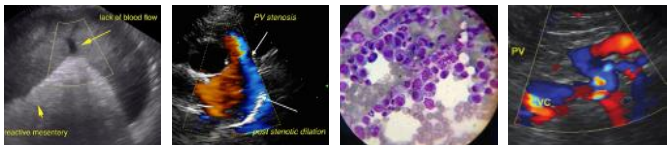
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Baxter Scarrow

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered male

AGE

10 years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Gruffydd

INVOICE

10412ag

DATE

04/18/2022

PRESENTING CLINICAL SIGNS

History: Black stools. Vomiting. Inappetance. Increased SDMA.

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 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. Pinpoint to focal areas of medullary mineral were observed. No evidence of pelvic dilation was present. The left kidney measured 4.1 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 0.48 cm width at the caudal pole and 0.39 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 0.49 cm width at the caudal pole and 0.39 cm width at the cranial pole.

Spleen

The spleen exhibited a focal probable myelolipoma in the medial parenchyma adjacent to the hilus with potential mild medial folding of the caudal spleen. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 with mild nondependent luminal sludge. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering with a normal wall layer ratio was maintained. The lumen of the stomach was primarily very minor retained anechoic fluid and luminal gas with no signs of ileus, obstruction or foreign material. The gastric body wall including the prominent gastric mucosa measured up to 1.1 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. Mildly prominent ileal walls extending to the area of the ileocolic junction were present with the ileal wall measuring 0.27 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Concurrent mildly prominent yet intact proximal colon wall layering was present with semi formed feces present in the colon.

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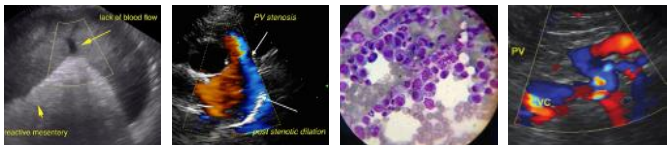

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Pancreas

The left pancreatic limb exhibited indistinct yet prominent size with variable to mixed echogenicity along with adjacent subjective mildly nonuniform hyperechoic mesentery. The right pancreas limb and pancreas base appear to be overtly normal.

Free Abdomen

A small pocket of scant free fluid was noted in the caudal abdomen around the outer apical urinary bladder as well as in the left and right lateral abdomen. No overt lymphadenopathy or omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Gastritis.
- Prominent to mixed echogenic left pancreas-nonspecific, resolving or persistent active to chronic active pancreatitis with regional reactive mesentery and potential for adhesions, chronic pancreatitis/fibrosis or ill defined pancreatic or regional omental neoplasia considered less likely.
- Mild chronic renal changes exhibiting pinpoint to mild focal medullary mineral.
- Mild GB debris (non-mucocele).
- Possible ileitis and proximal colitis.
- Scant peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistent active to chronic active pancreatitis with secondary peripancreatic omental changes would be suspected if cranial abdominal or subxiphoid discomfort on palpation is present. Correlation with a Spec CPL or a GI panel to include PLI/TLI/Cobalamin/Folate to rule out concurrent structurally insignificant GI disease is warranted. Potential for non-visualized GI micro ulceration given the melena could be present. Empirical therapy for gastritis and pancreatitis including gastric protectants +/- 24-48 hour hospitalization with IVF and supportive care would be reasonable. Recheck sonogram if progressive/persistent GI signs or melena are noted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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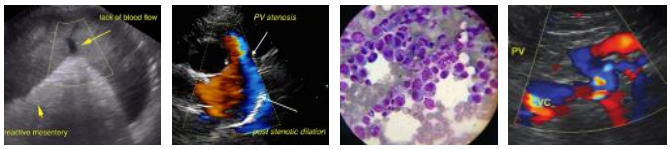

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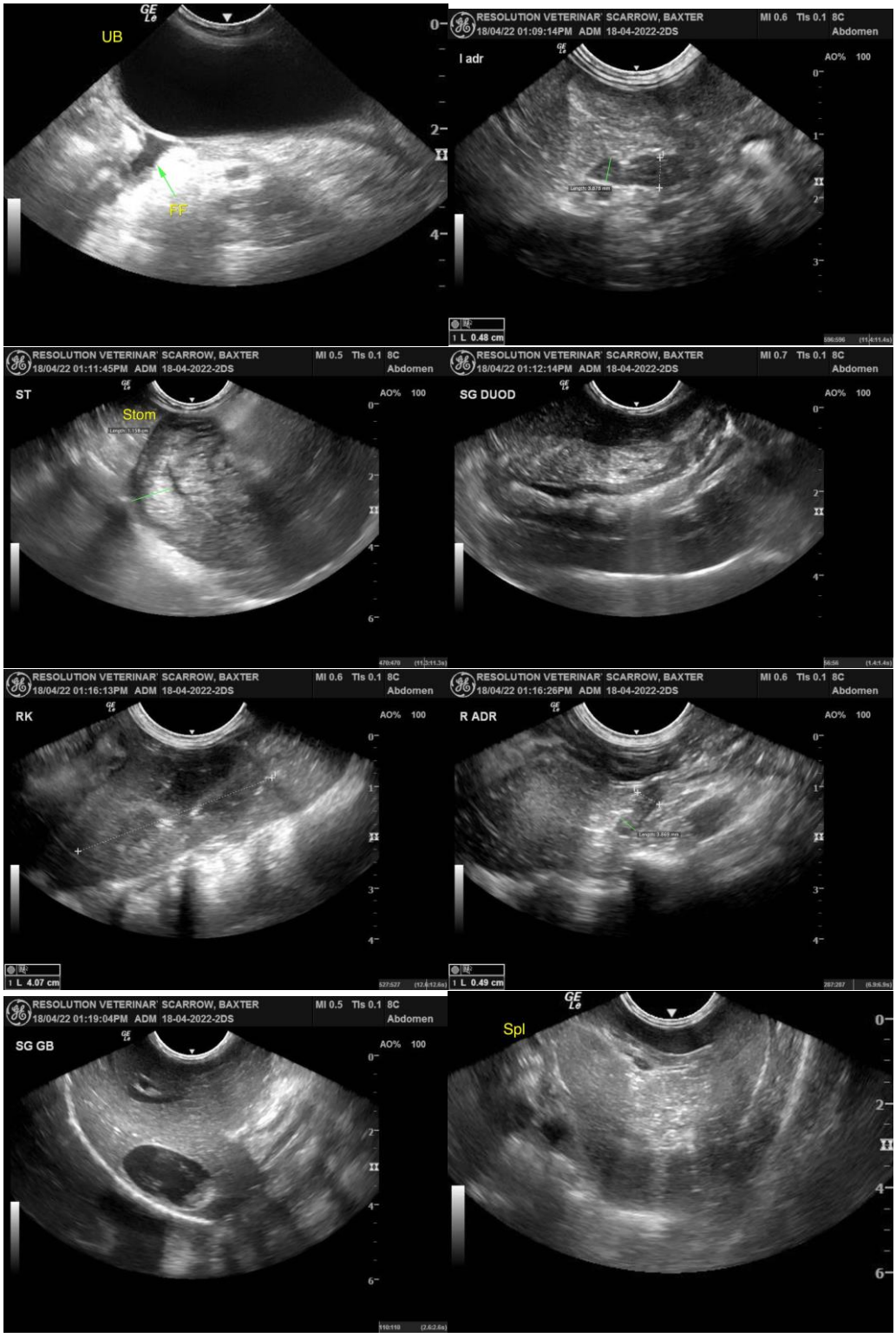

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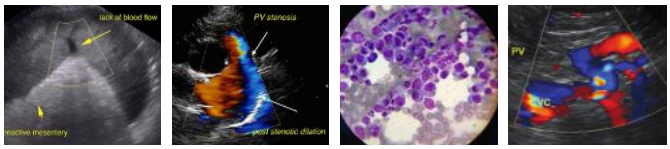

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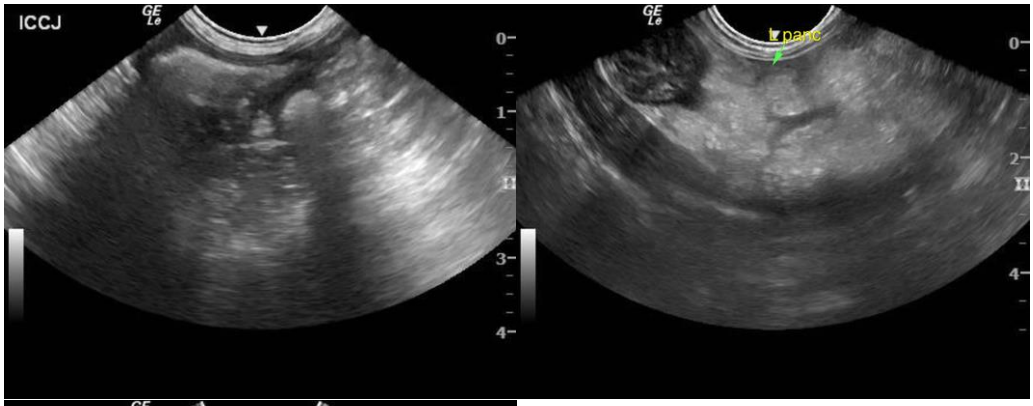

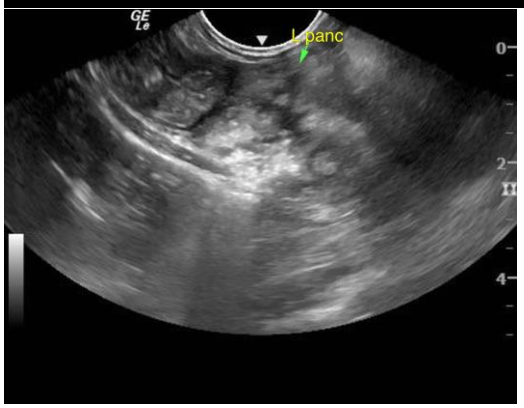

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com