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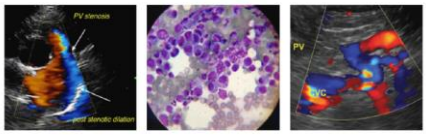
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Daphne Edlebeck
278623

SPECIES

Canine

BREED

Puggle

SEX

FS

AGE

8yr

WEIGHT

15lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC-Dr. Mayhew

INVOICE

11515ag

DATE

09/02/2022

PRESENTING CLINICAL SIGNS

Daphne started vomiting after eating last night--> sometimes this occurs after she eats too fast. The owner refed her and she ended up vomiting again. She was taken to blue pearl where abdominal radiographs were performed. There was a concern for a foreign body in the stomach. He was sent home with SQF and cerenia. Daphne has not had any further vomiting since her visit.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 4.9 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Potential for left adrenal dystrophic mineralization which is not considered pathological. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.50 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 0.50 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

The spleen exhibited normal size with mild parenchyma heterogeneity exhibiting small non-disruptive hyperechoic nodules adjacent to the hilus with multifocal pinpoint hyperechoic foci to small parenchymal striations. 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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent small hyperechoic nodules consistent with lipogranulomas were present. 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 and moderate non-dependent mildly organized hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented moderately distended with intact wall layering with a normal wall layer ratio. The lumen of the stomach contained retained fluid with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A generalized to

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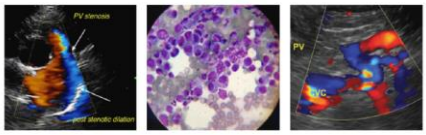

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segmental duodenal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized to peri-hepatic free fluid was present around the abnormal pancreas.

Free Abdomen

Focally enlarged pancreatoduodenal/hepatic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.3 cm x 0.6 cm.

ULTRASONOGRAPHIC FINDINGS

- Active pancreatitis with regional peritonitis
- Concurrent / secondary gastroenteritis with gastric and segmental duodenojejunal hypomotility
- Reactive/vacuolar hepatopathy pattern
- Early to emerging gallbladder mucocele
- Mild reactive/benign pancreaticoduodenal/hepatic lymph nodes
- Pinpoint minor renal medullary mineral

Secondary

- Benign splenic changes likely including areas of pinpoint to focal parenchymal mineralization, fibrosis, microinfarction and benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with medical therapy for pancreatitis with as needed GI support and monitoring of clinical response is recommended. Sonographic monitoring of the pancreas as well as the mild peritoneal free fluid for evidence of progressive inflammatory pancreatic changes or fluid accumulation would be ideal. No overt indication for surgical intervention.

Serial monitoring for evidence of increasing hepatic enzymes or cholestasis as well as periodic assessment for cranial abdominal or subxiphoid discomfort associated with the gallbladder is recommended.

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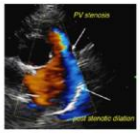
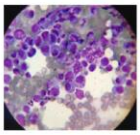
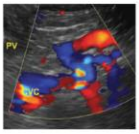

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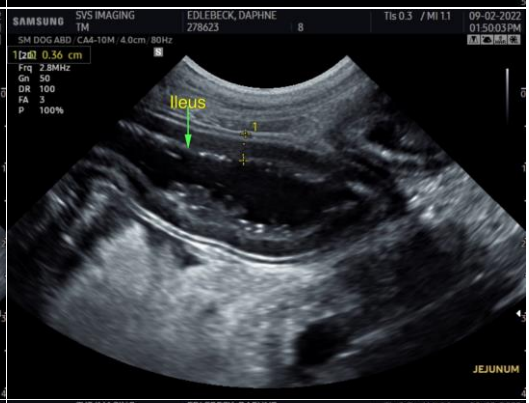

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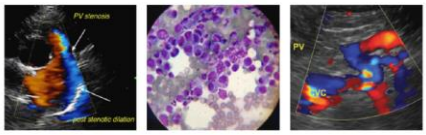

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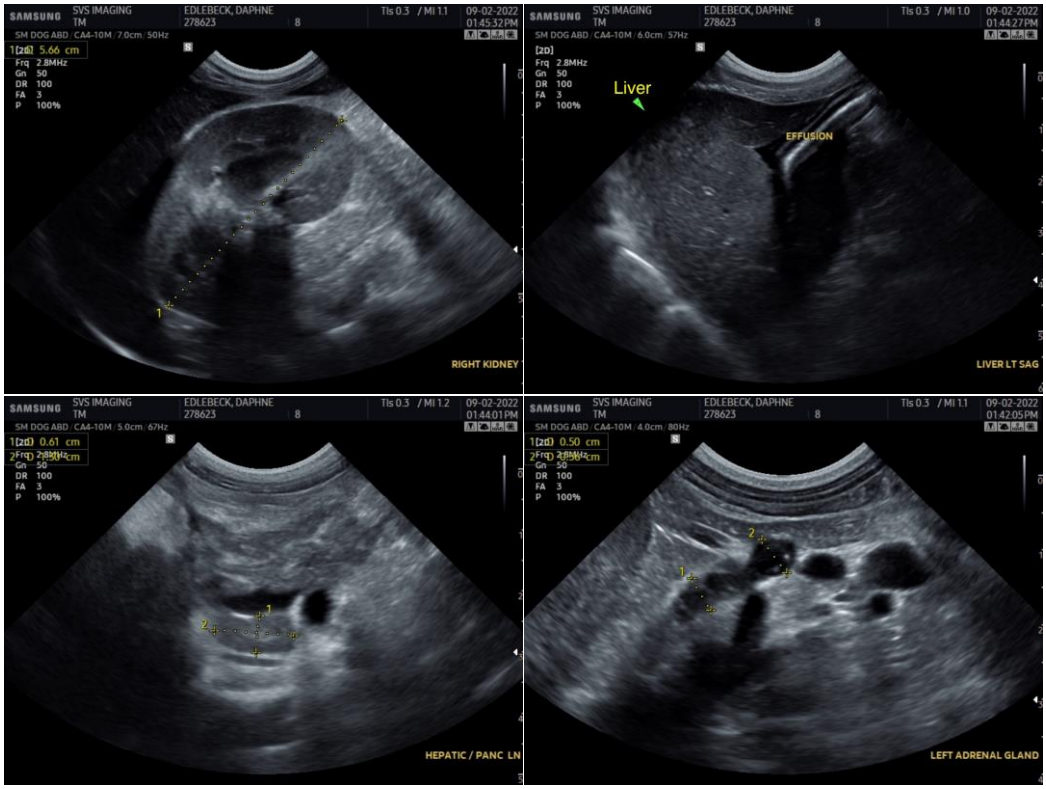

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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