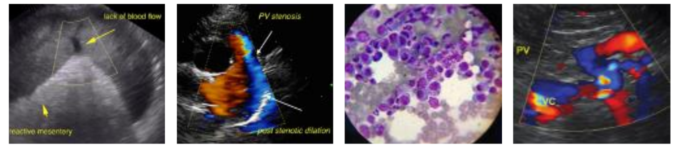


PATIENT

Posie May Paquette

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

S/F

AGE

11y 5m

WEIGHT

21.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Vezzetti

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Julie Vezzetti

INVOICE

16555

DATE

4/8/23

PRESENTING CLINICAL SIGNS

August 2022 had a bout of pancreatitis, seen at another vet for this; also diagnosed at that time with renal kidney disease. Back in December and January, she was given antibiotic injections, Convenia, and oral Metronidazole 250mg (These are completed and no longer taken). To settle her stomach and help with nausea/vomiting, we tried Cerenia. Over the last couple days, she has been more lethargic, vomiting white foam, and she does have some blood in her stool at times. She is still eating, drinking, and taking her meds well.

Abnormal PE/Chem/CBC/UA Results: Azotemia present day of exam, this is mildly worse than previous BW in January. She was painful over the pancreas during ultrasound exam, even though sedated.

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. No evidence of mineral or calculi was noted.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Scant left kidney pyelectasia was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.4 cm in length. Areas of mild medullary mineral were noted in both kidneys.

Adrenal Glands

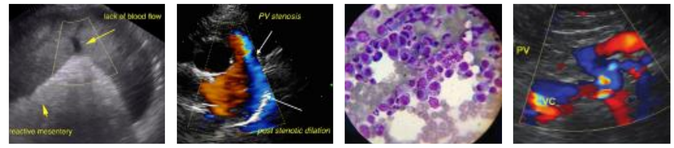
The left adrenal gland was indistinctly visualized with no overt pathology noted. The left adrenal gland subjectively measured 0.49 cm width. No overt pathology was noted in the area of the right adrenal gland.

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.



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Gastrointestinal

The stomach presented intact normal gastric wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta, sonographically consistent with food, without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

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.

Normal visible colon wall layers were present with apparent formed fecal matter 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with gastric ingesta
- Mild heterogeneous pancreas
- Moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology, i.e., significant gastrointestinal mural changes, active pancreatitis, or intraabdominal neoplastic criteria.

The bilateral kidneys are consistent with chronic renal disease / nephropathy. Full urinary workup, if not done, to include screening C/S and baseline UPC level if evidence of proteinuria with an assessment of systemic BP is suggested.

Potential low-grade / chronic pancreatitis, which may present as sonographically normal, may be present given the reported cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL may be considered. Likewise, low-grade inflammatory gastroenteropathy in conjunction with low-grade to chronic pancreatitis is possible. Empirically, CRD therapy with as-needed gastrointestinal support, dietary therapy, and potential conservative therapy for low-grade to chronic pancreatitis would be reasonable.

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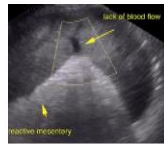
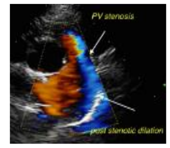

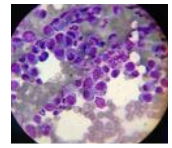
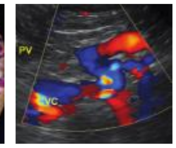

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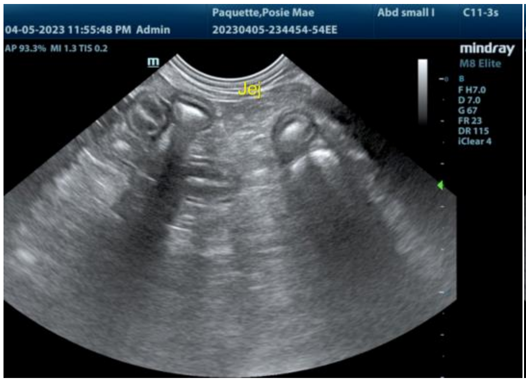

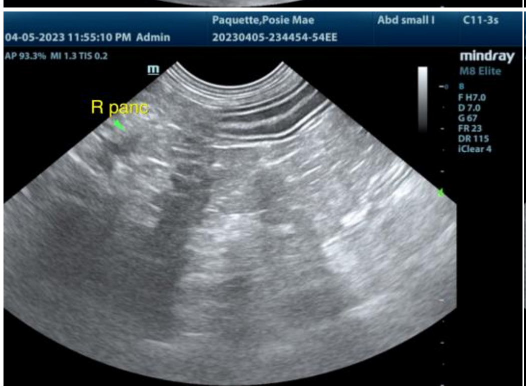

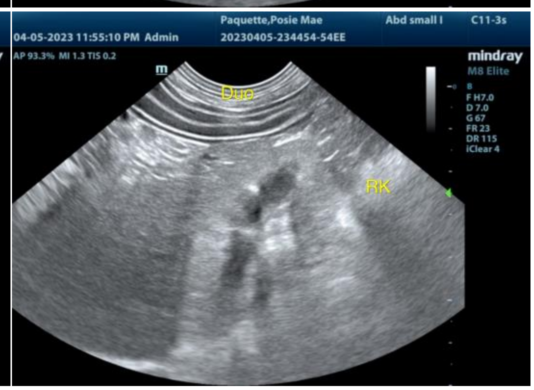

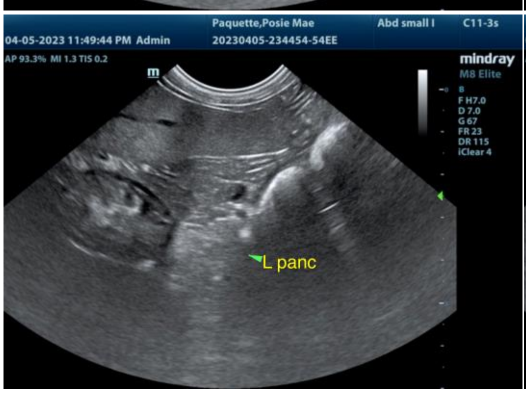

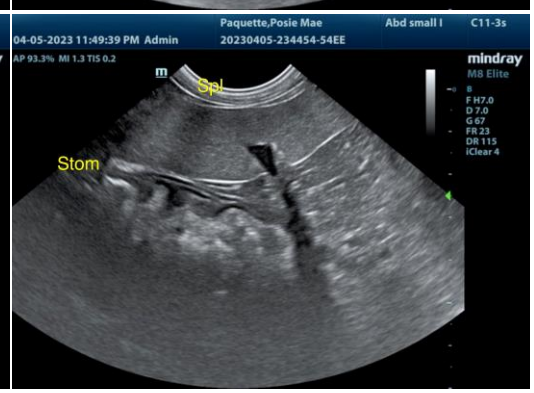

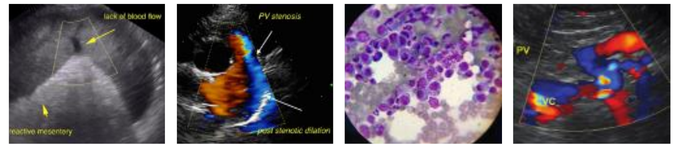

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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