



PATIENT

Murphy Spinks

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

8y

WEIGHT

10.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Hillberg

INVOICE

16761

DATE

5/4/23

PRESENTING CLINICAL SIGNS

Follow up on chronic pancreatitis- P still not wanting to eat or drink Current Medications Hilld I/D food - Gabapentin 100mg PRN , Keppra, but hard for O to give so not consistent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.66 cm in diameter.

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. Mildly indistinct corticomedullary border demarcation was present with variable increased medullary echogenicity including pinpoint areas of medullary mineral. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length. No evidence of pyelectasia was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.40 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 2.0 cm length x 0.40 cm width 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/ 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 containing primarily anechoic content with mild nonorganized, variably echogenic, gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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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 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 left pancreatic limb exhibited subtle nonhomogeneous isoechoic to subtly hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum. The right pancreatic limb exhibited variable hypoechoic to hyperechoic echogenicity with potential for minor surrounding hyperechoic omentum.

Free Abdomen

No omental lymphadenopathy or peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Chronic to chronic active pancreatitis pattern
- Structurally unremarkable gastrointestinal tract
- Mild nonorganized mobile gallbladder debris (non-mucocele)
- Nonspecific chronic renal changes exhibiting increased medullary echogenicity with pinpoint medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to correlate with the sonographic pancreatic presentation, as well as assess for occult intestinal disease as a contributing factor to the patient's inappetence.

Baseline renal staging to include screening C/S and baseline UPC level if evidence of inflammatory sediment or proteinuria on urinalysis.

Hepatosupportive medications may be indicated if evidence of cholestasis. No evidence of intrabdominal neoplastic criteria was noted. Continued empirical therapy for chronic to chronic active pancreatitis is warranted.



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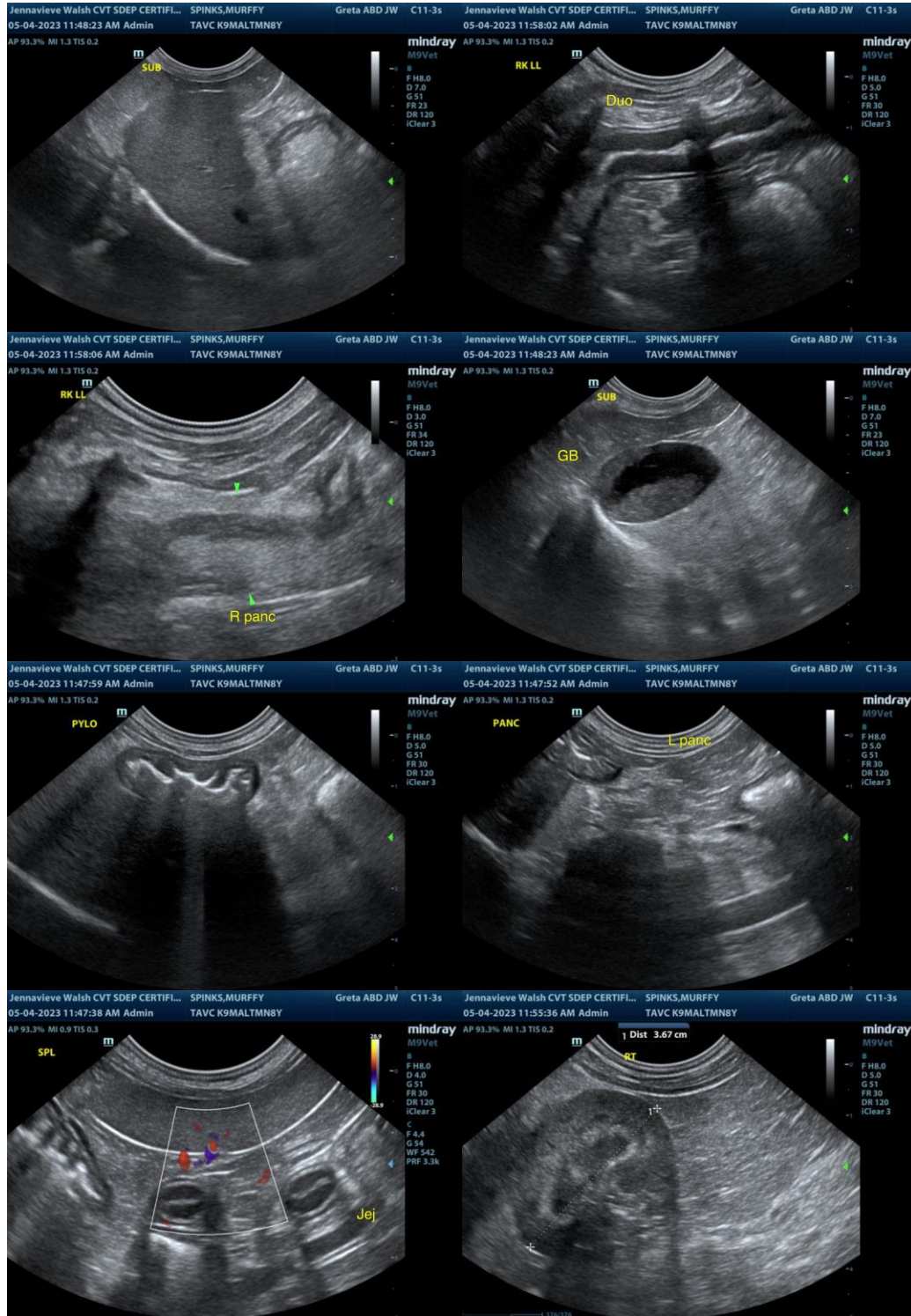
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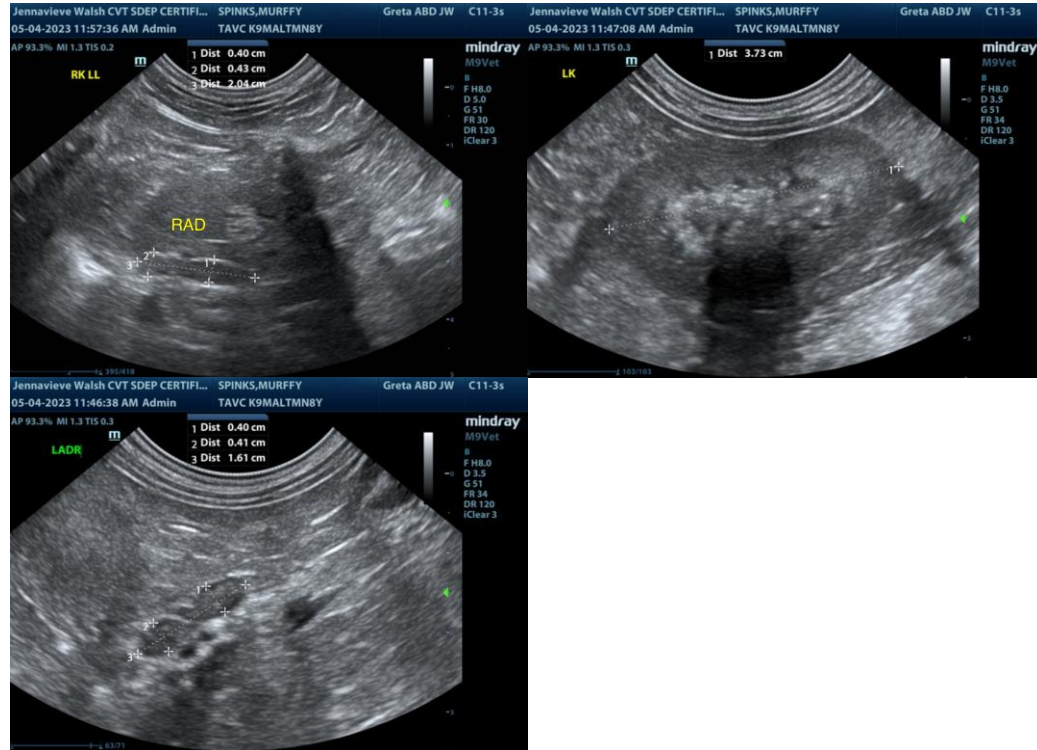
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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