



PATIENT

Aramis Ritledge

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neuter

AGE

10

WEIGHT

1.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

South Pointe AH

REFERRING VET

Dr. Mizen

INVOICE

14046

DATE

6/8/22

PRESENTING CLINICAL SIGNS

Lethargic Inappetent muscle wasting dispondent

Abnormal PE/Chem/CBC/UA Results: Marked neutrophilia hyperglycemic and marked elevation of ALT

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.

No overt pathology was noted In the area of the residual prostate.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape subjectively measuring 0.44 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was overall normal in size with areas of asymmetrical lateral and medial capsule contour. Generalized moderate splenic parenchyma heterogeneity exhibiting intermittent indistinct to subtle hypoechoic nodular changes were present. An example of a splenic nodule measured 0.28 cm in diameter.

Liver/ Gallbladder

The liver presented normal in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. The gallbladder was non-distended in size with mildly prominent to echogenic gallbladder walls containing primarily anechoic content with mild luminal debris. Suspect segmental moderate to marked common bile duct dilation at the level and dorsal to the descending duodenum. Potential for right lateral to caudate hepatic intraparenchymal cyst is possible. Common bile duct dilation potentially measured 1.0 cm. However, the gallbladder size was not overtly consistent with post hepatic obstruction.



PATIENT

Aramis Ritledge

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neuter

AGE

10

WEIGHT

1.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe AH

REFERRING VET

Dr. Mizen

INVOICE

14046

DATE

6/8/22

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present. Potential for generalized colonic distention with semi-formed feces was noted.

Pancreas

The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia. Regional peripancreatic to cranial abdominal hyperechoic mesentery was present potentially extending into the mid cranial abdomen.

Free Abdomen

Mild volume peritoneal free fluid exhibiting mild echogenic changes was present. No evidence of overt or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Severely heterogeneous nodular to irregular liver - chronic Inflammatory hepatopathy i.e., chronic active hepatitis, given the marked elevation of ALT, immune-mediated disease, generalized fibrosis, areas of nodular hyperplasia, hematopoiesis, concurrent vacuolar hepatopathy or infiltrative neoplasia are possible
- Nondistended gallbladder with suspect segmental common bile duct dilation - suspect cholangitis
- Hyperechoic to mixed echogenic pancreas base and right pancreatic limb with suspect regional peripancreatic peritonitis - mixed pattern pancreatic inflammation, pancreatic fibrosis, while the possibility of pancreatic neoplastic criteria cannot be excluded
- Gastroenteritis pattern
- Heterogeneous to indistinctly nodular spleen - hematopoiesis, hyperplasia, splenitis, potential splenic infarcts, or emerging splenic neoplastic criteria possible
- Scant to mild volume peritoneal free fluid exhibiting mild subjective echogenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle for screening cytology could be considered. If possible, abdominocentesis for collection of abdominal fluid for analysis, cytology +/- C/S, If evidence of inflammatory cells, is recommended. Potential for peritonitis or possible carcinomatosis, lymphomatosis presentation.



PATIENT

Aramis Ritledge

Aggressive empirical therapy for mixed pattern pancreatitis with hepato-gastrointestinal support would be reasonable. However, given multi-organ sonographic abnormalities, a very guarded to potentially unfavorable prognosis is indicated.

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neuter

AGE

10

WEIGHT

1.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe AH

REFERRING VET

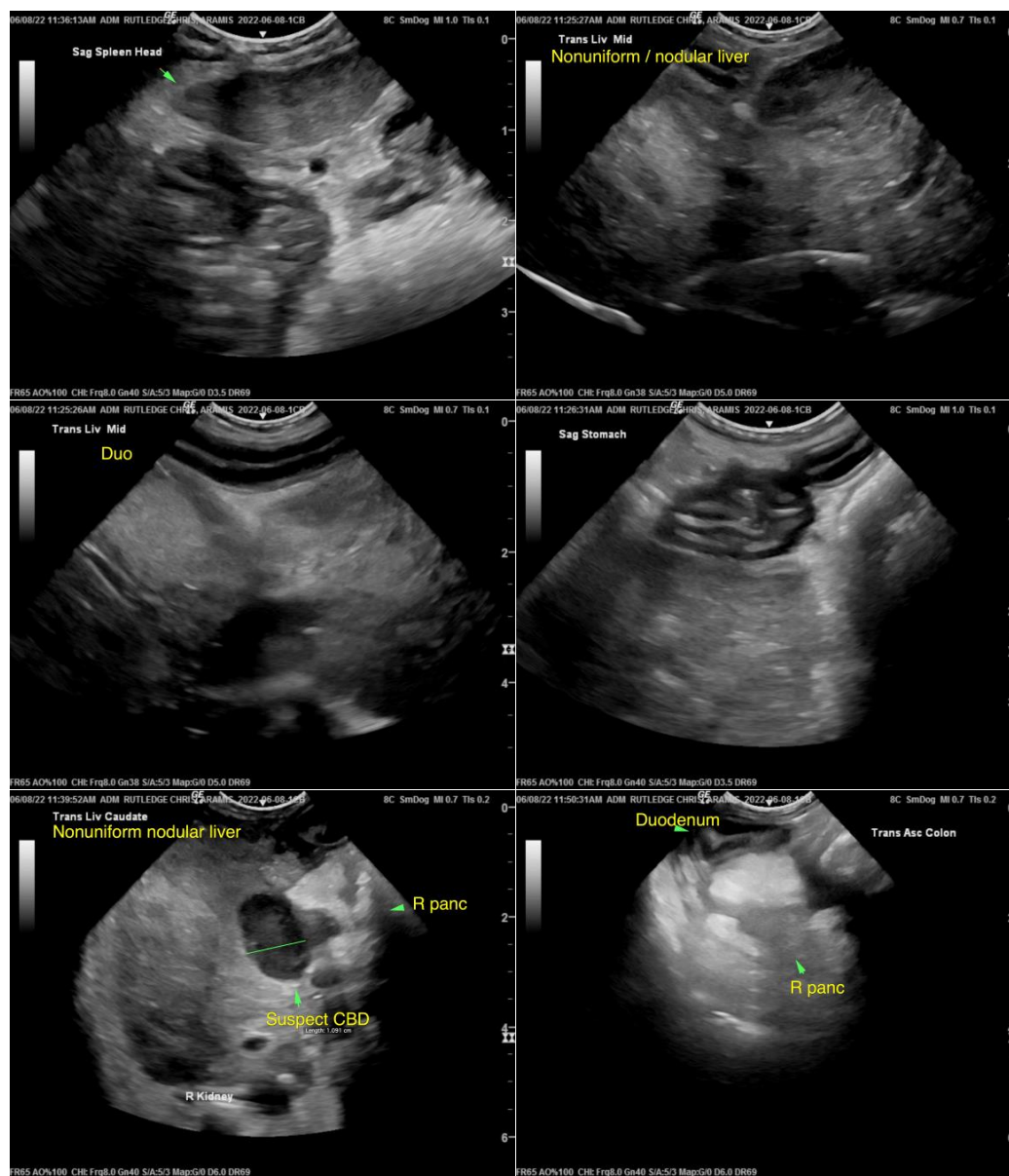
Dr. Mizen

INVOICE

14046

DATE

6/8/22





PATIENT

Aramis Ritledge

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neuter

AGE

10

WEIGHT

1.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe AH

REFERRING VET

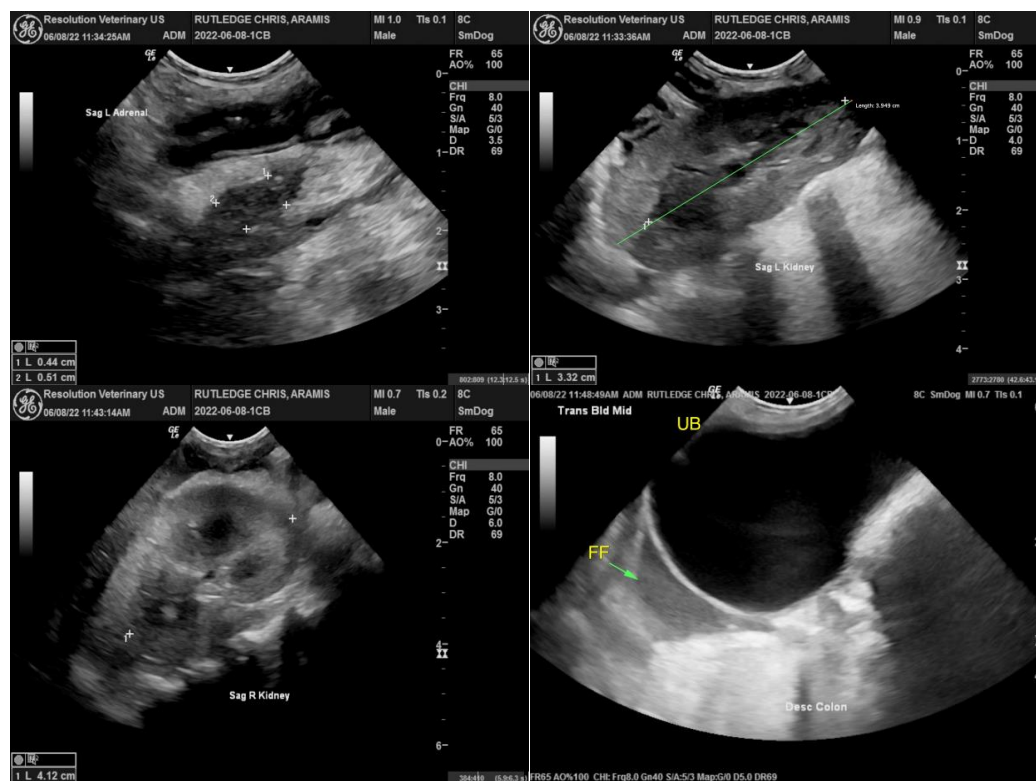
Dr. Mizen

INVOICE

14046

DATE

6/8/22



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