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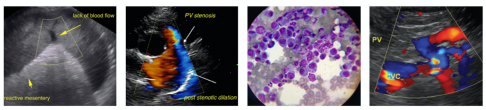

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PATIENT

Rupert Lapinskas

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

9 Years

WEIGHT

15.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Barnstable AH

REFERRING VET

Dr. Mary Ware

INVOICE

37145

DATE

4/25/22

PRESENTING CLINICAL SIGNS

Recently treated for pancreatitis - now doing well. Recovery was slow - AUS to evaluate the abdominal cavity. Also, had bilateral cruciate repairs and was placed on Galliprant with Carprofen as needed. Has been on Novox and Galliprant for years now despite wrnings of using 2 NSAIDs at once can cause GI effects such as ulceration. Also, has a grade III-IV/VI systolic murmur - echocardiogram to assess for heart disease. ALT 272; spec PLI 400. BP: 180 mmHg. *Sedated with torbugesic Bi-cavity ultrasound studies

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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. The prostate measured 0.73 cm in diameter.

Normal size and margination was 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 5.1 cm. The left kidney measured 4.4 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 0.55 cm at the cranial pole and 0.72 cm at the caudal pole.

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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size. Gallbladder walls were overtly normal. Primarily anechoic content with mild inspissated hyperechoic debris, primary in the gallbladder neck.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained chyme and fluid present. No overt evidence of gastric mural pathology such as ulceration.

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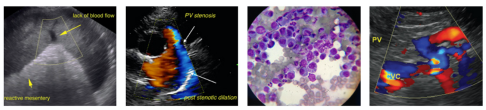

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.45 cm. Jejunum wall measured 0.30 cm.

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

A small pocket of very scant free fluid noted in the left lateral abdomen, adjacent to the caudolateral spleen. No other evidence of peritoneal free fluid, omental masses, or lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

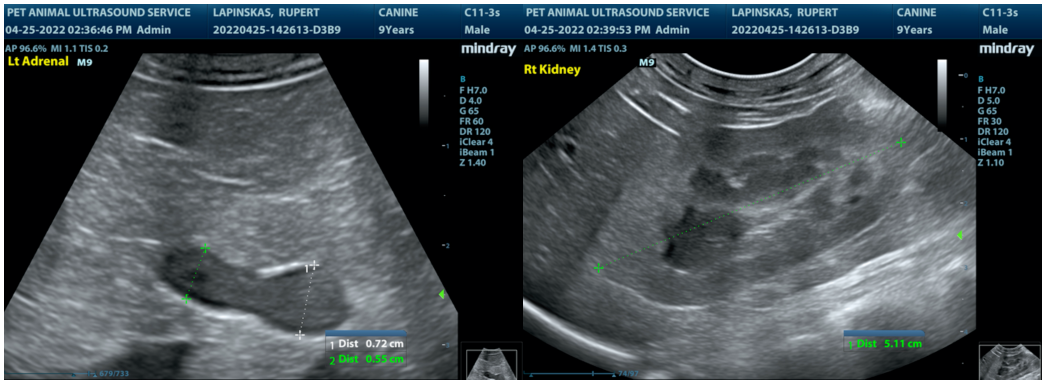
- Vacuolar hepatopathy pattern – subjectively benign.
- Mild inspissated gallbladder debris, non-mucocele
- Minor pancreatic remodeling
- Small pocket of very scant perisplenic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology with primarily mild age related to benign changes. Likewise, no evidence of persistent active pancreatitis. The minor pancreatic remodeling may indicate parenchymal changes secondary to previous pancreatitis epidosde, while the possibility of low-grade to chronic pancreatitis, which may present essentially sonographically normal, cannot be excluded.

Correlation with clinical signs and assessment/monitoring for evidence of cranial abdominal/subxiphoid discomfort on palpation. If persistent/progressive hepatic enzyme elevations, hepatosupportive medications including Ursodiol, given the presence of gallbladder debris, may prove beneficial. Potential for low-grade residual inflammatory hepatopathy possible, given the ALT elevation.

The focal small pocket of minor peritoneal free fluid is of unclear clinical significance, yet likely incidental assuming normal albumin levels.



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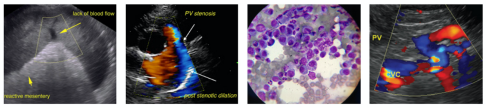

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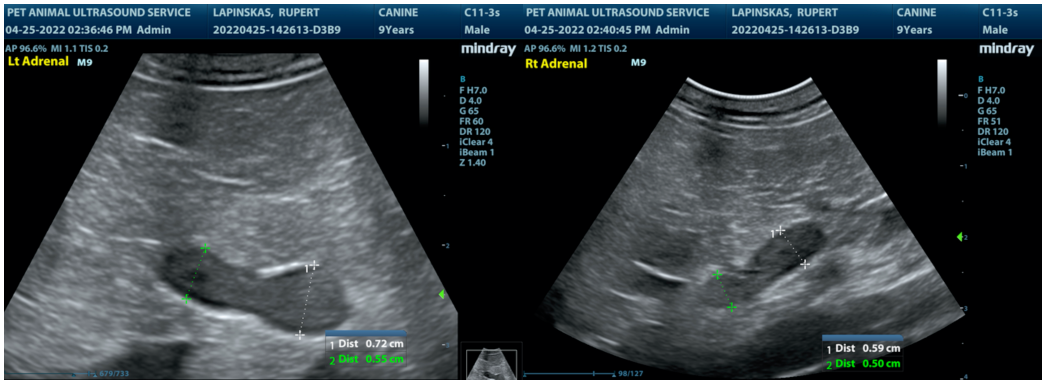

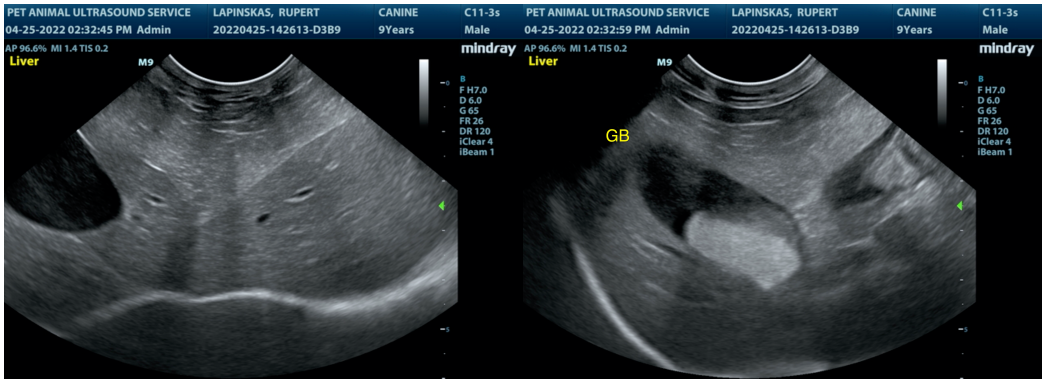

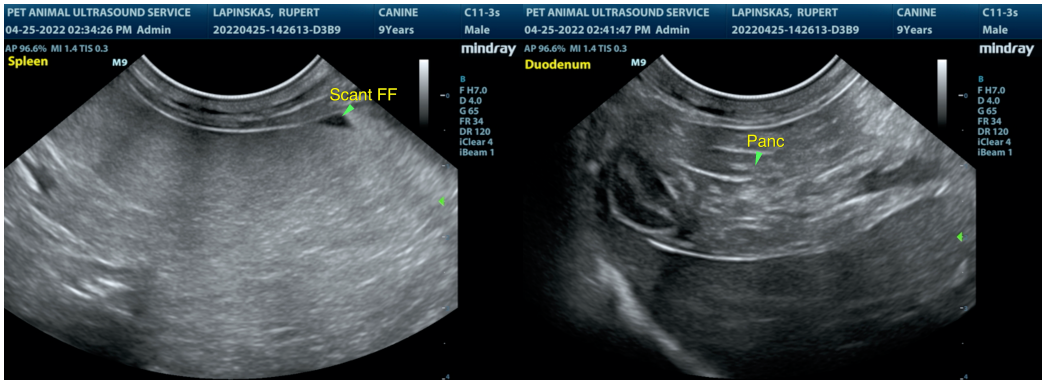

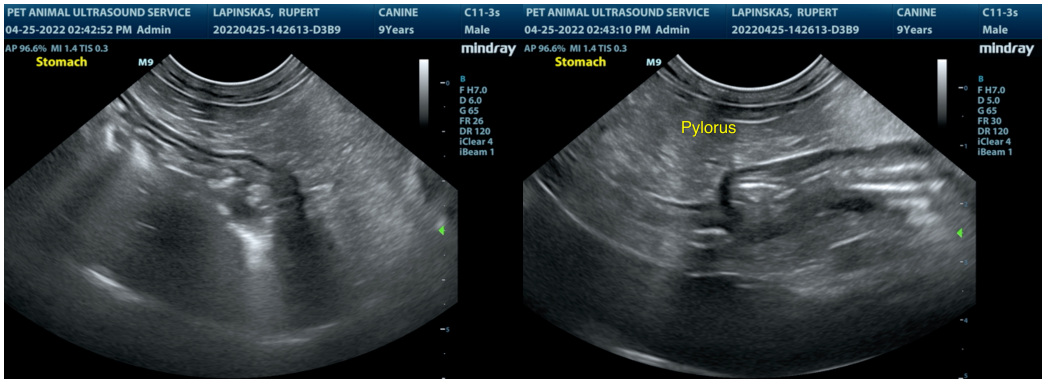

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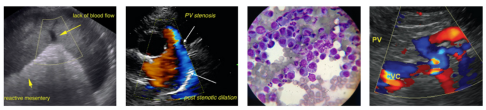

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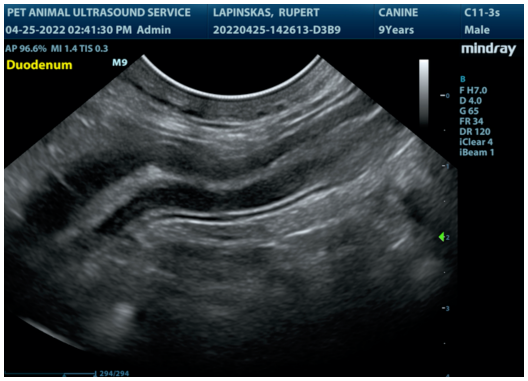

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com