

PATIENT

Bandit Rogers

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

6 years

WEIGHT

31lbs

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Charlie Rodriguez

INVOICE

10182

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: Bandit has had a few bouts of pancreatitis since 2018 and has been on low fat GI food since. He recently came in a couple weeks ago because he was randomly yelping in pain mainly when laying down. About once a day. We obtained x-rays which did show some mineralization around some discs and suspect IVDD. He is seeing a neurologist soon. We also obtained cpl value which was abnormal and 659 on January 4th. Rechecked 3 weeks later and it was 1,535. He is clinically doing well and has not had any random yelp bouts for 4 days. He is on gabapentin and hydrocodone and tramadol as needed. He moves around just fine and has had no gi symptoms the past few weeks either. Rest of cbc/chem was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (4.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.65 cm at caudal pole) (1.67 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

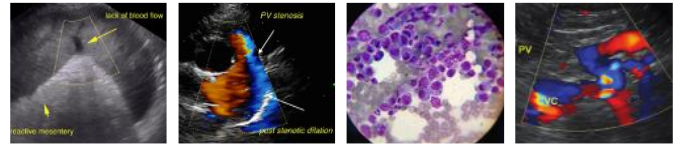
The right adrenal gland is normal size (0.75 cm at cranial pole) (0.59 cm at caudal pole) (1.91 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.72 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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Pancreas

The pancreas is visible and normal in size with normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SEX

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

31lbs

Primary Findings

Subtle pancreatic remodeling. Concurrent low-grade pancreatitis cannot be excluded. Correlation with patient's clinical signs is recommended. It is unclear if the patient's painful episodes are associated with pancreatitis or another underlying issue, (i.e., orthopedic or neurologic pain).

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a repeat ultrasound when the patient is exhibiting clinical signs.

Thorough orthopedic and neurologic evaluations are also recommended to assess for non-metabolic causes of pain.

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

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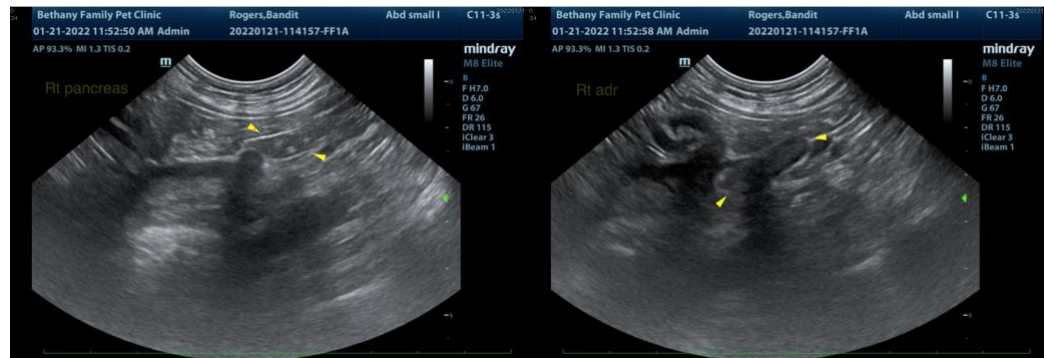
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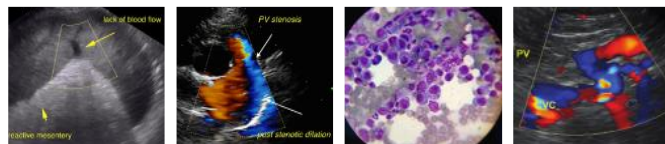


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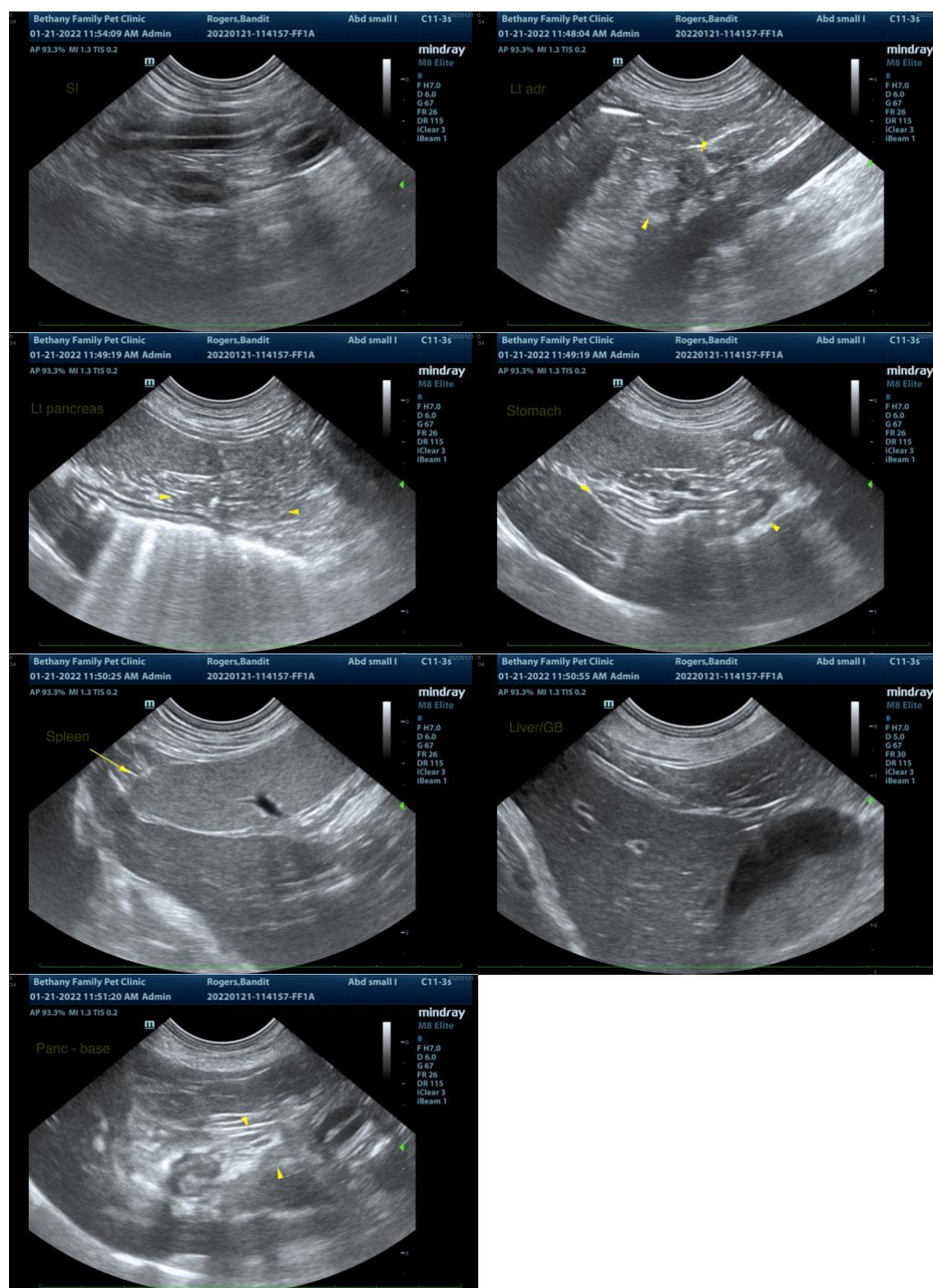
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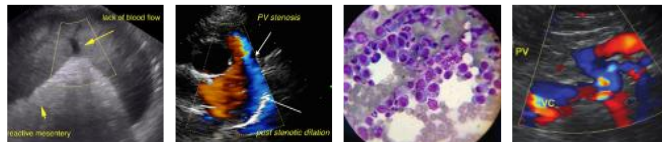
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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