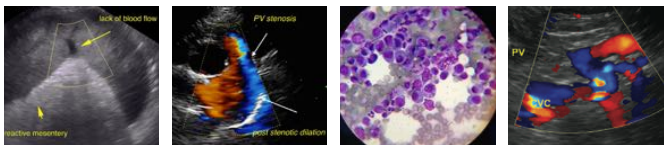

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1-800-838-4268 info@sonopath.com

PATIENT

Barley Roy

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

11 years

WEIGHT

16kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Calgary Holistic Veterinary Clinic

REFERRING VET

Dr. Qi

INVOICE

10188

DATE

4/20/2023

PRESENTING CLINICAL SIGNS

Significant weight loss. Hx of pancreatitis. Not eating. Mildly elevated liver enzymes. Very high amylase/lipase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was 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 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. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.3 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 0.54 cm width at the cranial pole and 0.60 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 0.66 cm width at the cranial pole and 0.55 cm width at the caudal pole.

Spleen

The spleen exhibited a generalized mild non-homogenous splenic parenchyma. Areas of mild capsule asymmetry was noted. The splenic vasculature at the hilus was normal. The spleen was possible borderline volume contracted. Acute to chronic inflammatory, neoplastic, splenic masses, or benign parenchyma changes were not noted.

Liver/ Gallbladder

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 mild echogenic, non-organized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with a 1:3 muscularis/mucosa ratio. Minor segmental intestinal ileus was present. The lumen of the small intestine contained segmental ingesta and gas with no signs of obstruction, or foreign material.

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

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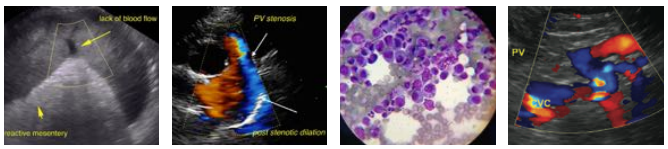

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Pancreas

The base of the pancreas and right limb are variably prominent in size with mild capsule symmetry non-homogenous parenchyma compared to the adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, no overt lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

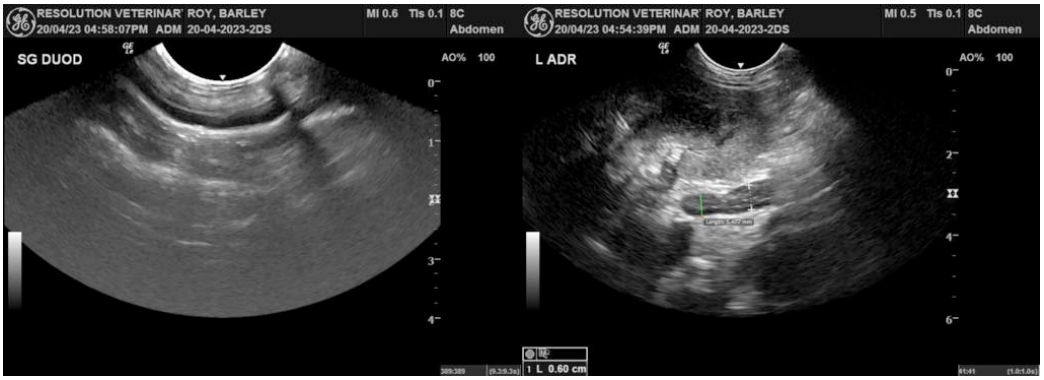
Primary Findings

- Mild age-related kidneys
- Prominent to irregular non-homogenous right pancreas – consistent with possible chronic active pancreatitis with associated remodeling. No evidence of pancreatic neoplastic criteria.
- Gastroenteritis pattern
- Low-grade benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Subjective age-related spleen with possible mild volume contraction – no evidence of splenic neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A Gi panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of suspected chronic pancreatitis. As well as occult intestinal disease as a contributing factor to the patient's weight loss. 3-view chest radiographs are recommended to rule out occult thoracic pathology as the contributing factor.

Empirically, as-needed gastrointestinal support and therapy for chronic pancreatitis/gastroenteritis would be reasonable. No overt evidence of intraabdominal neoplastic criteria. Sonographic reassessment of the gastrointestinal tract and pancreas is recommended if non-response to conservative therapy for gastroenteritis/chronic pancreatitis or if progressive weight loss.



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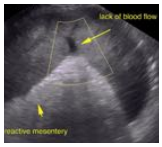
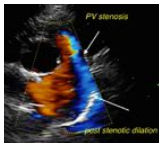
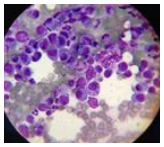
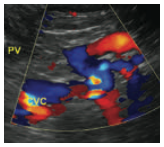

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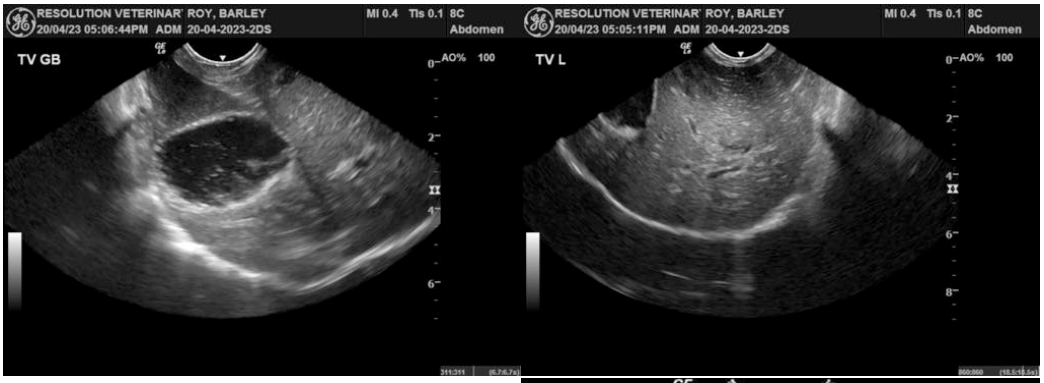

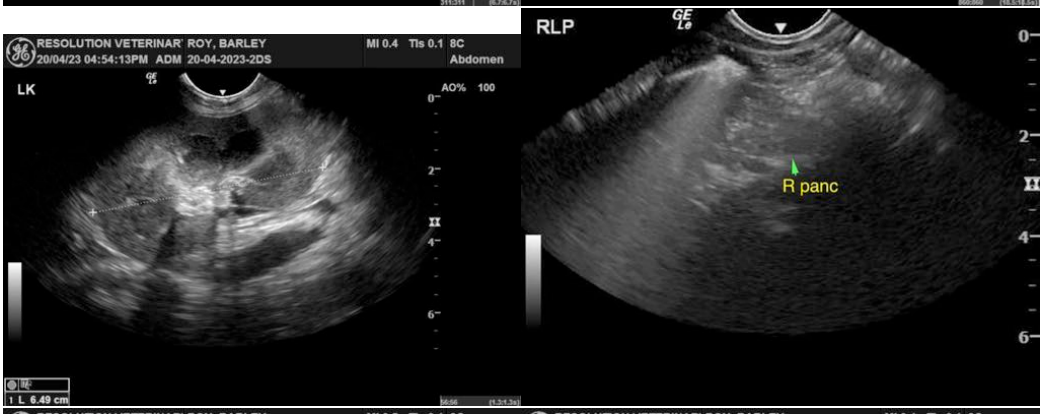

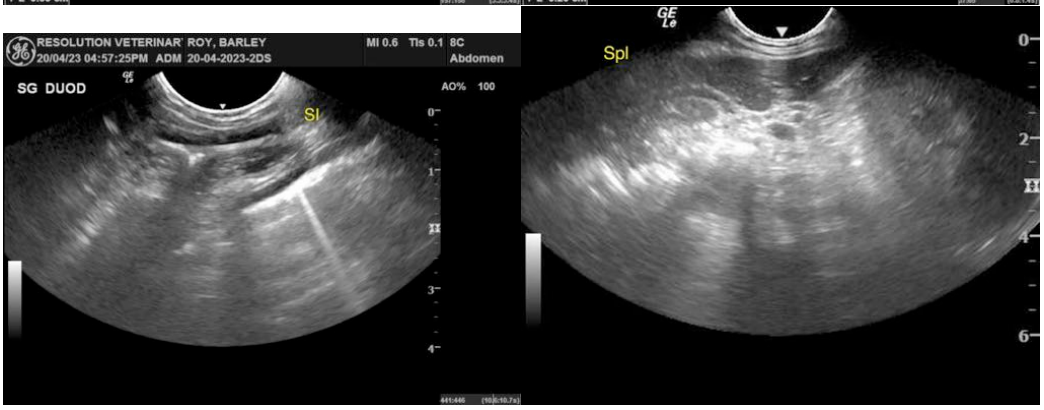

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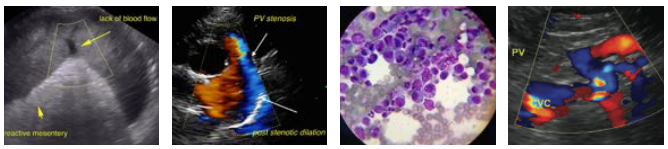

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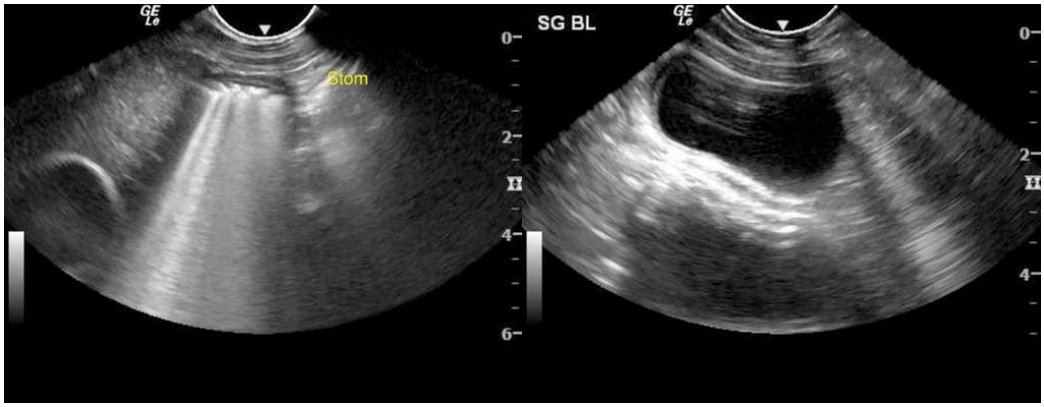

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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