



PATIENT	PRESENTING CLINICAL SIGNS
Gabriel Gillett	Chronic pancreatitis with values increasing. Currently on Clavamox and a low fat diet.
SPECIES	Abnormal PE/Chem/CBC/UA Results: High T.Prot, Alk Phos, Calcium, Precision PSL high at 240(24-140), high platelets, low neuts and high lymphs on bloodwork April 28th 2020. August 26th High T.Prot, Albumin/globulin ratio, Alk Phos, Sodium, Precision PSL higher at 252(24-140). Elevated WBCs, high mono, high absolute neuts, low neuts and low eosinophils.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Schnauzer	Urinary System
SEX	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.
Neutered male	
AGE	No evidence of pathology was noted in the area of the residual prostate or aortic trifurcation.
9 years	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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor medullary mineral was present. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.5 cm in length.
WEIGHT	Adrenal Glands
28 lbs.	The bilateral adrenal glands were normal in size. The adrenals exhibited mild nonhomogeneous to isoechoic parenchyma compared to adjacent omentum. The left adrenal gland measured 1.6 cm length x 0.50 cm width in the caudal pole. The right adrenal gland measured 2.1 cm length x 0.50 cm width in the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Multiple, variably sized yet subjectively non-expansive, hypoechoic nodules were present. An example of a splenic nodule measured 0.69 cm in diameter. The splenic nodules did not distort the splenic capsule. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
IMAGING PERFORMED BY	Liver/ Gallbladder
Crystal Hill, RVT	The liver exhibited subjective mild generalized enlargement. 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 echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic,
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9/1/21	



PATIENT

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irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic ingesta with progressive distal acoustic shadowing without signs of ileus, obstruction or foreign material.

BREED

Schnauzer

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.

SEX

Neutered male

Pancreas

The mid to left pancreas exhibited mild prominent size and subtly asymmetrical contour with nonhomogeneous, isoechoic, to mildly hypoechoic parenchyma compared to adjacent omentum.

AGE

9 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. An increased amount of intraabdominal and falciform fat was present.

WEIGHT

28 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

- Mild age-related kidneys with minor pinpoint to focal medullary mineral
- Nonspecific splenic nodules
- Hepatopathy - subjectively benign
- Partial gallbladder mucocele
- Prominent to heterogeneous mid to left pancreas - suggestive of chronic to mild chronic active inflammation
- Gastric ingesta - likely consistent with post prandial presentation

IMAGING PERFORMED BY

Crystal Hill, RVT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. McDowell

Potential etiologies for the hypoechoic splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of a nodule using 25-gauge needle and assuming normal coagulation parameters may be considered in light of the hypercalcemia. Sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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Hepatosupportive medications and Ursodiol are recommended with continued monitoring for evidence of increasing cholestasis or cranial abdominal / subxiphoid discomfort on palpation.

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As-needed therapy for chronic pancreatitis including gastroprotectants if clinically indicated and low-fat diet are recommended.

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SPECIES

Canine

BREED

Schnauzer

SEX

Neutered male

AGE

9 years

WEIGHT

28 lbs.

INTERPRETED BY

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DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill, RVT

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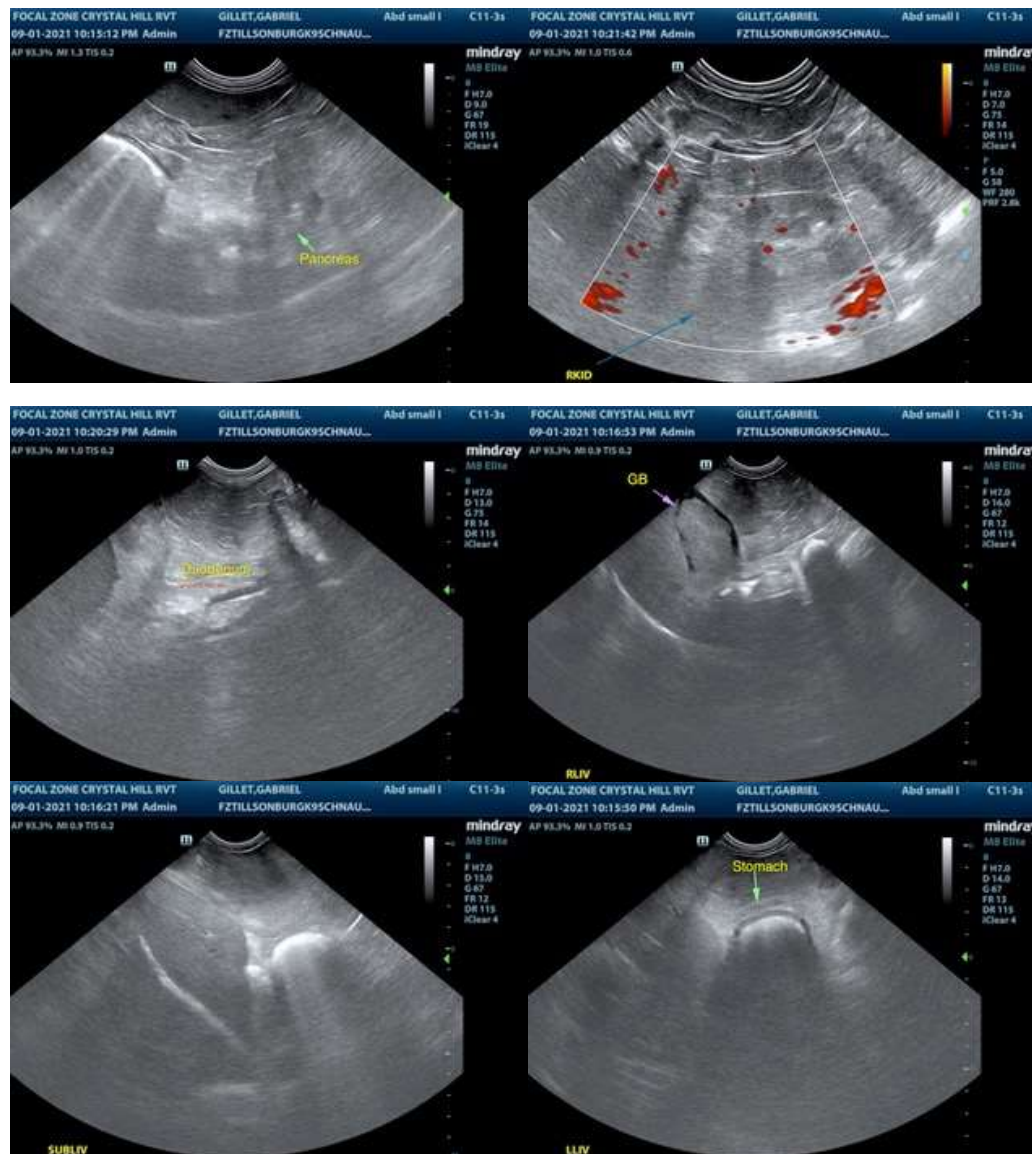
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SPECIES

Canine

BREED

Schnauzer

SEX

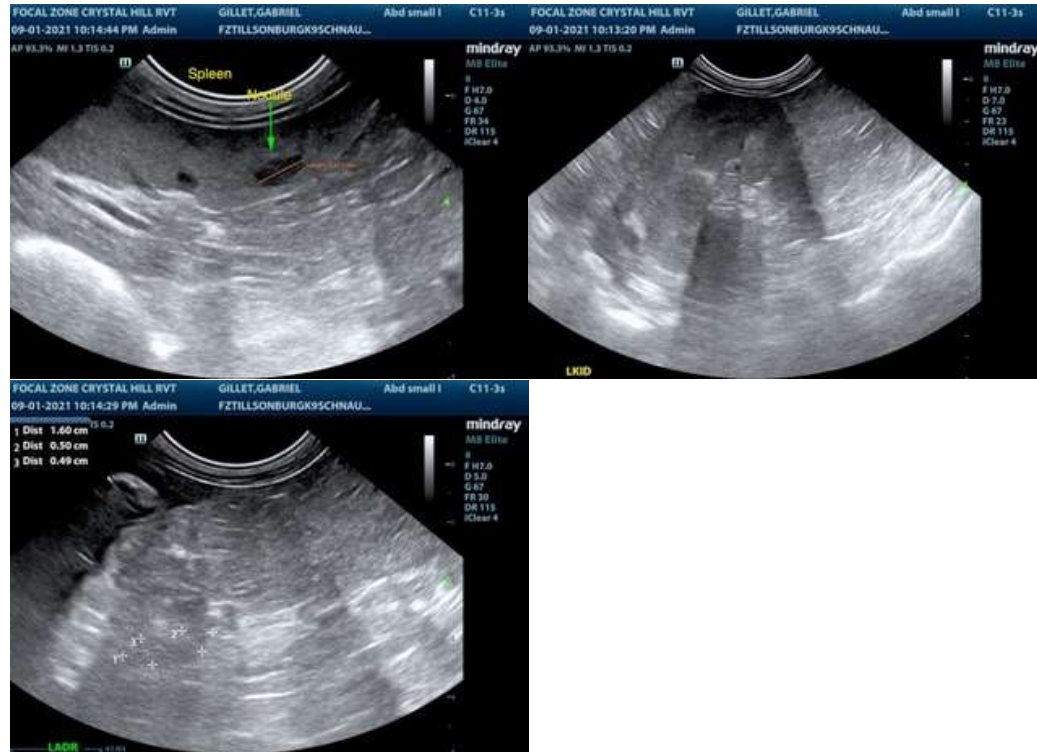
Neutered male

AGE

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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)
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