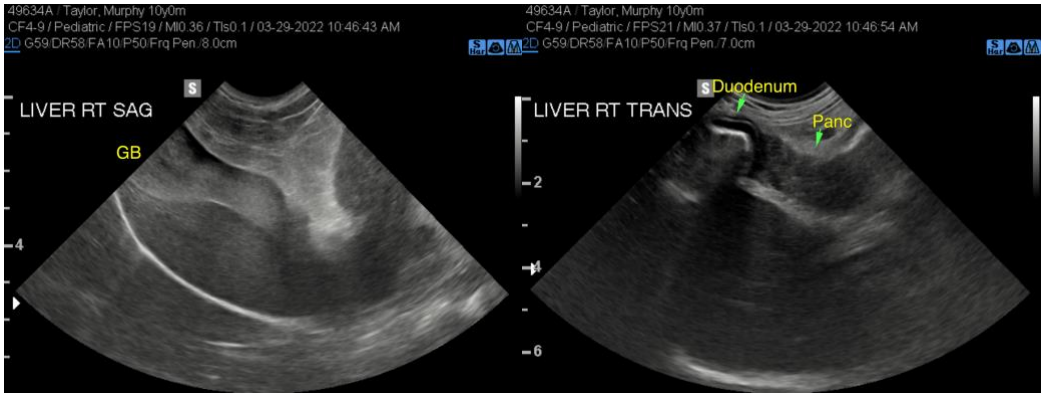

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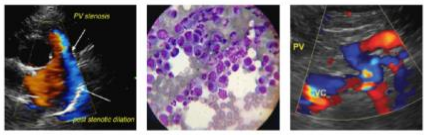

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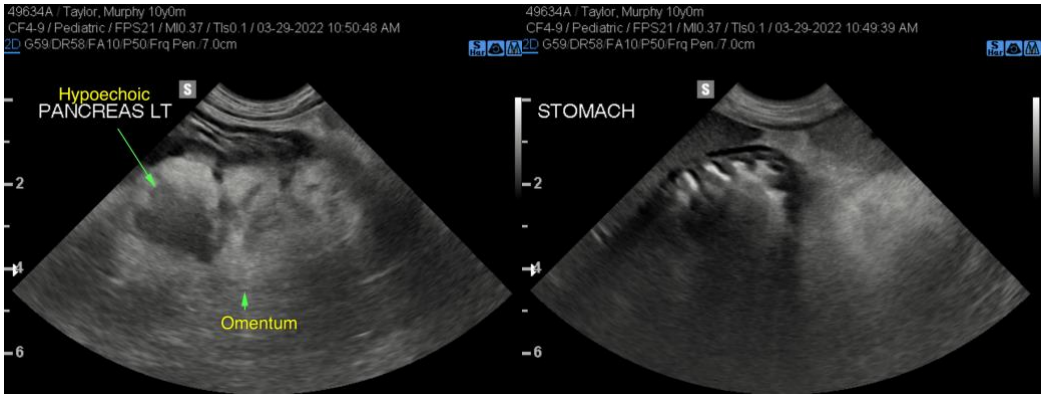

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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