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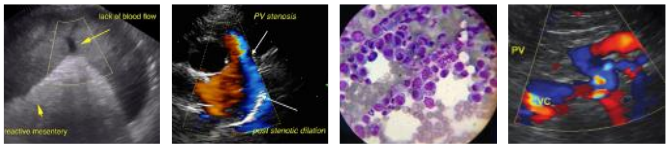
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Finley Lavoie

SPECIES

Canine

BREED

Greyhound

SEX

MN

AGE

11 years

WEIGHT

38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Healing Traditions Vet Clinic

REFERRING VET

Dr. Vockeroth

INVOICE

17211

DATE

6/29/23

PRESENTING CLINICAL SIGNS

3 week history of restless behaviour, hunching posture, downward dog. Vomited on Sunday several times. Has had mild azotemia last 2 years. Primary concern for abdominal pain daily.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and asymmetrical margination were present in the kidneys. Nonuniform cortex echotexture and cortical infarcts were noted in both kidneys with moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor areas of dystrophic medullary mineral were noted in both kidneys. The left kidney measured 5.4 cm in length. The right kidney measured 6.6 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 0.77 cm width at the caudal pole and 0.79 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.

Spleen

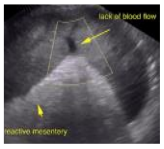
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

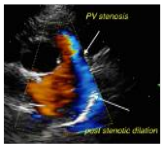
Liver/ Gallbladder

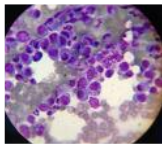
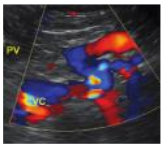
The liver was subjectively normal in size, structure, and contour. The liver parenchyma echogenicity was normal exhibiting mild to moderate coarse echotexture and minor parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained mild gastric ingesta and lumen gas without signs of obstruction or foreign material.





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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 left pancreatic limb was variably enlarged to irregular, exhibiting capsule asymmetry, nonhomogeneous mildly hypoechoic parenchyma with left limb pancreatic duct dilation. An unspecified nonhomogeneous nodular to small mass-like lesion was noted in the proximal left pancreatic limb measuring ~3.0 cm in diameter. Potential focal cystic component associated with the lesion is possible. No overt evidence of peripheral left pancreatic limb omental reactivity or inflammation.

Free Abdomen

No overtly visualized or significant omental lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild dystrophic medullary mineral and cortical infarcts
- Prominent to irregular left pancreatic limb exhibiting nonhomogeneous parenchyma and pancreatic duct dilation
- Unspecified nonhomogeneous nodular to mass-like lesion proximal left pancreatic limb
- Minor hepatic parenchymal remodeling
- Structurally unremarkable gastrointestinal tract with mild gastric ingesta / gas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of potential abdominal discomfort is most likely associated with the left pancreas. Considerations may include suspect chronic to chronic active left limb pancreatitis with parenchymal remodeling, hyperplasia, necrosis / consolidated abscess with the potential for emerging proximal left pancreatic limb mass. Ideally, FNA cytology of the left pancreatic limb nodule to mass-like lesion is recommended for screening cytology and potential further clarification, yet may be precluded owing to patient size, conformation, and depth of the pancreatic lesion.

Abdominal CT may be ideal for further assessment and sampling. Empirical chronic to chronic active pancreatitis protocol with as-needed gastrointestinal support and serial sonographic monitoring of the left pancreatic limb for evidence of progressive changes would be reasonable. Three-view chest radiographs are suggested if not recently done. Full UA with renal staging to include screening C/S, as well as baseline UPC level is recommended.

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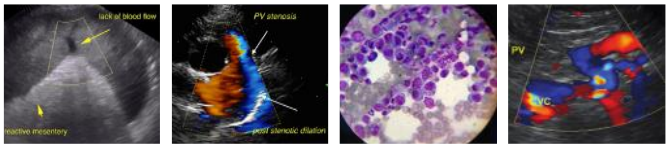

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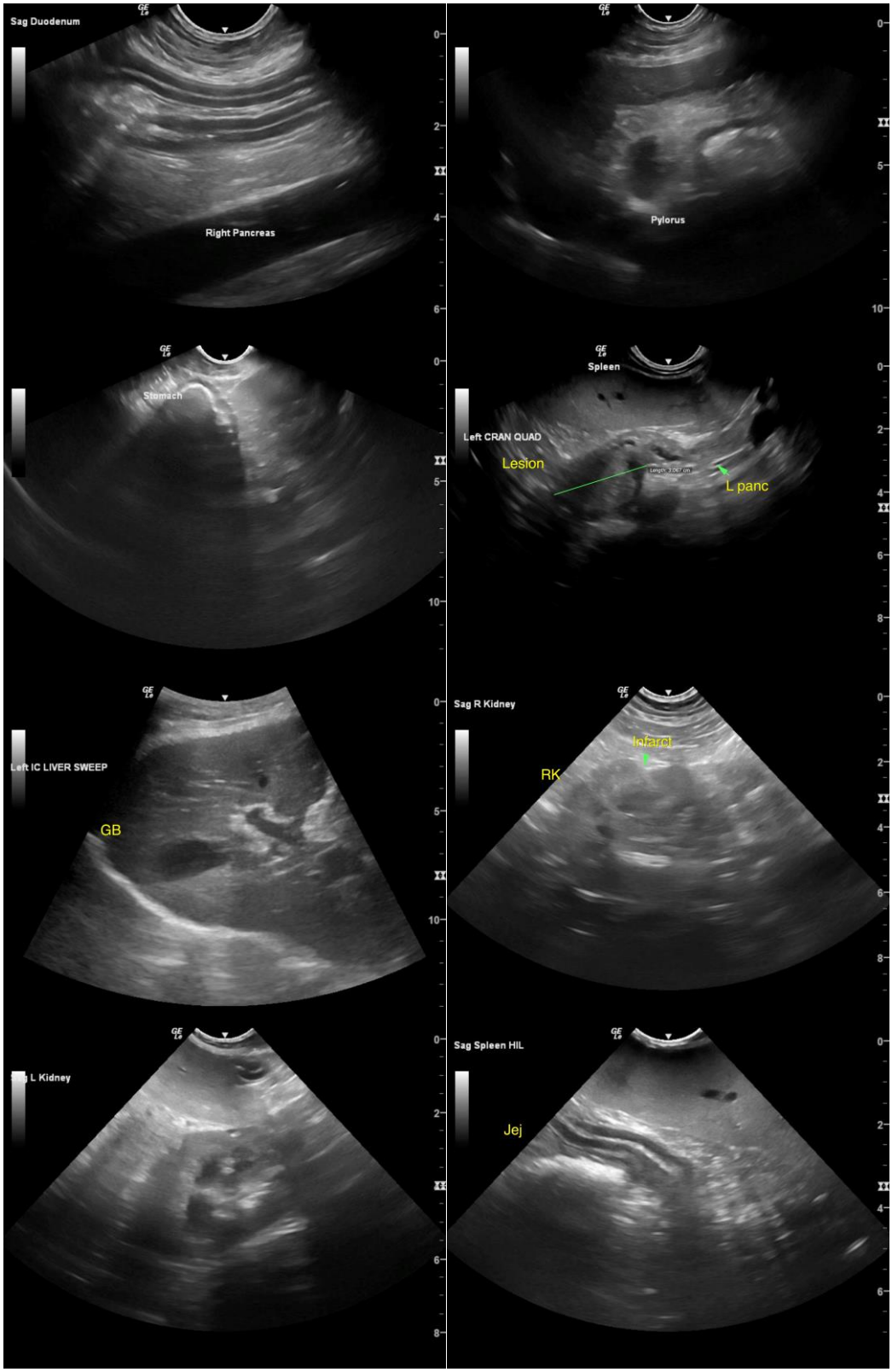

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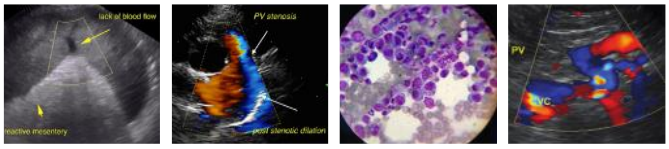

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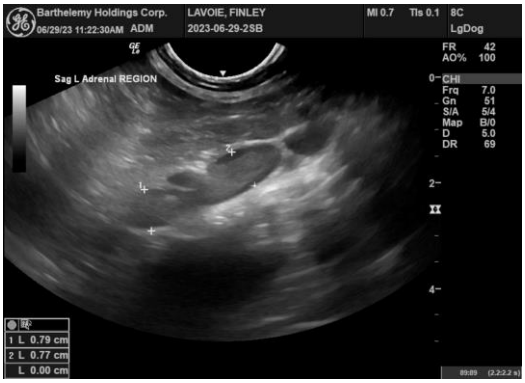

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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