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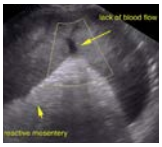
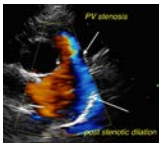
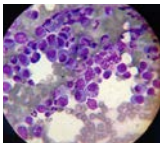
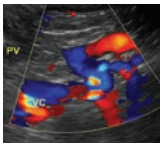
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Milo Power

SPECIES
Canine

BREED
Labrador Retriever

SEX
Neutered Male

AGE
10 Years

WEIGHT
41 kg

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Fish Creek PH

REFERRING VET
Dr. Johnson

INVOICE
44971

DATE
8/26/23

PRESENTING CLINICAL SIGNS

Initial presentation a few days ago for vomiting, diarrhea and lethargic. Did eat some brisket meat with Saran Wrap several days ago. Hx of cushings disease and bouts of dietary indiscretion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is diffuse pinpoint mineralization evident throughout both renal cortices. There is no evidence of nephrolithiasis, pyelectasia, cystic change or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 8.2 cm. The right kidney measures 7.9 cm.

Adrenal Glands

The adrenal glands are diffusely enlarged and hyperechoic. Normal phrenic vasculature noted and is found in the normal location. The left adrenal gland measured 1.2 cm cranially and 1.4 cm caudally. The right adrenal gland measured 1.1 cm cranially and 1.5 cm caudally.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma disrupted by diffuse pinpoint mineralizations, and has a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

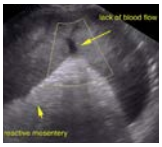
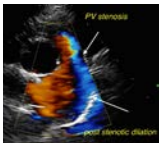
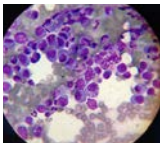
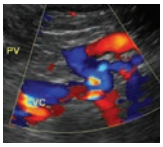
Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall is thickened to 2.1 mm without evidence of rupture. The cystic and common bile ducts are normal. There are focal pockets of free fluid and hyperechoic fat noted in the region of the gallbladder.

Gastrointestinal

The stomach is moderately distended with hypoechoic fluid. The gastric wall is normal in thickness (5.9 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the jejunum and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenum is diffusely thickened up to 8.3 mm with intact wall layering and is diffusely corrugated. The jejunal wall measures up to 4.2 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and normal.

Pancreas

The entirety of the pancreas is swollen and hypoechoic, surrounded by small pockets of free fluid and hyperechoic omental fat. There is a 2.0 cm anechoic lesion noted within the left limb of the pancreas. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present within the abdomen in the regions of the gallbladder and pancreas. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Diffusely hypoechoic swollen pancreas with a fluid filled lesion in the left limb
- Diffusely thickened gallbladder wall with focal inflammation
- Bilaterally enlarged adrenal glands – consistent with the prior history of Cushing's disease.

SECONDARY FINDINGS

- Diffuse pinpoint mineralization within the kidneys and spleen, consistent with the history of Cushing's disease.
- Thickened, corrugated duodenum and fluid filled stomach – consistent with gastroenteritis secondary to the pancreatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes noted within the pancreas are consistent with either severe necrotizing pancreatitis with abscessation or possibly pancreatic neoplasia. Recommendations include:

- a cPLI level is recommended for confirmation and monitoring purposes.
- supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) are warranted. Panoquell-CA1 would also be recommended if available.
- a highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- complications such as hypoalbuminemia, hyperglycemia and hypokalemia should be managed as they arise.
- if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

The appearance of the gallbladder is suggestive of acute cholecystitis. Empiric treatment with broad-spectrum antibiotic therapies such as a fluoroquinolone + Metronidazole would be recommended, along with liver supportive therapy and should also be correlated with any progression in liver laboratory values.

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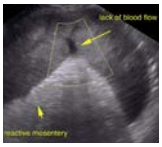
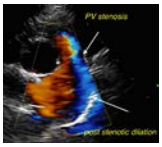
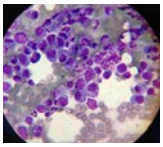
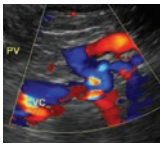

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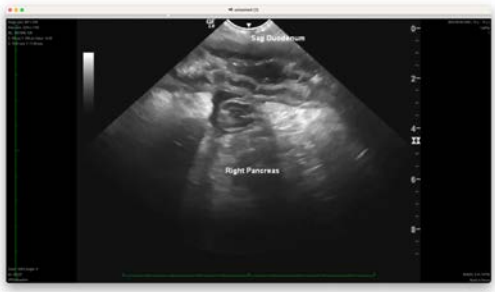

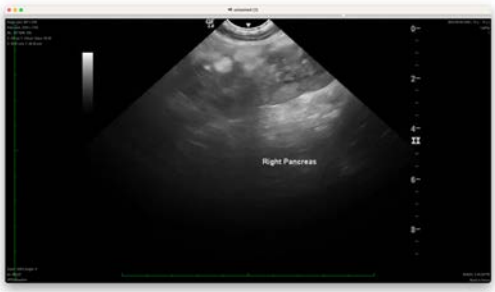

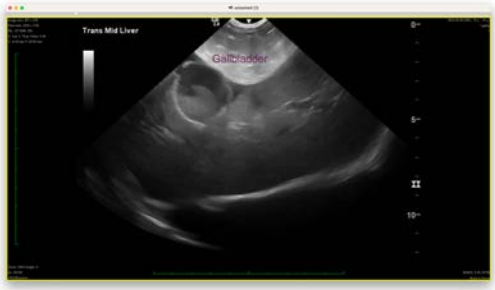

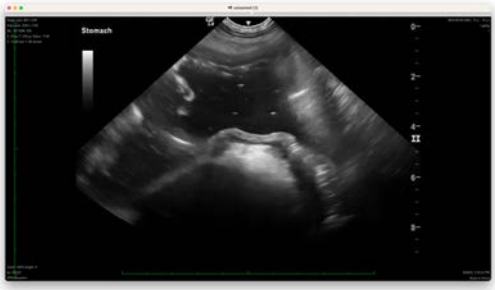

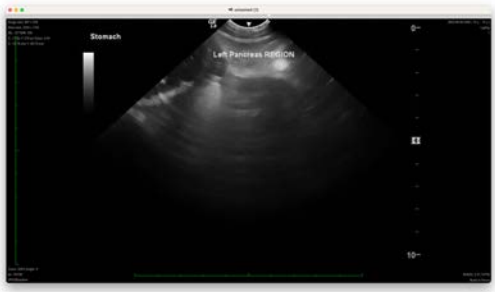

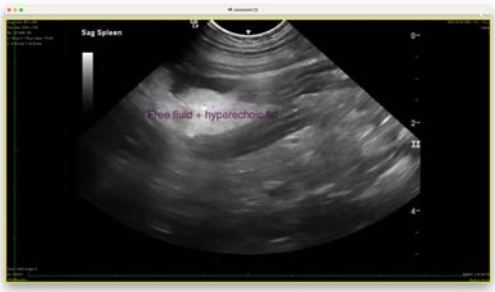

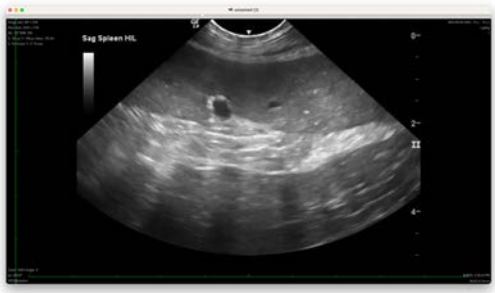

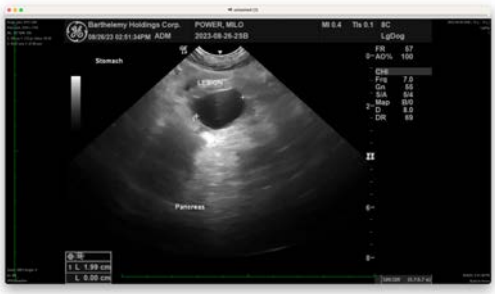

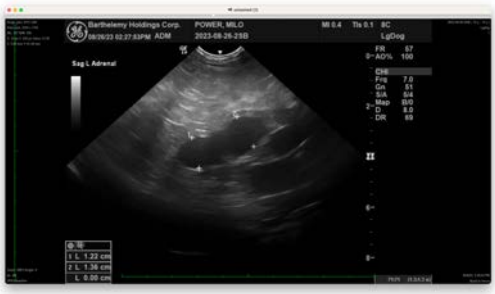

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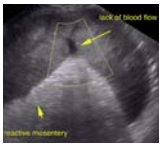
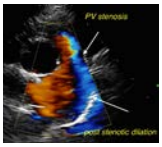
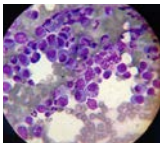
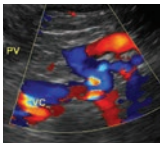

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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