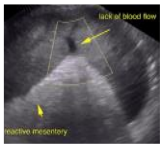
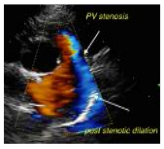
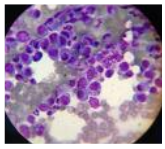
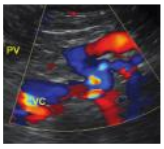
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Hugo Cort

SPECIES

Canine

BREED

American Staffie

SEX

MN

AGE

3

WEIGHT

81.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

16522

DATE

4/6/23

PRESENTING CLINICAL SIGNS

lethargy, decreased appetite vomited white foam Hx of pancreatitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 6.8 cm in length. The right kidney measured 6.7 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. The right area of the right adrenal gland was free of overt pathology, although not definitively visualized owing to patient size and conformation.

Spleen

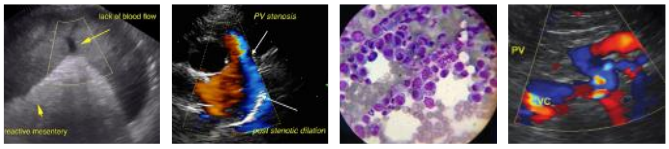
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with scant, retained anechoic pyloric fluid. The ventral gastric body wall width measured 0.68 cm.



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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. No obstructive pattern was noted.

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

Pancreas

The pancreas base and area of the right pancreatic limb exhibiting subtle prominent size with minor capsule asymmetry and mild hypoechoic to nonhomogeneous parenchyma compared to adjacent subjective mild reactive peripancreatic omentum.

Free Abdomen

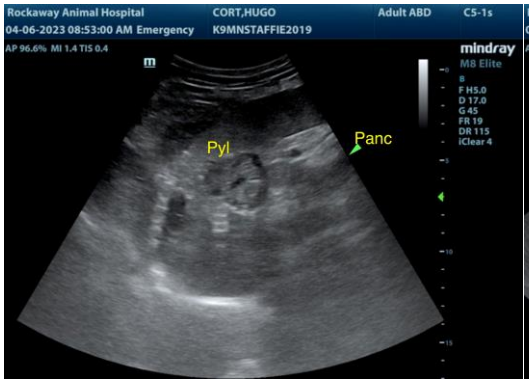
No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

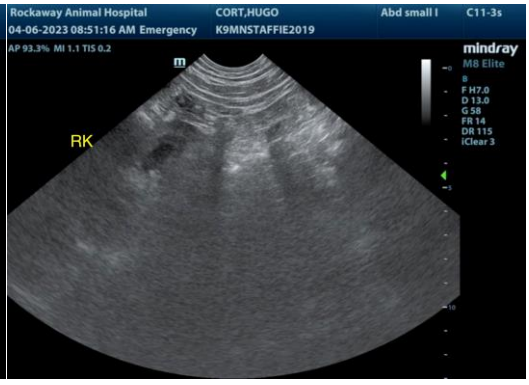
ULTRASONOGRAPHIC FINDINGS

- Mild chronic active pancreatitis pattern with concurrent gastritis
- Sonographically unremarkable small bowel - no obstructive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with a Spec cPL or a full GI panel to include PLI/TLI/Cobalamin/Folate to rule out concurrent occult intestinal disease as a contributing factor is suggested. Supportive care for mild chronic active pancreatitis and gastritis would be reasonable. A resting cortisol level to assess for occult Addison's Disease could be considered if persistent gastrointestinal signs.





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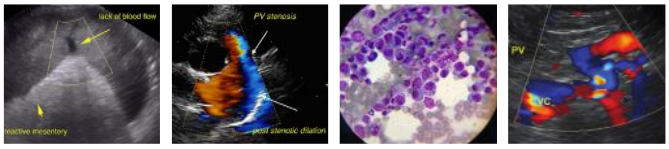

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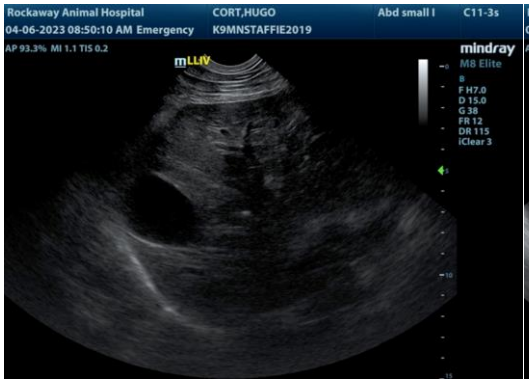

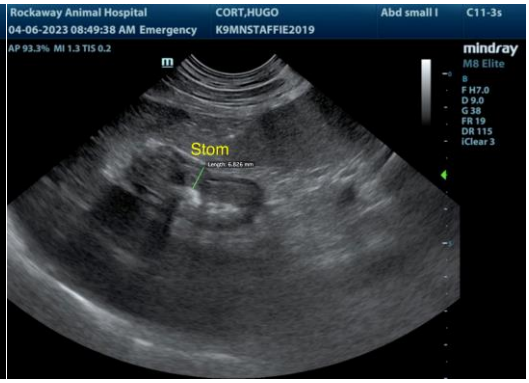

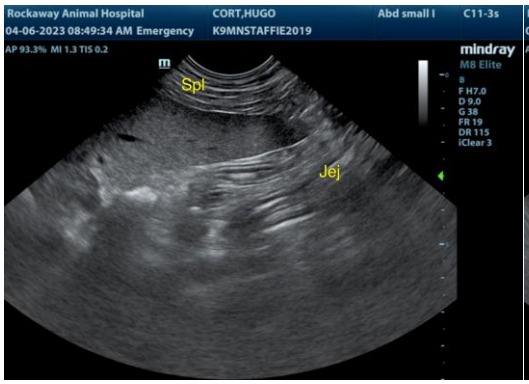

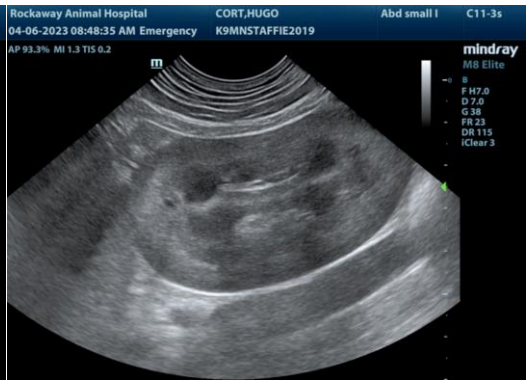

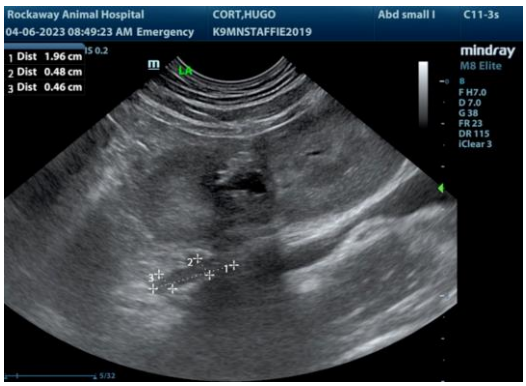

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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