

PATIENT

Chloe Santo

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

12

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

CJAH

REFERRING VET

Dr. Gabriel

INVOICE

13986

DATE

6/2/22

PRESENTING CLINICAL SIGNS

in the past month she is not herself on and off vomiting and diarrhea , losing weight eating little and lethargic having intermittent fever had xray done and was all normal was diagnosed with pancreatitis based on cpl snap 2 weeks ago ,chem wnl cbc shows mild neutropenia 2 weeks ago
Abnormal PE/Chem/CBC/UA Results: new cbc ,chem : pending

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. 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. No overt evidence of medial iliac or sublumbar lymphadenopathy was present.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of minor medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

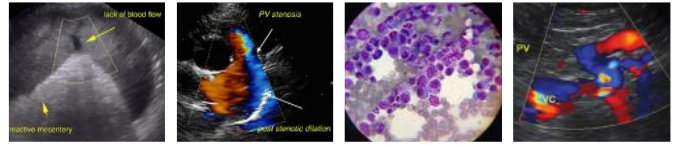
Both the left and right adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.49 cm caudal pole width. The right adrenal gland subjectively measured 0.51 cm caudal pole width.

Spleen

The spleen was normal in size with areas of medial capsule asymmetrical contour and generalized mild heterogeneous splenic parenchyma exhibiting pinpoint to focal hyperechoic foci to mild nodules which may indicate pinpoint to focal areas of fibrosis, microinfarction, emerging mineralization or myelolipomas. No splenic masses were 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 subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing moderate, congealed yet nonorganized, mildly hyperechoic luminal debris. No evidence of peripheral gallbladder inflammation was noted.



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Gastrointestinal

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The stomach presented intact yet mildly prominent to thickened regional wall layering noted in the gastric body, antrum, and pylorus. The ventral gastric body wall width measured 0.52 cm. The stomach was empty with mild luminal gas.

SPECIES

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The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with intermittent duodenojejunal mucosal speckling. No evidence of small intestinal mechanical / metabolic ileus was noted. The duodenum wall width measured 0.44 cm. The jejunum wall width measured 0.30 cm.

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

FS

Pancreas

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The area of the pancreas base and right pancreatic limb exhibited mild nonuniform to hyperechoic pancreatic parenchyma.

12

Free Abdomen

WEIGHT

Multiple mildly enlarged subjective pancreaticoduodenal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.2 cm x 0.65 cm. No free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild nonhomogeneous to asymmetrical spleen - nonspecific
- Moderate congealed gallbladder debris - possible cholecystitis, not overtly consistent with active mucocele
- Chronic pancreatitis pattern with subjective associated pancreaticoduodenal lymphadenopathy
- Gastritis / gastroenteritis pattern

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Secondary Findings

- Hepatic parenchymal remodeling
- Bilateral chronic renal changes with minor medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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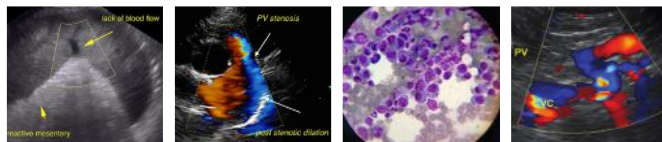
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The nonhomogeneous to mild asymmetrical spleen may indicate age / patient variant, hyperplasia, hematopoiesis, incidental splenitis, with neoplastic criteria thought less likely yet cannot be definitively excluded. Given the patient's weight loss and assuming normal clotting status, ultrasound guided splenic FNA for screening cytology primarily to ensure only benign changes are present could be considered.

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Correlation with hepatic and gallbladder presentation with pending lab work is suggested. No overt evidence of hepatobiliary neoplasia was noted.



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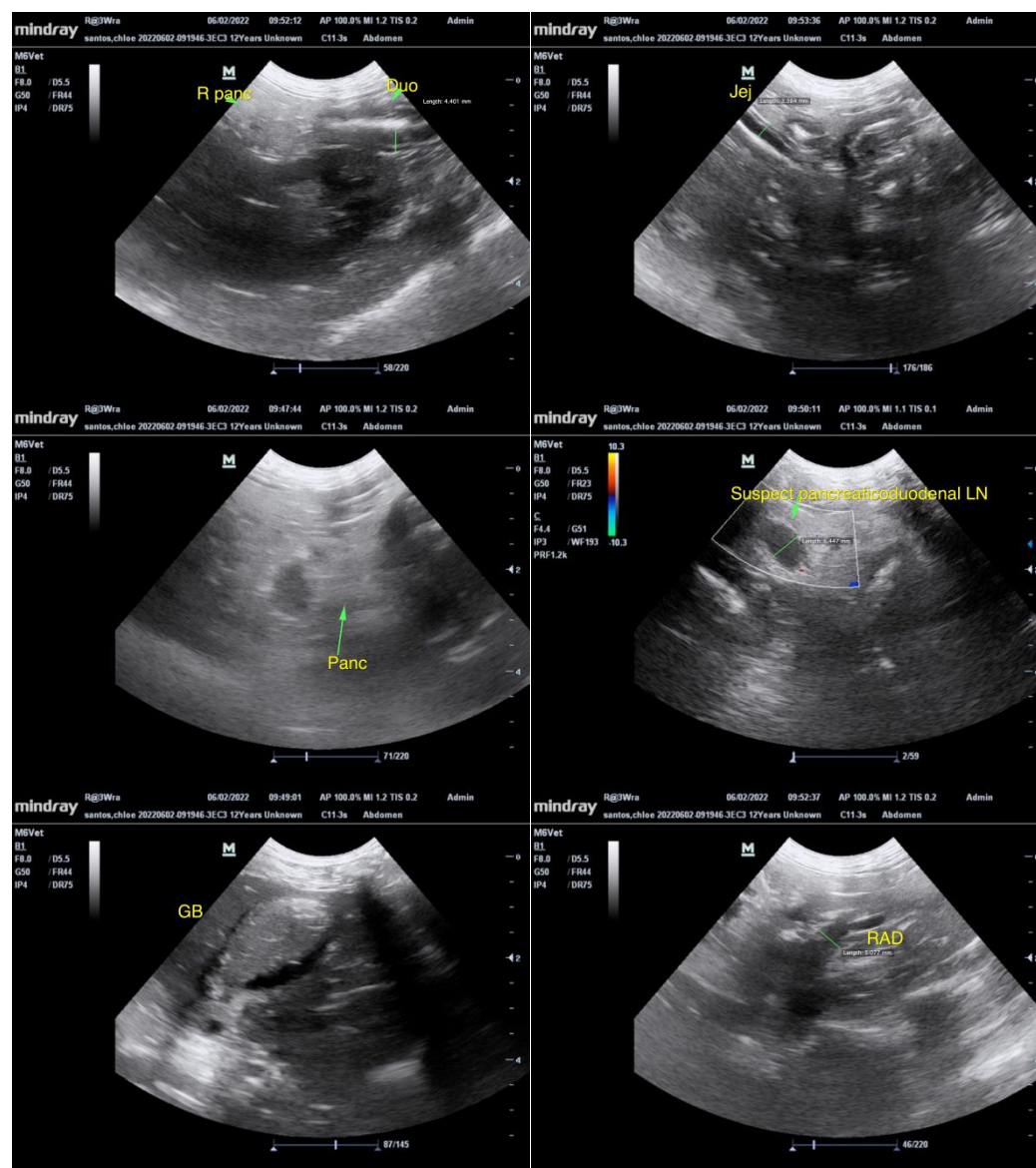
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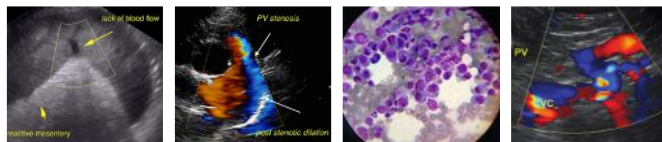
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Although chronic pancreatitis is suspected, a contributing factor to the patient's clinical signs may include nonspecific underlying inflammatory gastroenteropathy. The possibility of occult or emerging gastrointestinal neoplasia is thought less likely yet cannot be definitively excluded.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. If not done, three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's weight loss. Empirically, continued therapy for chronic pancreatitis, and gastroenteritis with as-needed gastrointestinal support +/- Metronidazole/Zithromax combination, given the possibility of pancreaticoduodenal lymphadenitis, and assessment of clinical response would be reasonable.





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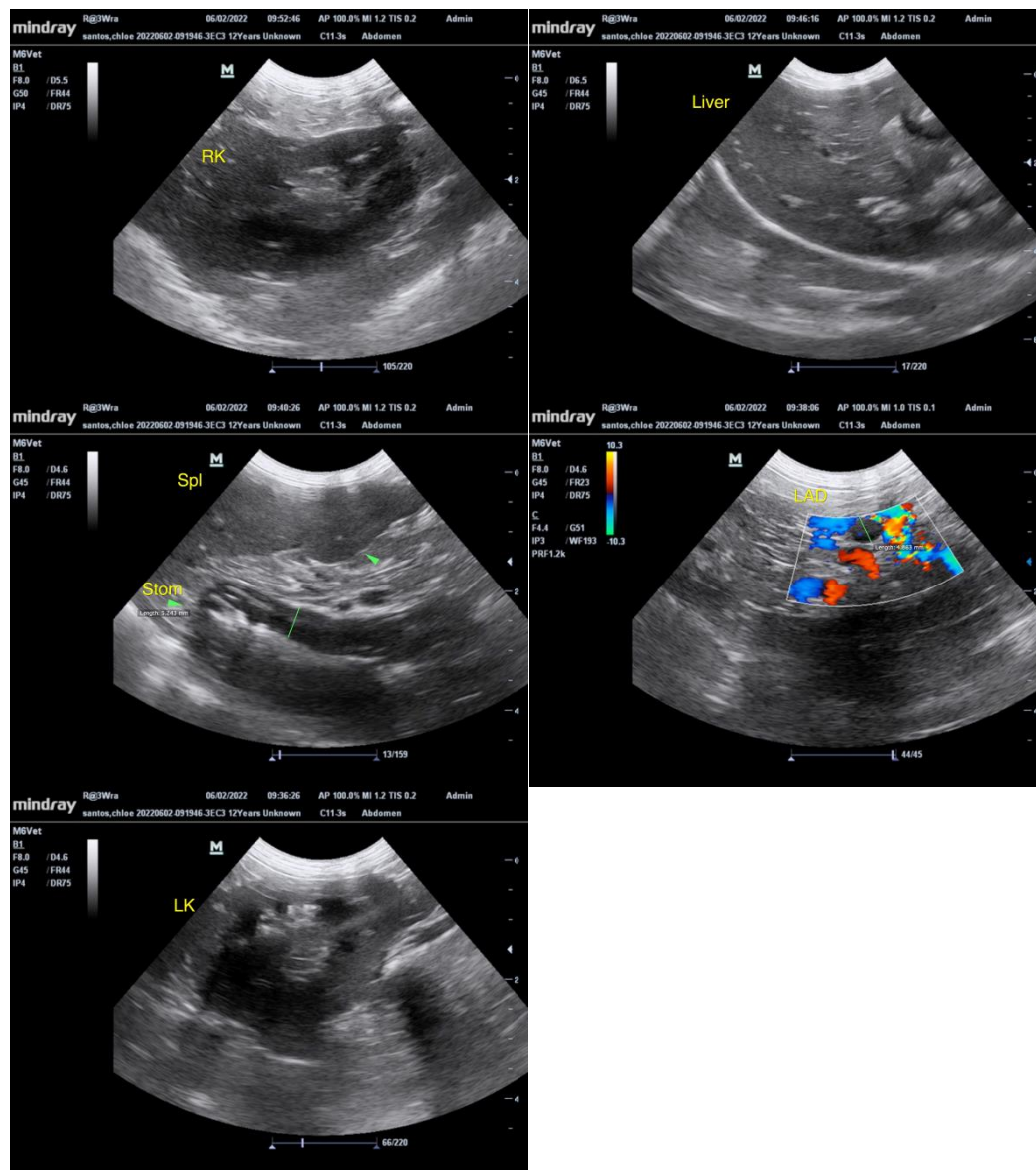
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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