



PATIENT

Petey Sapiro

SPECIES

Canine

BREED

Terrier mix

SEX

Neutered Male

AGE

9 years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. India Vannini

INVOICE

10178

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: 1/21/2022: Still not eating. Perked up a bit. O advised PSL very high and likely pancreatitis. Repeat supportive care. Convenia given. Rx buprenorphine oral 0.2ml PRN. diarrhea- unresponsive to convenia. On IVF hospitalized 1/20-Slightly improved still not eating. Recommend AUS tomorrow and IV fluids. Repeated supportive care per last 2 days. T - 103.5 1/18- Lethargic, not eating, urinating inappropriately in house (never done before). Recent visit to rdvm for lameness nothing found on radiographs. Rx galliprant

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable K+ 3.7 Na/K 42 cPL positive Temp lowest was at 103.2 then went to 104.6 and now 102.3

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 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 (5.08 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.

The right kidney presented normal size (5.74 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.

Adrenal Glands

The left adrenal gland is normal (0.54 cm at cranial pole) (0.58 cm at caudal pole); 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 (0.77 cm at cranial pole) (0.50 cm at caudal pole) (2.22 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 (1.16 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.



PATIENT

Petey Sapiro

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal.

SPECIES

Canine

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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon is mildly to moderately fluid distended. There is no evidence of an obstructive pattern.

BREED

Terrier mix

SEX

Neutered Male

Pancreas

The left limb is prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. A 1.90 x 1.13 cm irregular multiseptated cystic structure is observed within the parenchyma of the left limb. The mesentery effacing the serosal surface of this lesion is hyperechoic. The pancreatic duct not overtly dilated.

AGE

9 years

Free Abdomen

Trace free fluid is observed. Several prominent to enlarged, rounded hypoechoic mesenteric lymph nodes are visualized, the largest approximately 2.73 cm in length. Surrounding mesentery is hyperechoic. In addition, a 2.31 x 0.96 cm hypoechoic sublumbar lymph node is present. At least 1 to 2 caudal abdominal lymph nodes are seen.

WEIGHT

15 Pounds

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The cystic pancreatic lesion on the left limb may represent an abscess or benign cyst. Regional peritonitis is present. The diffuse pancreatic changes are suggestive of age-related remodeling +/- fibrosis with suspected concurrent pancreatitis.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., round cell tumor). Alternatively reactive lymphadenitis or lymphoid hyperplasia may be present. Peritonitis is present in the region of the mesenteric lymph nodes.

*It is unclear whether the patient's clinical signs are secondary to pancreatic and/or lymph node pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Fine-needle aspirates of the cystic pancreatic lesion and the enlarged abdominal lymph nodes are recommended if clotting status is appropriate. 25-gauge needles should be used. The sample from the pancreatic lesion should also be submitted for aerobic and anaerobic culture.
- All remaining test results, supportive care for pancreatitis (i.e., fluid therapy, pain medication, gastric protectants) is recommended along with broad-spectrum antibiotics.

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. India Vannini

INVOICE

10178

DATE

1/21/22

Loetitia Saint-Jacques, RVT



PATIENT

Petey Sapiro

SPECIES

Canine

BREED

Terrier mix

SEX

Neutered Male

AGE

9 years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. India Vannini

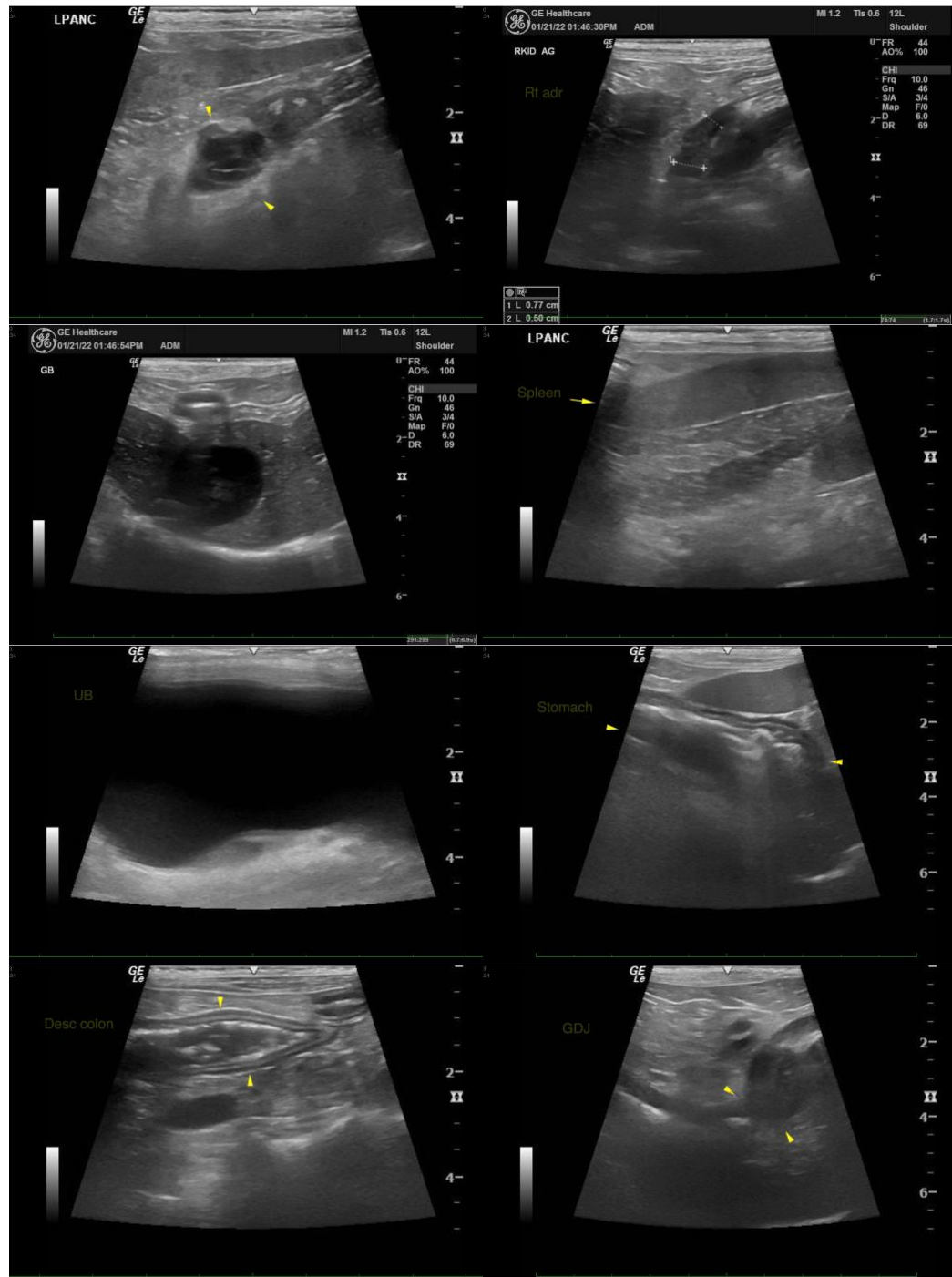
INVOICE

10178

DATE

1/21/22

- Given the inappropriate urinations, a urinalysis and urine culture and sensitivity are recommended, preferably on a pre-antibiotic sample





PATIENT

Pete Sapiro

SPECIES

Canine

BREED

Terrier mix

SEX

Neutered Male

AGE

9 years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

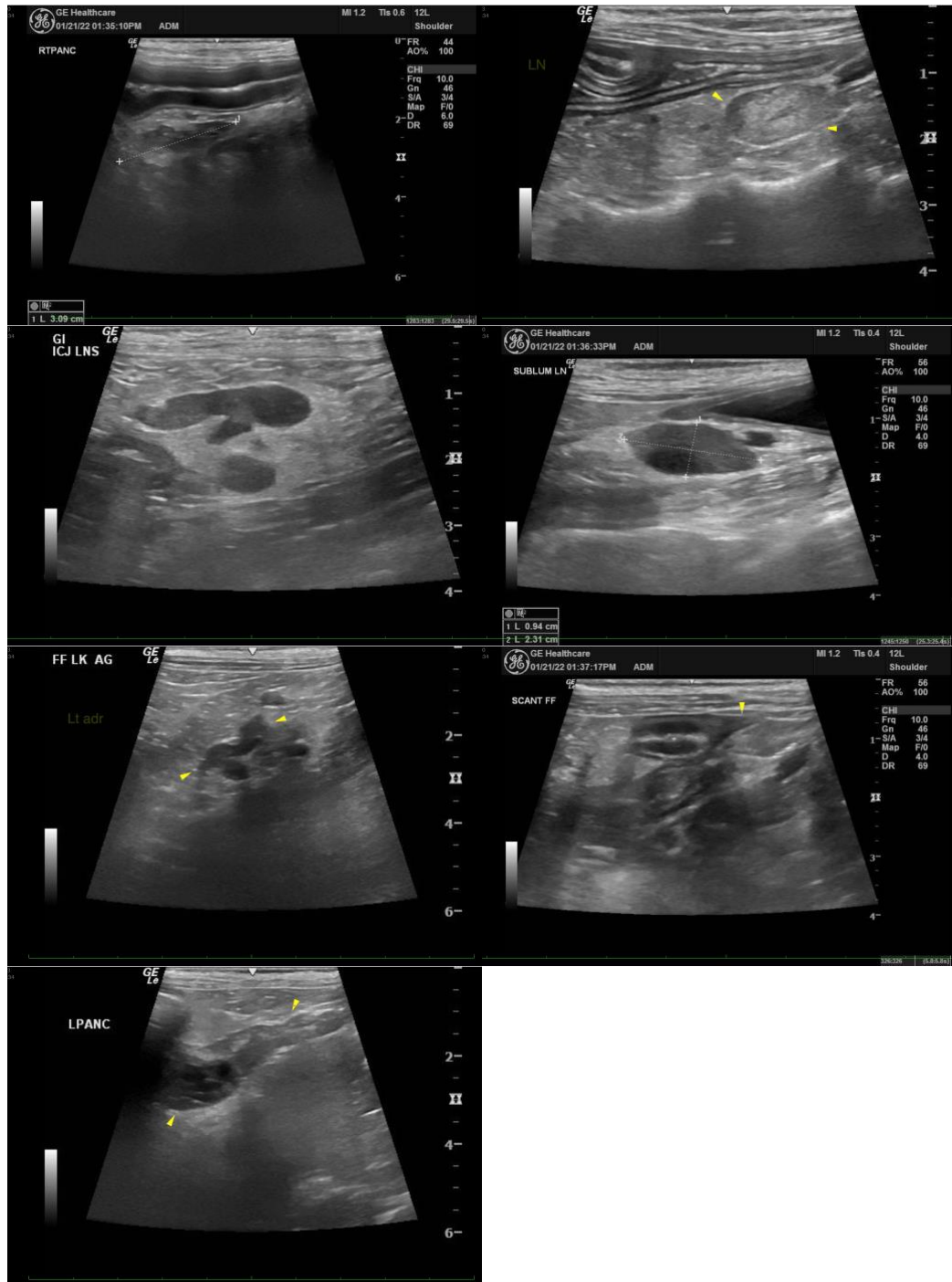
Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. India Vannini



INVOICE

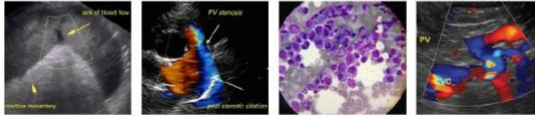
10178

DATE

1/21/22

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.



PATIENT

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

Petey Sapiro

SPECIES

Canine

BREED

Terrier mix

SEX

Neutered Male

AGE

9 years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. India Vannini

INVOICE

10178

DATE

1/21/22