



PATIENT

Henry Urlacher

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

4yr

WEIGHT

17.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

11104ag

DATE

07/12/2022

PRESENTING CLINICAL SIGNS

History: Hx of pancreatitis diabetes IBD His current medication list: Prednisolone 2.5mL twice daily (just upped friday nite from 1.8mL twice daily) Metronidazole 1.2mL twice daily Metoclopramide 5mg three times daily Famotidine 5mg twice daily Vetsulin 6u twice daily (when he eats a full meal) B12 injections every Sunday night Presented today for decreased appetite over the last 12 days. O noticed the appetite change around 4th of July weekend when there were a lot of fireworks and storms. Only other change O noted was P is on a pred susp, had been on oil based, pharmacy has switched P to water based and when switching back to oil based is right around the time decreased appetite began. Labs 7-7-22 GLU 339, CBC wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention, sonographic evaluation of bladder walls was limited. The trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelonephritis. The left kidney measured 5.3 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.6 cm width at the caudal pole and 0.38 cm width at the cranial 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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.31 cm in width.

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The small intestine presented intact wall layering with subjective propensity for a mildly prominent mucosa layer exhibiting subtle mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.35 cm in width. The jejunum wall measured 0.30 cm in width.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Mild hepatomegaly-metabolic, reactive or vacuolar (diabetic) hepatopathy suspected
- Mild enteritis/gastroenteritis pattern
- Mild nonhomogeneous pancreas
- Sonographically unremarkable kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the pancreas is not overtly consistent with significant active pancreatitis although low grade to chronic pancreatitis is possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation is present. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potentially prednisone administration may be masking GI mural changes.

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A urine C/S on a sterile urine sample may be considered if evidence of glucosuria. Supportive care for gastroenteritis and potential low grade to chronic pancreatitis would be reasonable.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

REFERRING VET

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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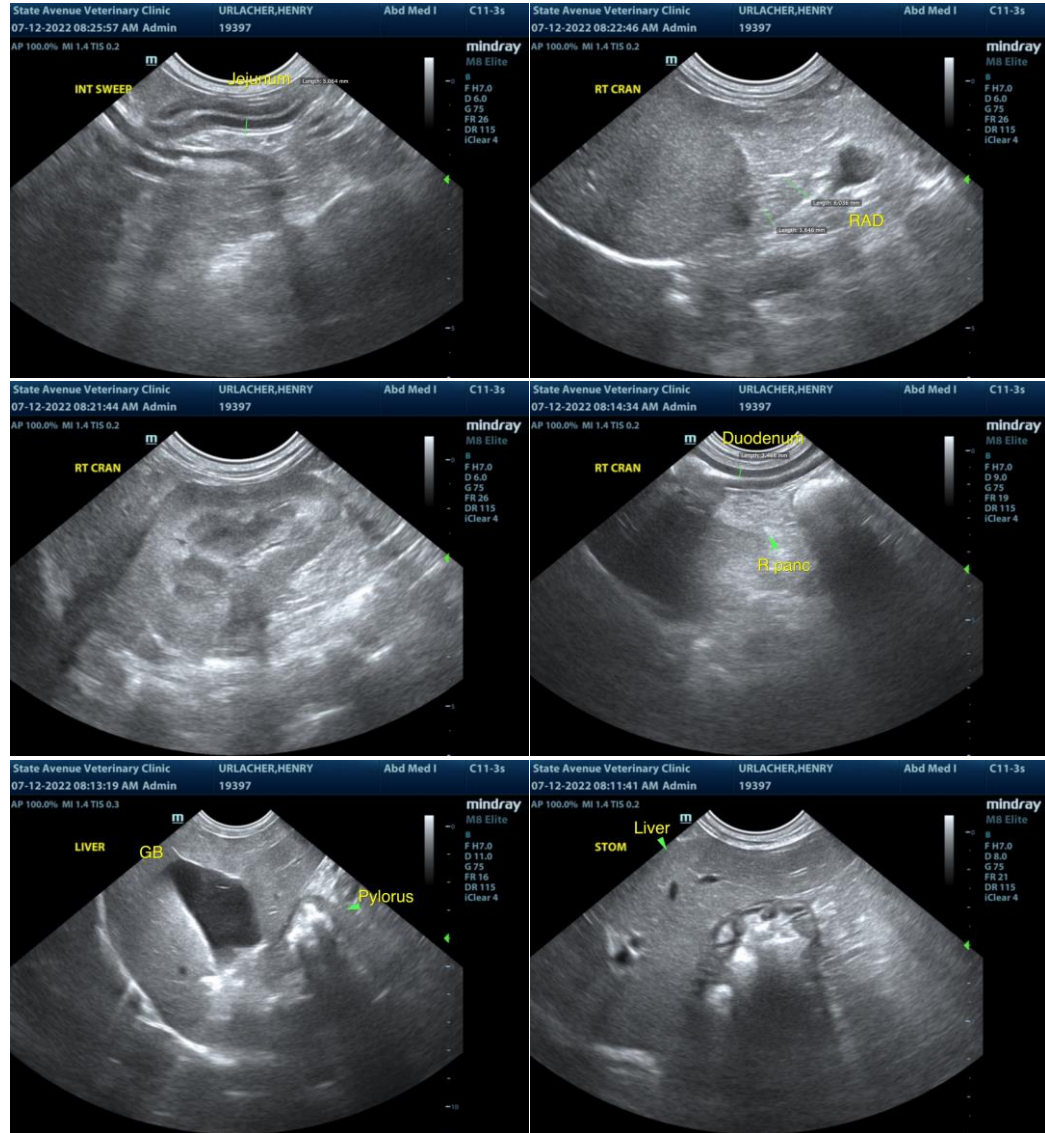
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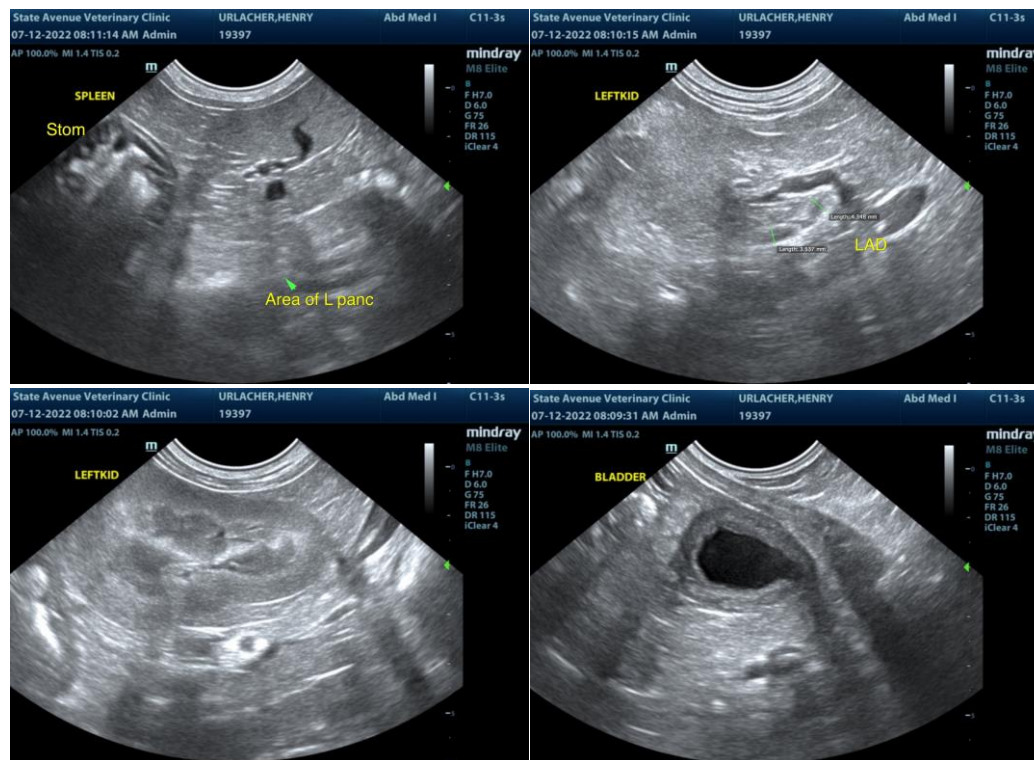
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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