



**PATIENT PRESENTING CLINICAL SIGNS**

**Watts Sox**  
 History: 2 week history vomiting, hyporexia and lethargy. Emaciated, losing weight. Cushinoid, but does not appear regulated on Vetoryl based on PE (ACTH stim slightly elevated in Sept, no recheck this spring). Abnormal snap cPL, elevated liver enzymes. Grade IV/VI systolic murmur. Suspect hypertensive, but very challenging to get BP due to patient temperament (one reading ~190 systolic, but very nervous/jumpy. ALT 136; ALP 1,341; GGT 20

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Miniature Schnauzer

The urinary bladder, 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.

**SEX**

MN

**AGE**

15yr

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

15lb

The residual prostate was normal measuring 0.85 cm in width. Minor dilation of the prostatic urethra was noted.

**Adrenal Glands**

**INTERPRETED BY**

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

The bilateral adrenal gland exhibited mild enlargement. The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.68 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 0.58 cm width at the caudal pole and 0.51 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**Spleen**

**HOSPITAL NAME**

Falmouth Animal Hospital

The spleen exhibited potential for mild enlargement with areas of mild asymmetrical lateral and medial contour, generalized parenchyma heterogeneity and multifocal pinpoint hyperechoic parenchyma foci. 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.

**Liver**

**REFERRING VET**

Dr. Switzer

The liver presented increased in size. A solitary cyst containing anechoic fluid was present measuring 1.0 cm in diameter. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The capsule of the liver was symmetrical 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.

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**Gastrointestinal**

**DATE**

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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 gastric body wall measured 0.33 cm in width.



**PATIENT**

Watts Sox

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent nonspecific duodenojejunal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.40 cm in width. The jejunum wall measured 0.45 cm in width.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Miniature Schnauzer

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

**SEX**

MN

No evidence of omental masses or peritoneal free fluid.

**AGE**

15yr

**WEIGHT**

15lb

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting mild parenchyma hyperechogenicity with solitary benign cyst
- Mild gallbladder debris (non-mucocele)
- Mild inflammatory gastroenteropathy pattern
- Generalized splenic parenchyma heterogeneity with multifocal parenchymal foci-pinpoint areas of microinfarction, fibrosis or mineralization suspected
- Bilateral moderate chronic renal changes
- Mildly prominent nonhomogeneous bilateral adrenal glands-pinpoint areas of dystrophic adrenal mineral

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the GI tract may suggest gastroenteritis although concurrent inflammatory bowel process cannot be excluded. The possibility of low grade to chronic pancreatitis could be present yet appear sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Recheck ACTH stim test is warranted. No overt evidence of abdominal neoplastic criteria was observed in this scan. Continued as needed GI support and conservative therapy for nonspecific inflammatory bowel would be reasonable. Hepatosupportive medications may prove beneficial.

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Falmouth Animal Hospital

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/>.

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Dr. Switzer

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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07-25-2022 08:50:48 PM Admin	20220725-201717-D3B9	5Years	Male
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<b>Pancreas</b>			
mindray			
B F H7.0 D 6.0 G 64 FR 26 DR 120 iClear 4 iBeam 1			
PET ANIMAL ULTRASOUND SERVICE	WATTS, SOX	CANINE	C11-3s
07-25-2022 08:51:24 PM Admin	20220725-201717-D3B9	5Years	Male
AP 96.6% MI 1.2 TIS 0.3			
<b>Stomach</b>			
mindray			
B F H7.0 D 7.0 G 64 FR 23 DR 120 iClear 4 iBeam 1			



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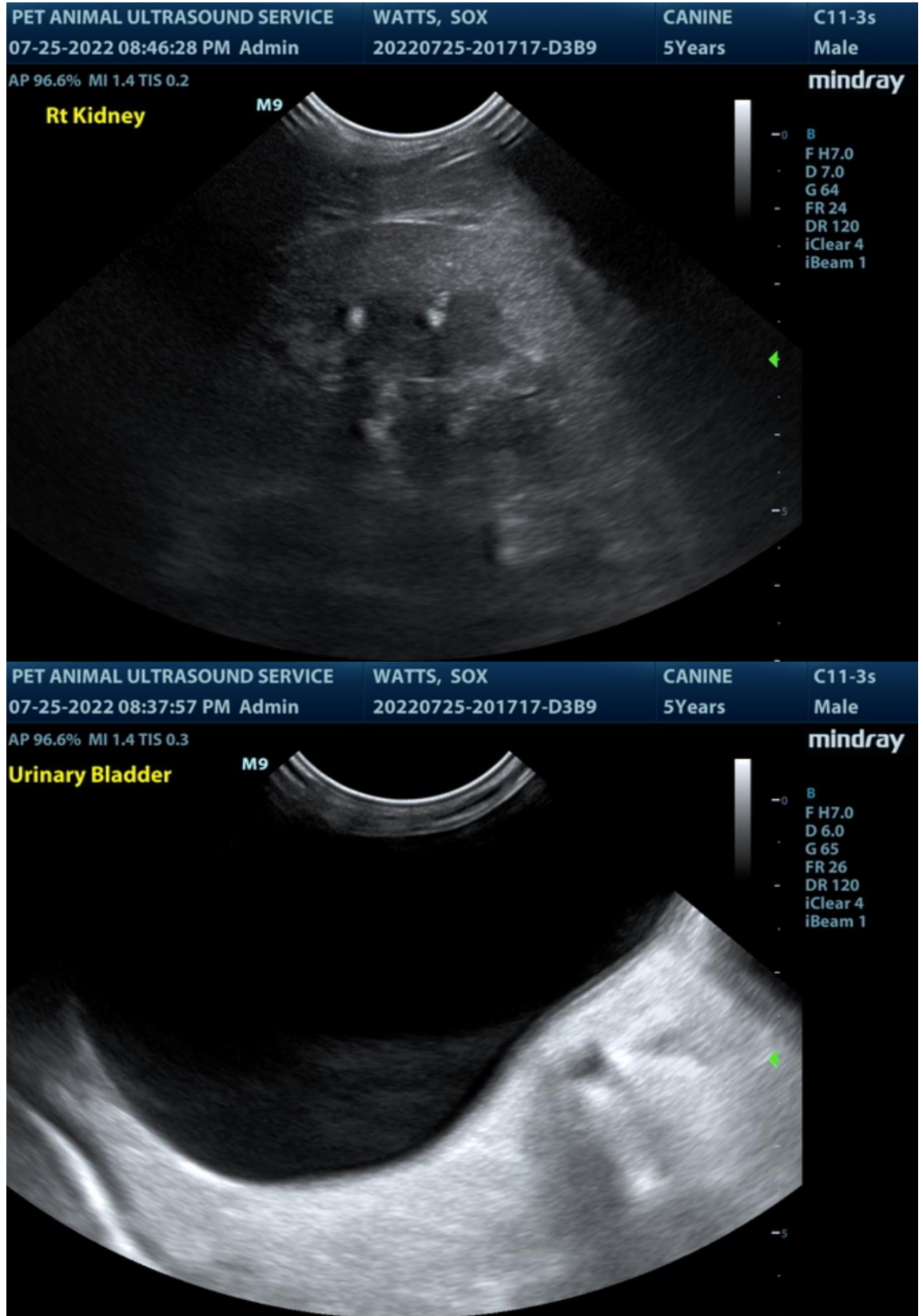
Dr. Switzer

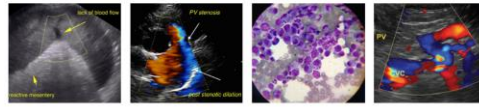
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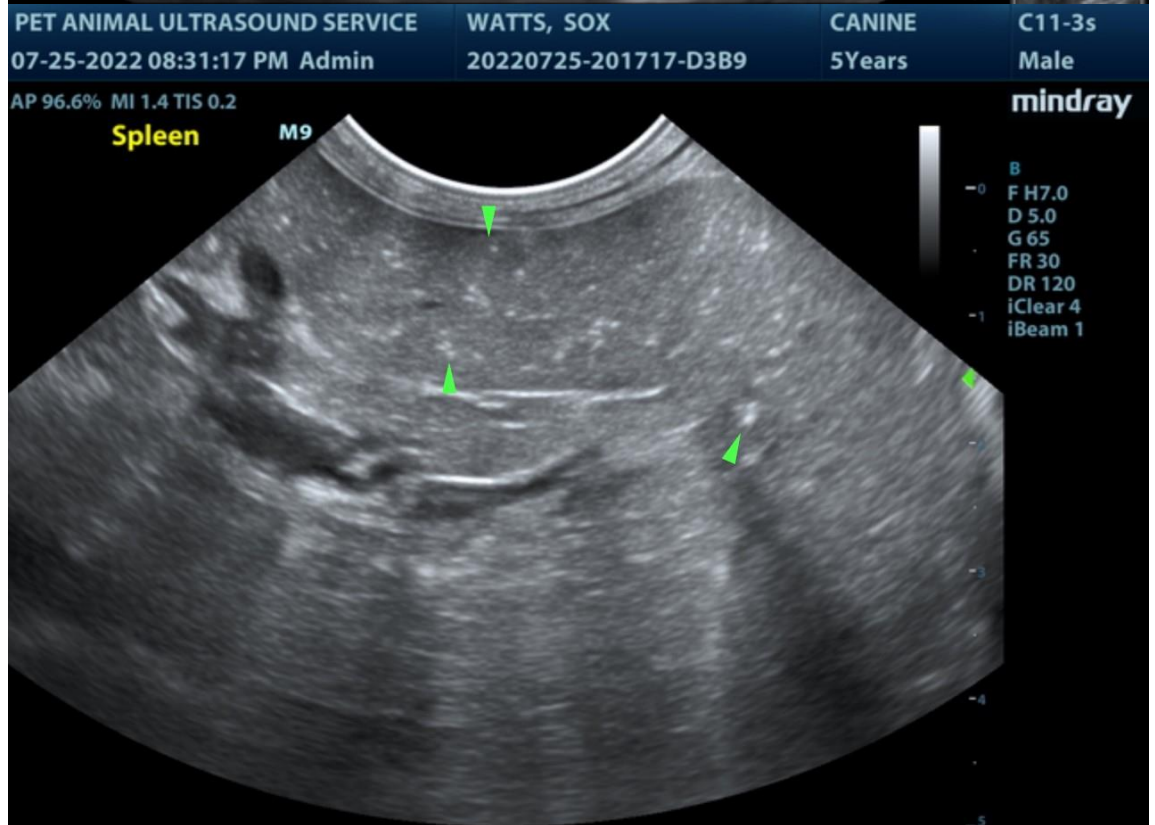
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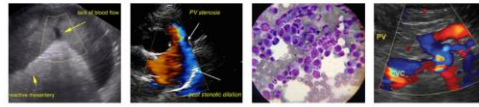
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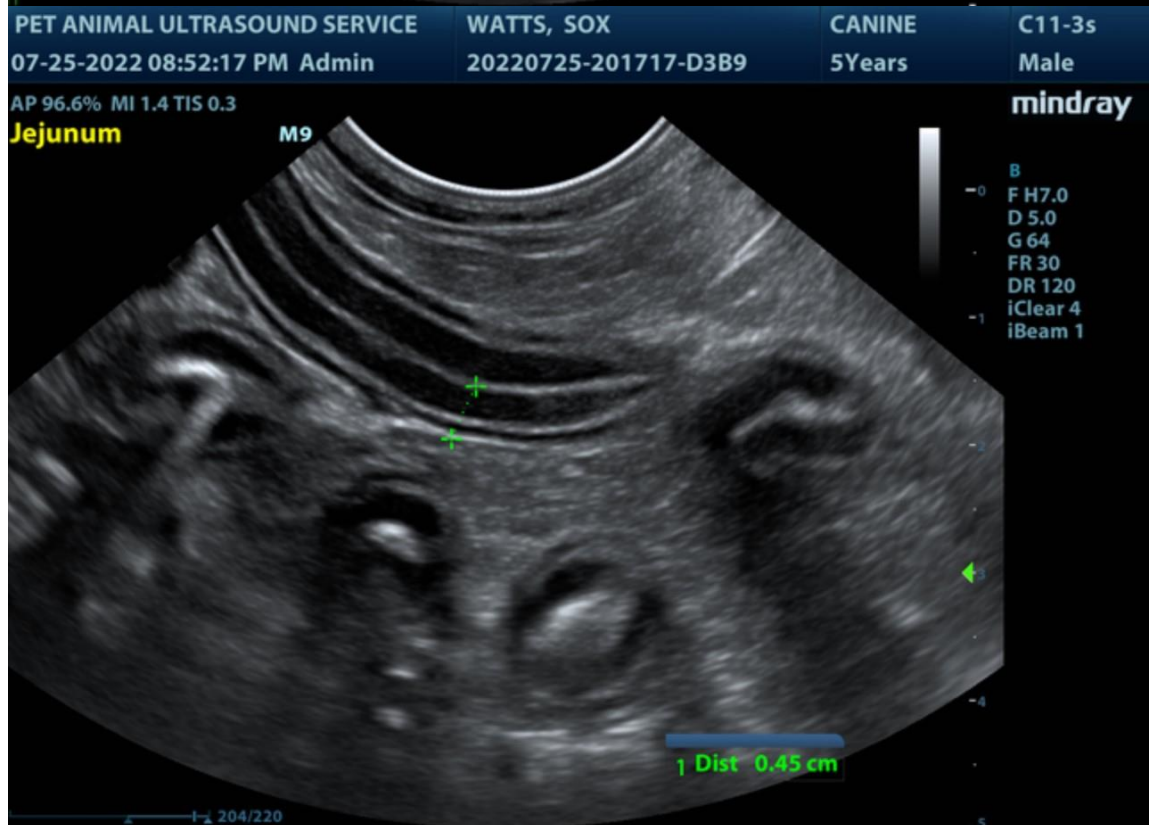
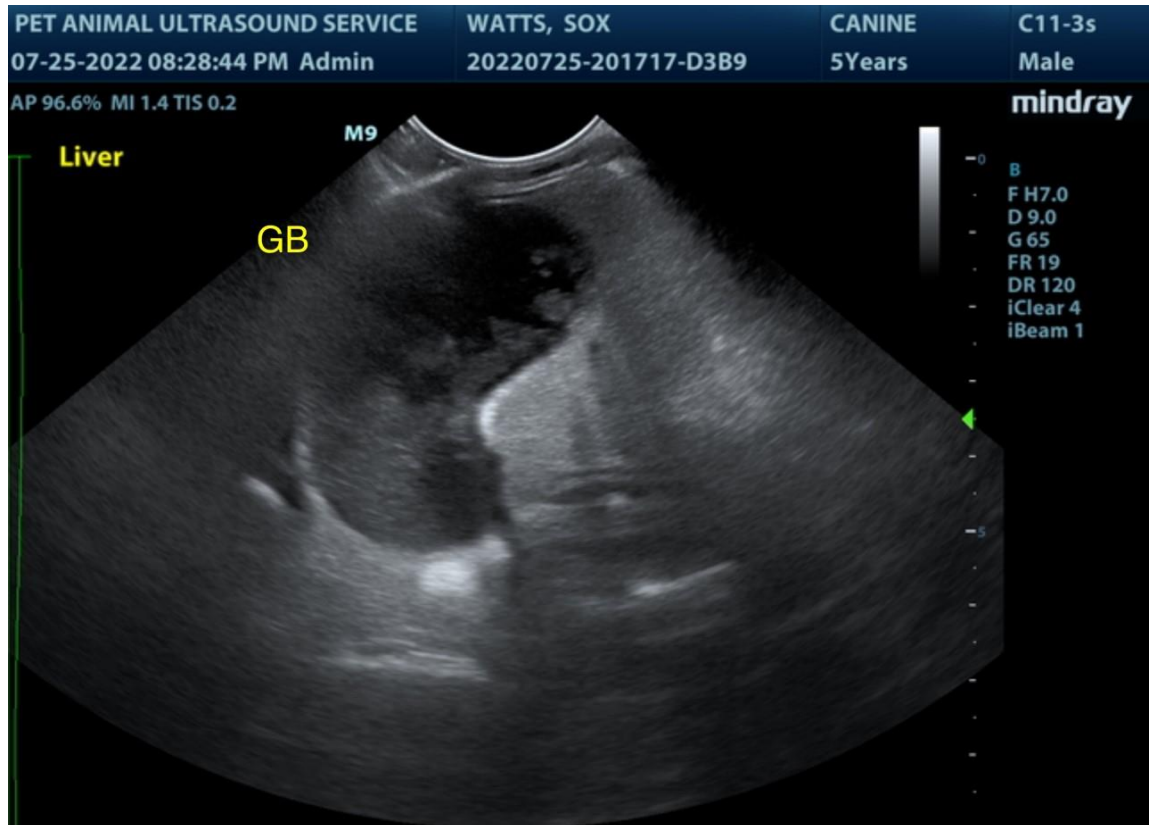
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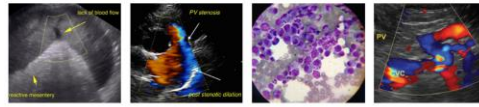
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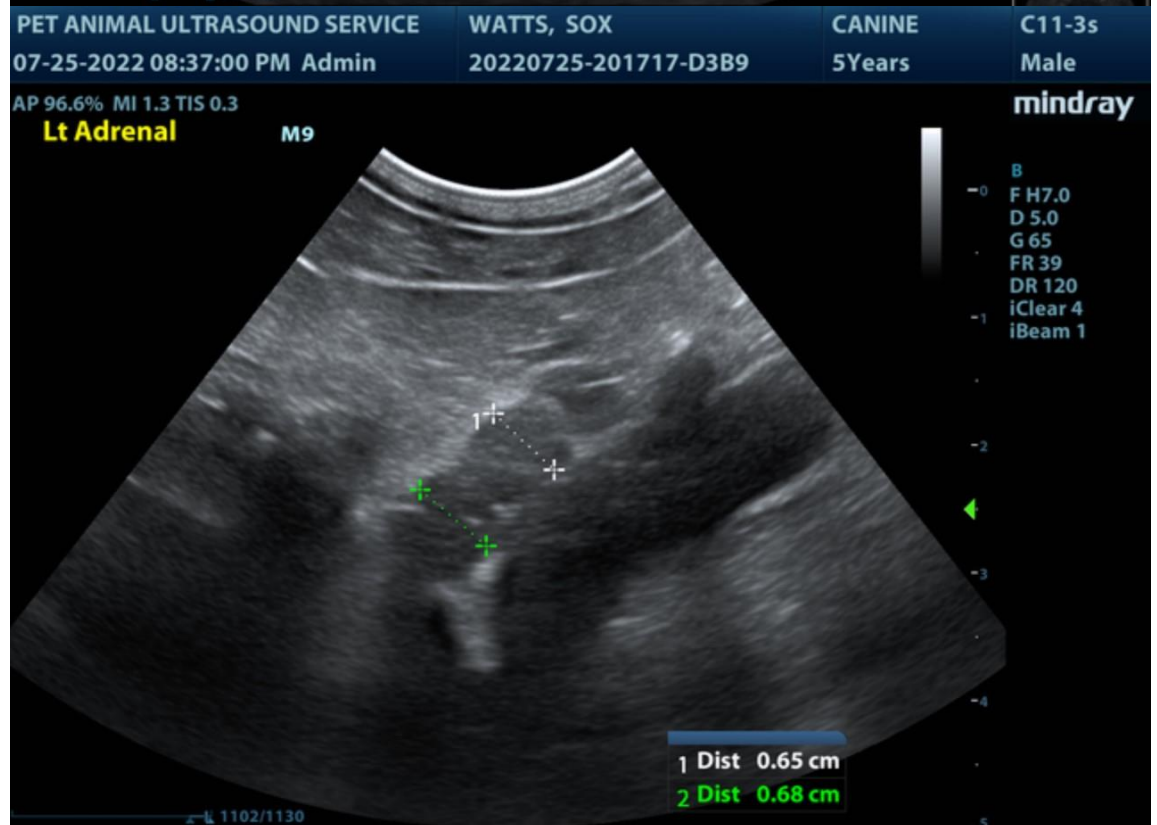
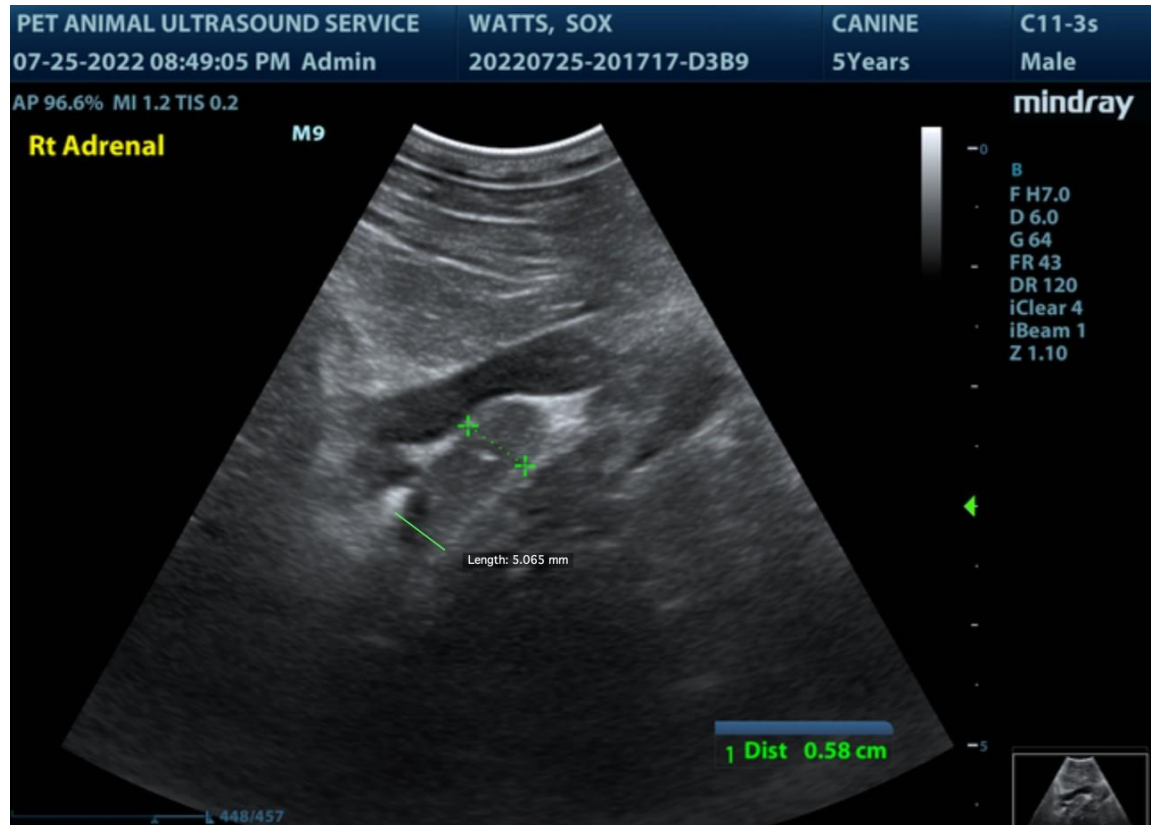
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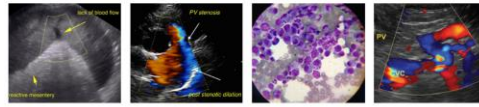
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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