



PATIENT

Cedric Hopler

SPECIES

Canine

BREED

Cesky Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

22 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

All Creatures G & S,
Denville

REFERRING VET

Dr. Mitrovic

INVOICE

16706

DATE

8/5/22

PRESENTING CLINICAL SIGNS

History: cranial abdominal pain and tension. On denamarin, ursodial, tramadol, levothyroxine
Abnormal PE/Chem/CBC/UA Results: GPT 133, ALKP 584, GTP 29, amylase 2706, precision PSL 425, all elevated

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 were noted. Aortic trifurcation was normal.

The residual prostate was free of overt 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm in length x 0.78 cm width in the caudal pole. The right adrenal gland measured 1.6 cm in length x 0.53 cm width in the caudal 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 was mildly 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 moderate nondependent mildly hyperechoic subjectively mobile gallbladder debris. The gallbladder walls were overtly normal in presentation without obvious evidence of gallbladder or perigallbladder regional inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited thickened wall layering, exhibiting subjective decreased mural echogenicity and intact to regionally indistinct wall layer detail. The pylorus wall measured up to 0.58 cm. The ventral gastric body wall measured 0.73 cm.



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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. The duodenum measured 0.40 cm.

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

Pancreas

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The left pancreatic limb, extending into the area of the pancreas exhibited irregular enlargement with mixed echogenic to nonhomogeneous hypoechoic pancreatic parenchyma. Potential for indistinct pancreatic parenchymal changes possible. The right pancreatic limb, medial to the duodenum appeared to be overtly normal. The left pancreatic limb measured approximately 2.5 cm- 3.0 cm in diameter.

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Free Abdomen

Regional peripancreatic, perigastric to cranial abdominal hyperechoic mesentery was present, with suspect scant to minor free fluid around the left pancreatic limb.

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No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Enlarged irregular to mixed echogenic left pancreatic limb, subjectively extending into the area of the pancreas base with regional peripancreatic hyperechoic mesentery
- Thickened stomach
- Hepatopathy
- Moderate, subjectively mobile gallbladder debris- not consistent with overt mucocele

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Secondary Findings

- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding and suspected source of the patients cranial abdominal pain is the enlarged, irregular pancreas. Considerations may include mixed pattern to acute pancreatitis, while the possibility of pancreatic neoplastic criteria, which may present sonographically similar to mixed pattern to acute inflammation, could be possible. Suspect secondary gastritis and metabolic reactive to vacuolar hepatopathy and nonobstructive cholestasis. Minor potential for concurrent, early infiltrative gastric neoplasia is considered less likely, yet cannot be definitively excluded.

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Assuming normal clotting status, ultrasound guided FNA of the atypical left pancreas, if accessible, could be considered for screening cytology. Empirically, aggressive therapy for pancreatitis with as needed hepatogastrointestinal support and sonographic monitoring of the pancreas with initial recheck in 3-5 days would be reasonable.

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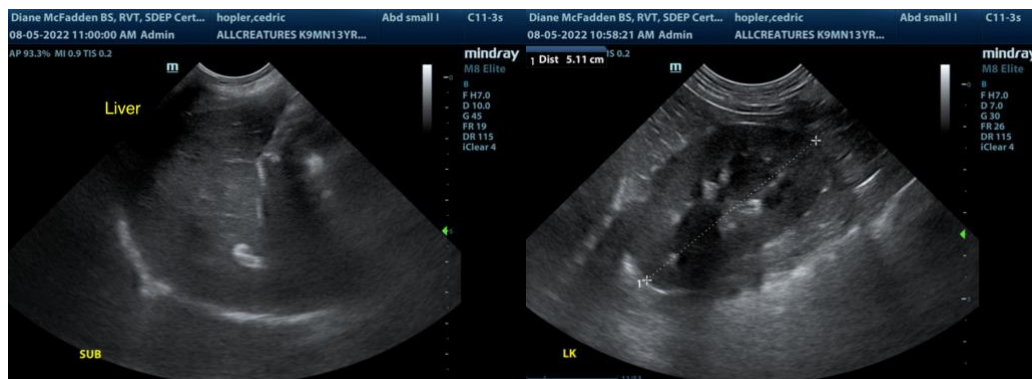
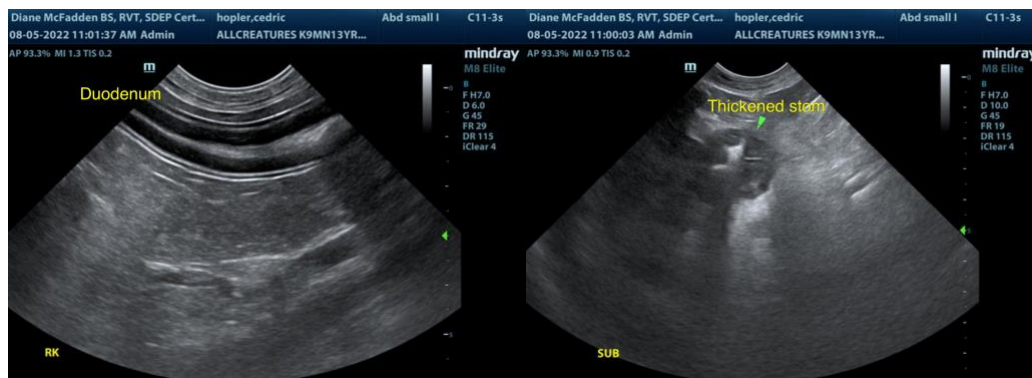
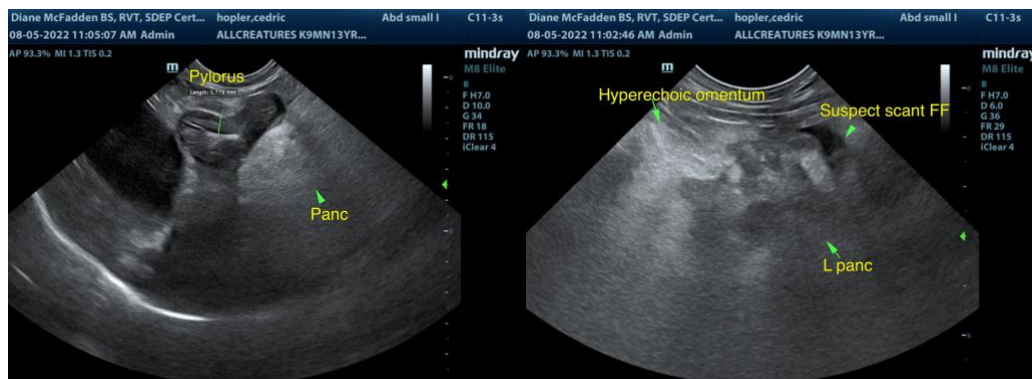
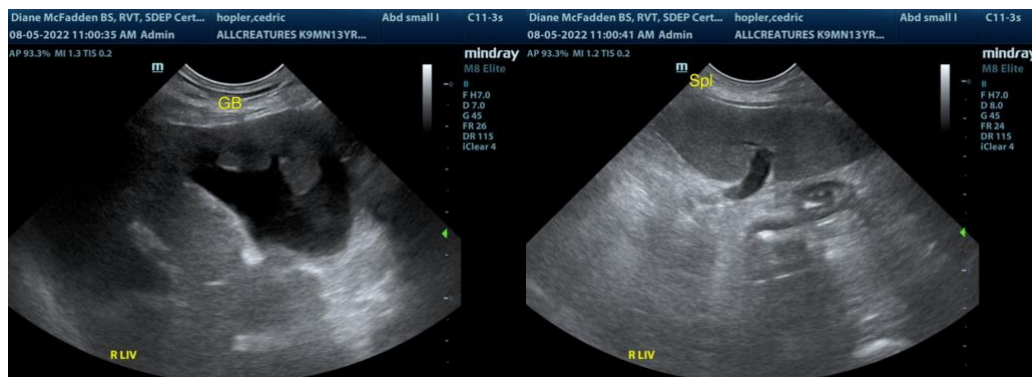
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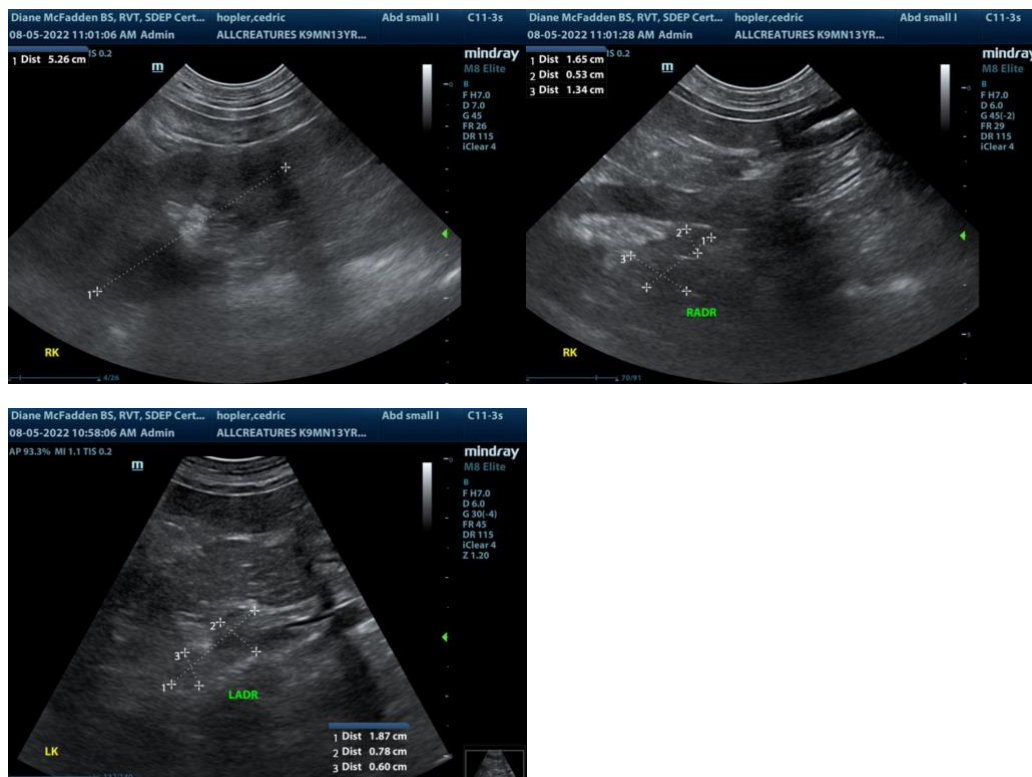
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com