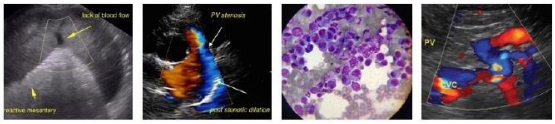

PATIENT

Cruze Crowther

SPECIES

Canine

BREED

Shep X

SEX

MN

AGE

8 years

WEIGHT

40 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Hornak

INVOICE

14247

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Chronic pancreatitis, diagnosed with Lyme disease about 2 years ago. On routine bloodwork noted suggested inflammatory response. SpecPLi this time was normal(41). Urine specific gravity decreased 1.016, no protein. Is very anxious in clinic, had Gaba/Traz, Ketamine/Dexdom/Torb for scan. Abnormal PE/Chem/CBC/UA Results: MCH low, Retics Low, WBCs elevated 24.6, Neuts increased 16.2, Platelets decreased, increased TP, Low albumin, high globulins and high amylase.

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.

The area of the aortic trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy / masses.

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 pyelectasia or retroperitoneal inflammation. The left kidney measured 6.9 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 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited generalized mild to possible moderate enlargement yet maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. Mild medial folding of the cranial spleen was present with no masses or nodules noted. Normal splenic vasculature was present.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gallbladder debris. No evidence of gallbladder or peripheral gallbladder Inflammatory criteria was noted. The cystic and common bile ducts were normal.

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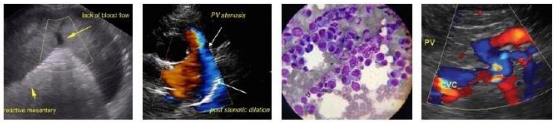

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Gastrointestinal

The stomach exhibited mildly prominent to thickened walls. The lumen of the stomach was empty with mild luminal. The ventral gastric body wall width measured up to 0.86 cm.

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 visualized pancreas exhibited overall normal size and contour with mild heterogeneous parenchyma without evidence of peripancreatic reactive mesentery.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate splenomegaly with folding
- Mildly thickened stomach - nonspecific
- Minor gallbladder debris (non-mucocele)
- Sonographically unremarkable bilateral kidneys
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The folded splenomegaly in this patient is suspected to be owing to sedation / anesthesia. Potential for benign splenic hyperplasia, hematopoiesis, and incidental splenitis, are also possible. Splenic neoplastic criteria considered unlikely. if persistent splenomegaly without sedation and assuming normal clotting status, ultrasound-guided FNA of the spleen using a 25-gauge needle for screening cytology, primarily to ensure only benign changes are present, could be considered.

The mildly thickened stomach is nonspecific yet may potentially suggest gastritis if clinically indicated. No evidence of active or significant pancreatic inflammation or pancreatic neoplastic criteria was noted. Potential for low-grade chronic to chronic active pancreatitis could be present yet essentially sonographically normal. Three view chest radiographs and protein electrophoresis, given the hyperglobulinemia, could be considered for further assessment.

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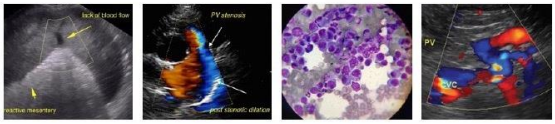

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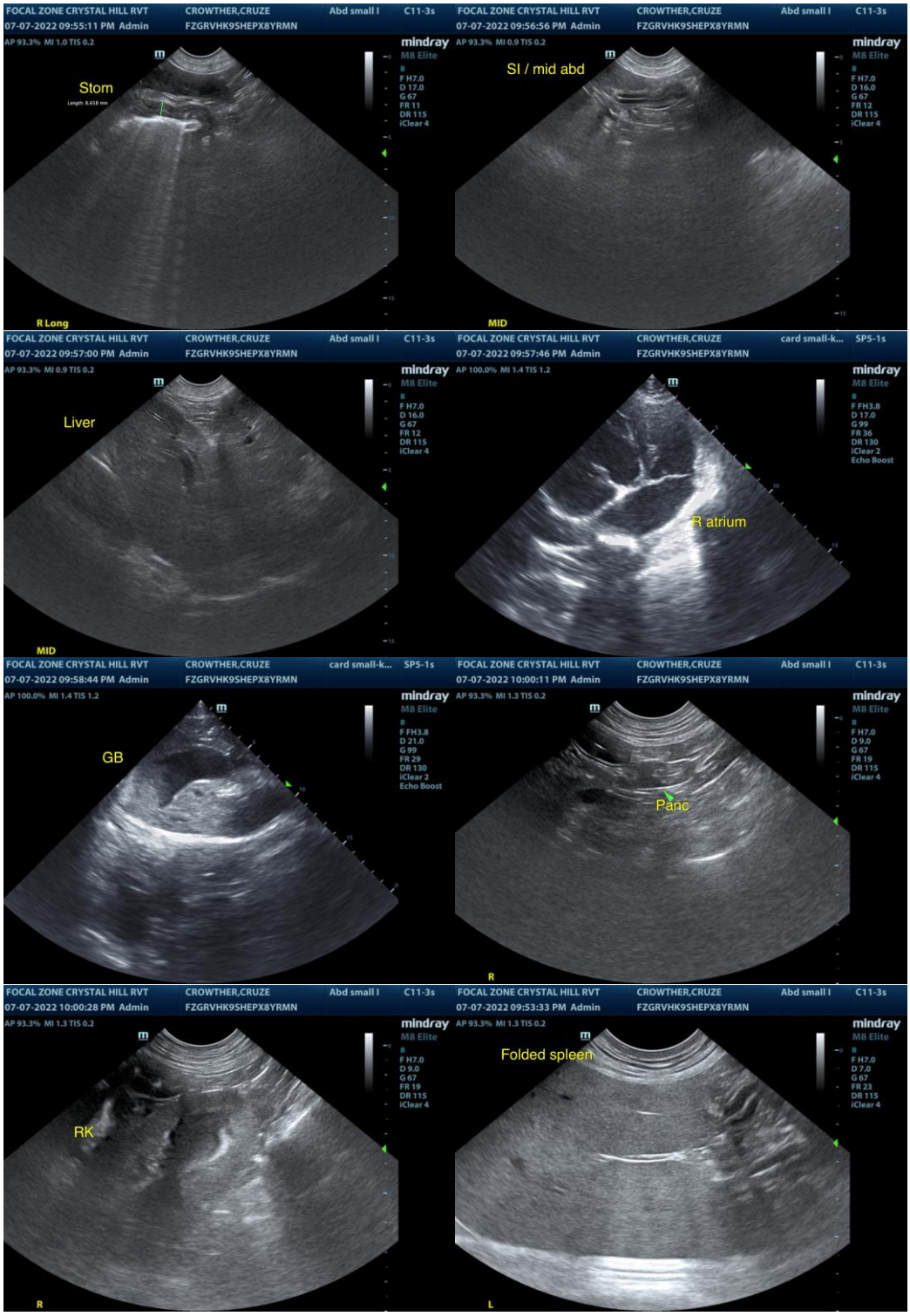

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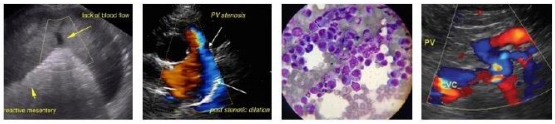

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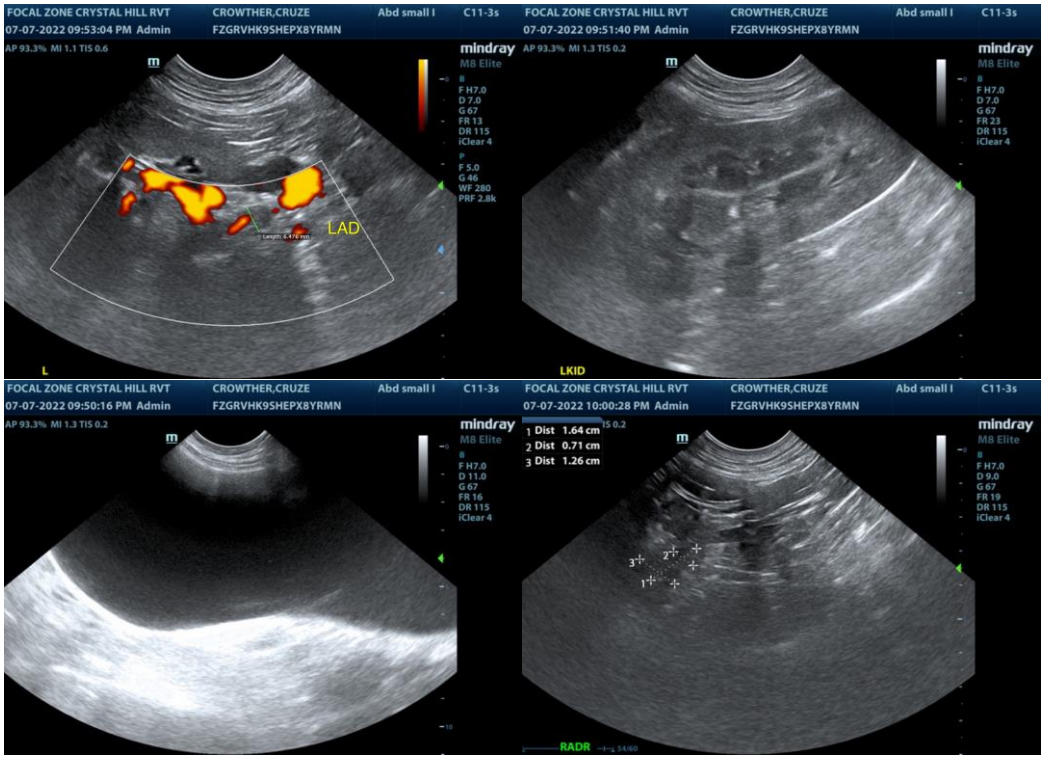

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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