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Clinical Sonography & Telecytology
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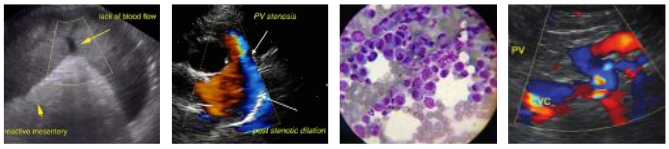

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tinkerbell Mangin

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

11 years

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lipovsky

INVOICE

13865

DATE

5/12/22

PRESENTING CLINICAL SIGNS

Chronic pancreatitis for 3 years. Intermittent flare-ups. On low fat GI diet. Also has chronic vaginitis. Abnormal PE/Chem/CBC/UA Results: PE: abdomen not painful on palpation. Spec CPL (3/2022): >2,000 RADS (11/2022): NSF AUS @ E clinic: possible mass on pancreas

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 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 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 4.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.72 cm width in the caudal pole. The right adrenal gland measured 2.2 cm length x 0.69 cm width in 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls containing primarily anechoic content with very minor nonmineralized luminal debris. The cystic and common bile ducts were normal.

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.

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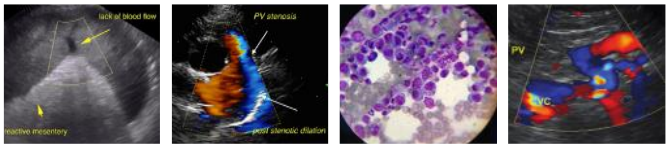

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

Pancreas

The area of the pancreas base and right pancreatic limb exhibited mild prominent size with mild heterogeneous to hypoechoic parenchyma. The left pancreatic limb exhibited concurrent mild prominent size with more heterogeneous to isoechoic parenchyma compared to adjacent peripancreatic omentum with focal hyperechoic nodule-like areas suspected to indicate areas of fibrosis. A small periduodenal pancreatic parenchymal cyst was noted in the right pancreatic limb. The cyst was thinly walled containing anechoic fluid. Subtle evidence of peripancreatic reactive mesentery was noted. No overt tumors were noted.

Free Abdomen

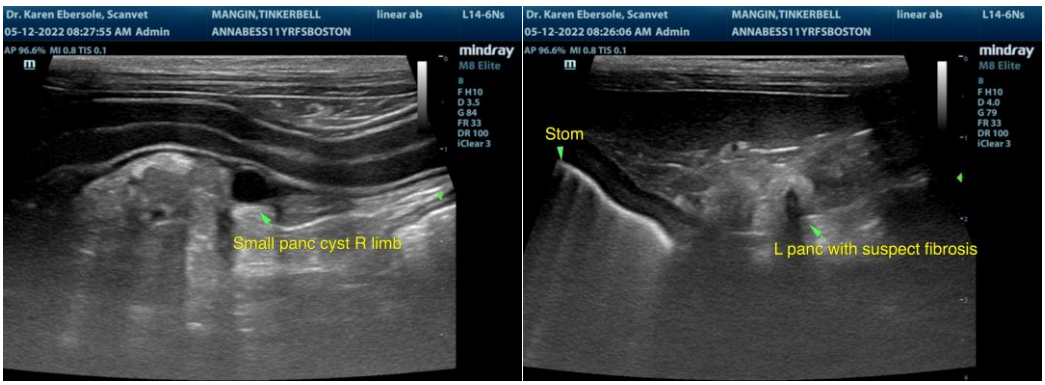
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mixed pattern pancreatitis exhibiting chronic to chronic active pancreatitis criteria with suspect left pancreatic limb fibrosis and small right limb parenchymal cysts
- Overtly normal gastrointestinal tract
- Minor gallbladder debris - likely incidental potentially secondary to fasting
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of pancreatic neoplastic criteria or pancreatic abscess was noted. Continued supportive care and conservative therapy for chronic to chronic active pancreatitis, i.e., dietary therapy, gastroprotectants, etc., would be reasonable. Sonographic monitoring of the pancreas specifically if flair-up Is noted to assess for evidence of progressive inflammatory or parenchymal changes or based on the clinical impression of the patient, is recommended.



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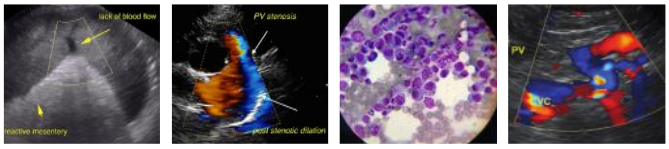

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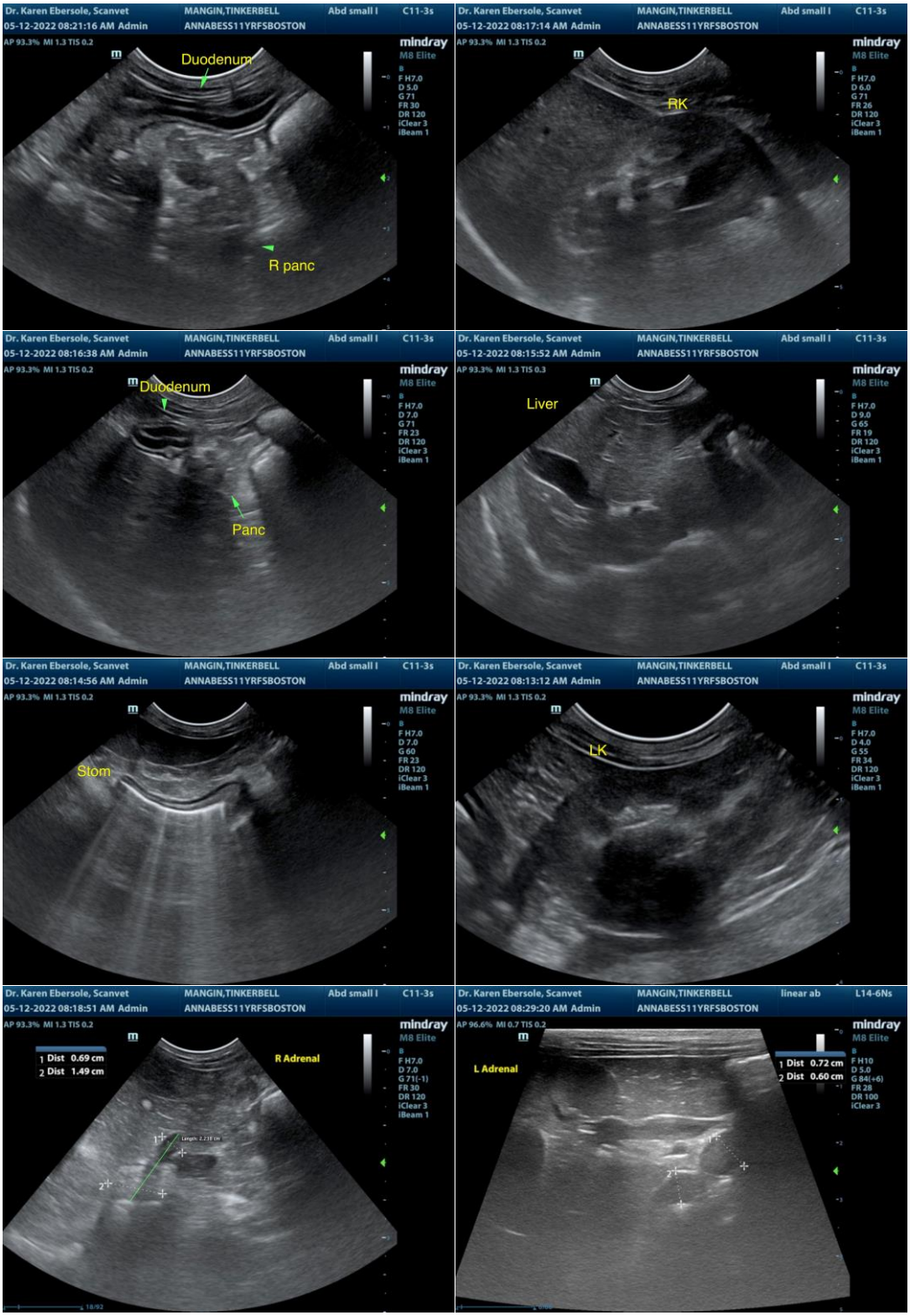

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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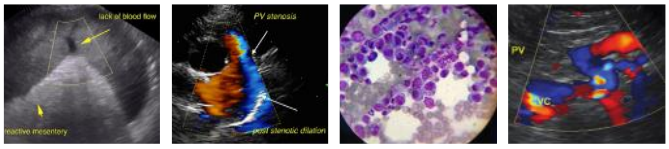

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com