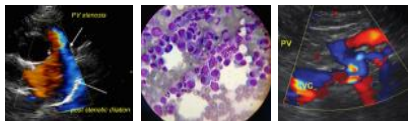
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/3/2022

PATIENT

Rocco Hudgins

SPECIES

Canine

BREED

Dachshund Mixed Breed

SEX

Male Neutered

AGE

1-1-2017

WEIGHT

21.3 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Kaufman

INVOICE

10271

PRESENTING CLINICAL SIGNS

History: diagnosed at " elsewhere " dvm as a diabetic - ketones were seen on UA, hospitalized for ketoacidotic diabetes. Pet is normally ravenous eater and is anorexic and vomited 1 x.

Current Medications: Regular insulin pulse dosing. Cerenia, Vetsulin 6 units bid (from previous dvm).
Lab Results:
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 normal in size (0.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.91 cm in length); with a normal shape and architecture and smooth peripheral margins. The cortex is slightly hyperechoic. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.27 cm in length); with a normal shape and architecture and smooth peripheral margins. The cortex is slightly hyperechoic. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal size (0.55 cm at cranial pole) (0.50 cm at caudal pole) (2.05 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 (0.69 cm at cranial pole) (0.51 cm at caudal pole) (x2.12xx 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 (1.06 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 enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and attenuating. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. No obstructive or overt infiltrative disease is noted.

Pancreas
The base and right limb are enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter). The mesentery surrounding the pancreas is hyperechoic.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute pancreatitis, moderate. Regional peritonitis is present.
- The hepatic parenchymal changes are most likely due to vacuolar hepatopathy (due to diabetes mellites). However, other hepatopathies (i.e., inflammatory disease, infiltrative neoplasia) cannot be completely excluded.

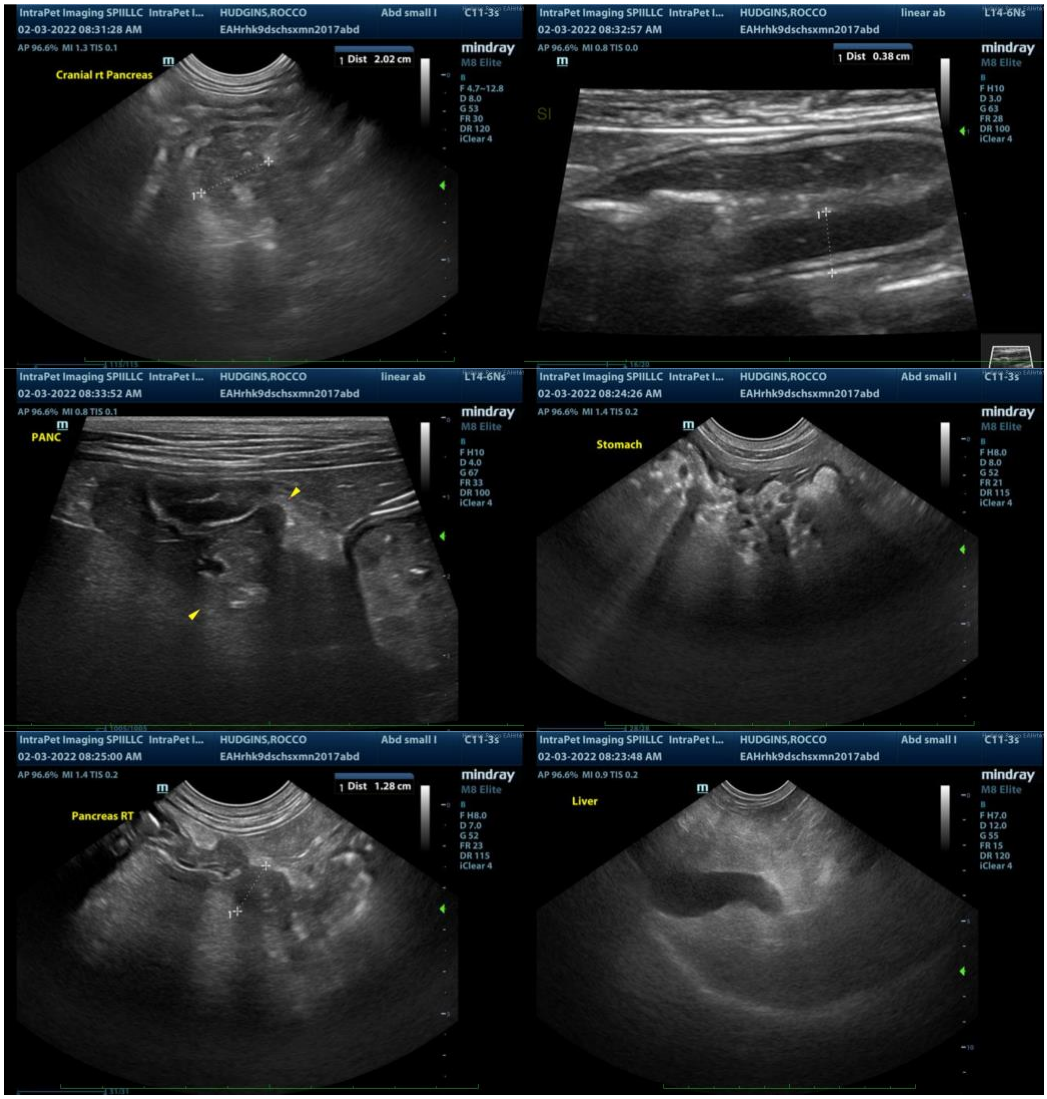
Secondary Findings

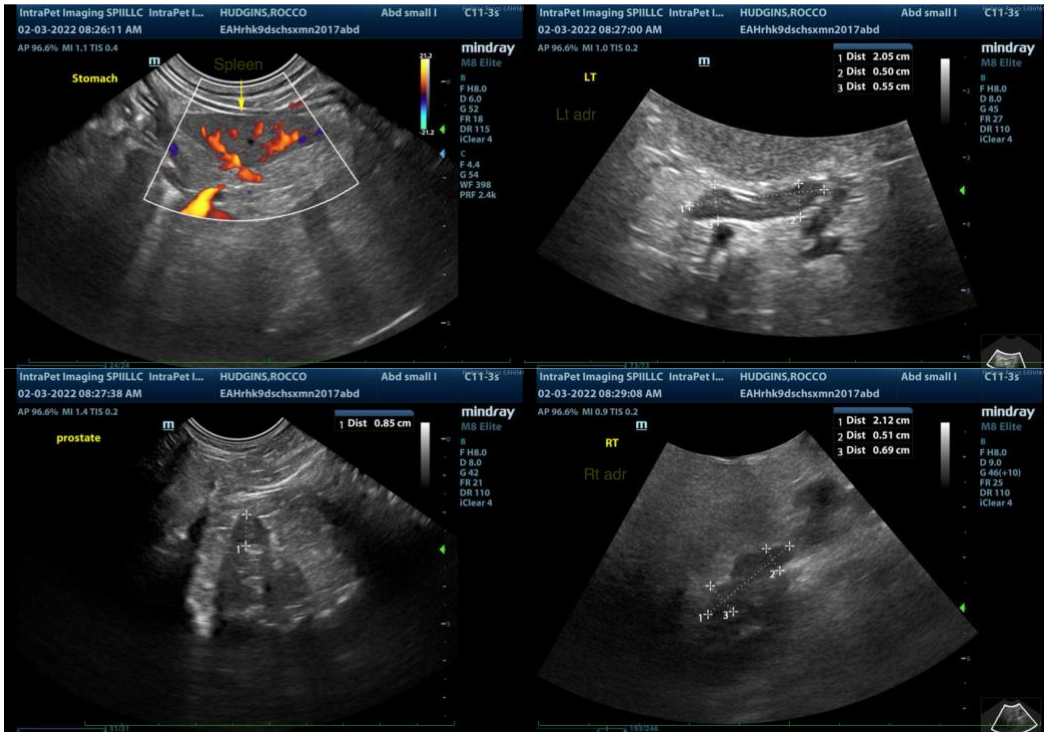
- The trace pyelectasia seen in both kidneys may be secondary to fluid therapy, PUPD, and/or pyelohephritis.
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Initiation of trickle feeding is recommended as soon as the patient will tolerate it as this will help maintain enterocyte health.
- Also consider a urine culture and sensitivity to rule out concurrent pyelonephritis.
- Depending on the patient's liver values, a fine-needle aspirate of the liver may also be warranted (if clotting status is appropriate).

- Three-view thoracic radiographs are also recommended as pancreatitis can have pulmonary effects.





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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