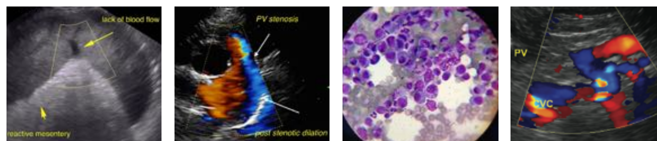


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Riley Green

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Neutered male

AGE
10 years

WEIGHT
15 lbs

INTERPRETED BY
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY
Sonya Myers DVM

HOSPITAL NAME
Lake Emma AH

REFERRING VET
Dr. Wilder

INVOICE
76335

DATE
7/31/23

PRESENTING CLINICAL SIGNS

History: P presented for medical progress of chronic intermittent vomiting, diarrhea, and hyporexia/anorexia. Originally presented to emergency, bloodwork unremarkable at that time. Unresponsive to medication and bland diet Hills I/D.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The urethra measured 0.5 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph nodes measured 0.6 cm.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.4 cm. The right kidney measured 5.3 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.56 x 0.45 cm. The right adrenal gland measured 0.54 x 0.47 cm.

Spleen

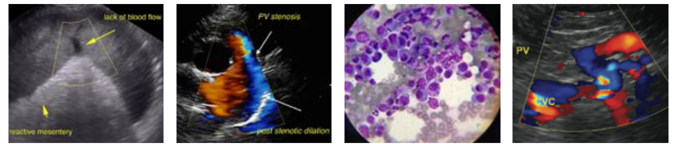
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Mottled, echogenic, cavitated nodule (0.9 x 1.3 cm) within the parenchyma of the head of the spleen, incidental myelolipoma. The spleen measured 1.5 cm.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing small amount of dependent, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The bile duct measured 0.2 cm.



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Gastrointestinal

Normal appearance of the stomach with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.51 cm) with no loss of layering, maintaining a 1:3 muscularis to mucosal ratio, normal peristaltic activity and no distension of the lumen. The stomach measured 0.33 cm. The duodenum measured 0.49 cm. The colon measured 0.23 cm.

Pancreas

The pancreas is enlarged with a diffuse, hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesetnery and fat surrounding the pancreas. The left pancreas measured 1.5 cm. The right pancreas measured 1.3 cm.

Free Abdomen

Mesenteric lymphadenomegaly (0.8 x 2.0 cm) with normal echogenic appearance and shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Enteropathy.
- Mesenteric lymphadenomegaly.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific enteritis (dietary hypersensitivity, toxins, viral), parasitic enteritis, inflammatory bowel disease and dietary hypersensitivity.

Etiologies for the lymphadenomegaly would be secondary to the pancreatitis (reactive hyperplasia) with lymphadenitis and infiltrative neoplasia, less likely differential diagnosis.

Etiologies for the splenic nodule would be nodular hyperplasia, granuloma, hematoma and emerging neoplasia.

Further assessment would be fecal analysis, CPL/PSL assay and cobalamin assay. Endoscopy of the upper GI tract with biopsies and FNA cytology of the lymph node and spleen can be considered if there is not a satisfactory improvement.

Management of the pancreatitis would be fluid therapy, opioid analgesics, antiemetics, and feeding a low-fat intestinal diet. The use of fuzapladib (Panoquell), which is a novel drug for controlling clinical signs in dog with acute pancreatitis, could also be considered.

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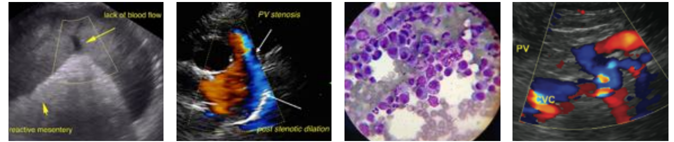
Clinical Sonography & Telecytology



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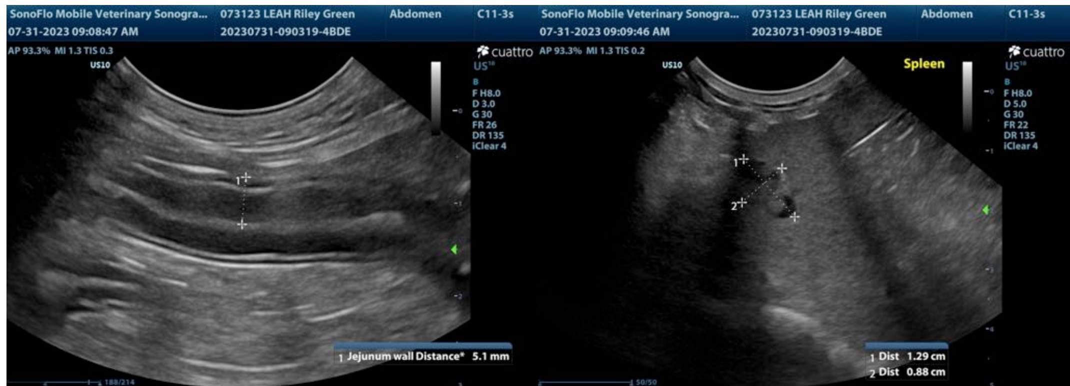

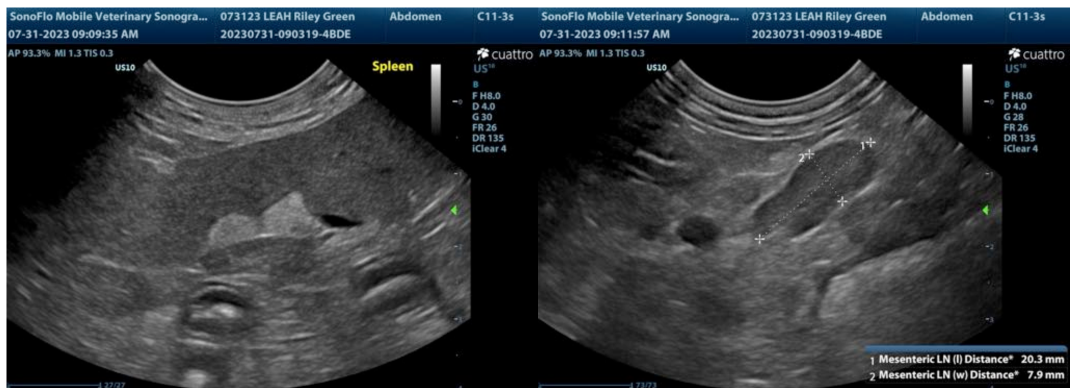

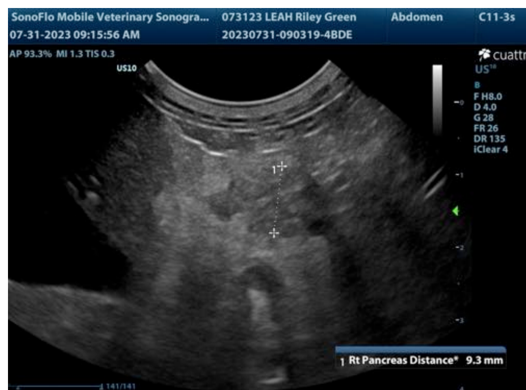

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com