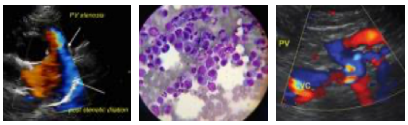
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/11/2022

PATIENT

Zoey Hinterlong

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Female, intact

AGE

12/5/2010

WEIGHT

49.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

12844

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Referral for Continued Care. Date: 01-10-2022 Notes: Diagnosed with diabetes < 1 year ago. Has not been well regulated - having to adjust insulin dose large amount. Last BG curve in November - at that time insulin dose was decreased from 10 Units to 8 units. Currently on Vetsulin 8 Units BID. Over the past 1-2 weeks owner has noted decreased appetite. Saturday drank large bowl of water then vomited. Stopped eating Sunday and vomiting has continued. Owner did not give insulin. Current diet authority. Seen at rDVM this morning BW Chemistry: BG 632 mg/dl BUN 45 mg/dl CREA 2.9 mg/dl PHOS 9.6 mg/dl ALT 126 U/L ALKP 278 U/L Amylase >2500 Lipase 5098 CBC: WBC 26K NEU 23K Mono1.23K Urinalysis- Ketones in urine. Assessment: DKA, Pancreatitis, Vomiting, Azotemia. Plan: Admit into hospital - IV fluids and supportive care for pancreatitis, Monitor renal values. CRI of Insulin. +/- abdominal US.

Current Medications: Ampicillin, Pantoprazole, Cerenia.
Lab Results: Glucose 719
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 left kidney is normal size (7.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of 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 (0.88 cm at cranial pole) (0.76 cm at caudal pole) (3.05 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 (0.86 cm at cranial pole) (0.83 cm at caudal pole) (2.78 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 (1.56 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 enlarged with swollen/rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and attenuating with a subtle heterogeneous pattern. No distinct focal lesions are observed. Vascular and 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/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is 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. No obstructive disease is noted.

Pancreas
The pancreas is diffusely enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen
Trace free fluid is observed. A few prominent sublumbar lymph nodes are visualized, the largest measuring 1.65 x 0.41 cm.

Other
The ovaries are subjectively normal in size (left ovary 2.14 x 1.06 cm; right ovary 2.61 x 1.24 cm) with normal shape and homogeneous parenchyma. No obvious pathology is observed. The uterine body is normal to prominent in size (0.55-0.94 cm in width). No obvious pathology is seen.

A 6.68 x 6.08 cm irregular, heterogeneous left caudal mammary mass is visualized. The mass contains ill-defined fluid pockets with suspended echogenic debris.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

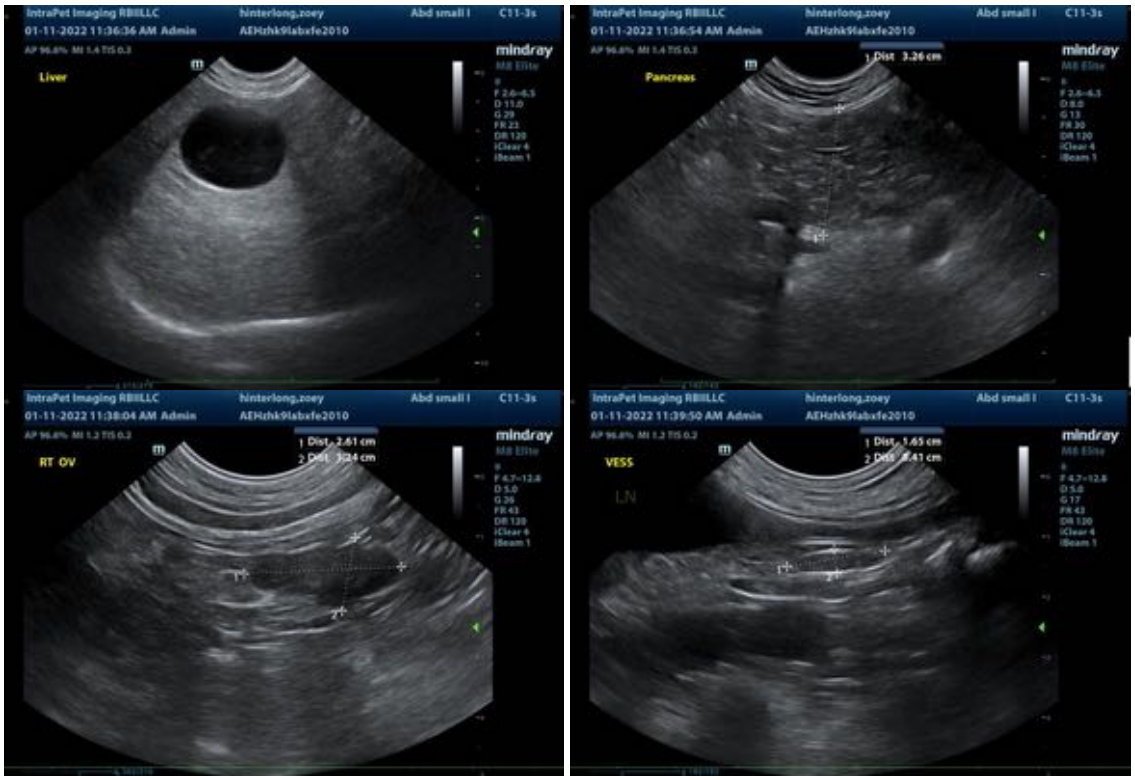
- The pancreatic changes are consistent with acute pancreatitis, moderate to severe. A chronic component is suspected based on the previous sonogram findings. Regional peritonitis is present.
- The hepatic parenchymal changes are likely associated with vacuolar hepatopathy secondary to diabetes mellitus +/- concurrent regenerative nodular hyperplasia. Other hepatopathies cannot be excluded.
- Large left caudal mammary mass.

Secondary Findings:

- Minor non-specific age-related renal changes.
- The sublumbar lymph nodes are most likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute on chronic pancreatitis and diabetic ketoacidosis is recommended including fluid therapy, gastric protectants, antiemetics, insulin, pain medication +/- fresh frozen plasma. Trickle feeding should be initiated when the patient is able to tolerate it, to help maintain enterocyte health.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Serial sonographic monitoring of the pancreas is recommended to assess for progression to abscessation, which can sometimes occur in moderate to severe cases of pancreatitis.
- Bloodwork should also be monitored closely to assess for electrolyte derangements and to evaluate organ function.




IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:40:31 AM Admin
AEHzhk9labxfe2010
mindray
MAMM Mass
LEFT caud
Dist 6.68 cm
Dist 6.08 cm


IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:41:17 AM Admin
AEHzhk9labxfe2010
mindray
Lt ADR
Dist 3.05 cm
Dist 0.87 cm
Dist 0.58 cm


IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:41:37 AM Admin
AEHzhk9labxfe2010
mindray
Lt OV
Dist 2.14 cm
Dist 1.80 cm

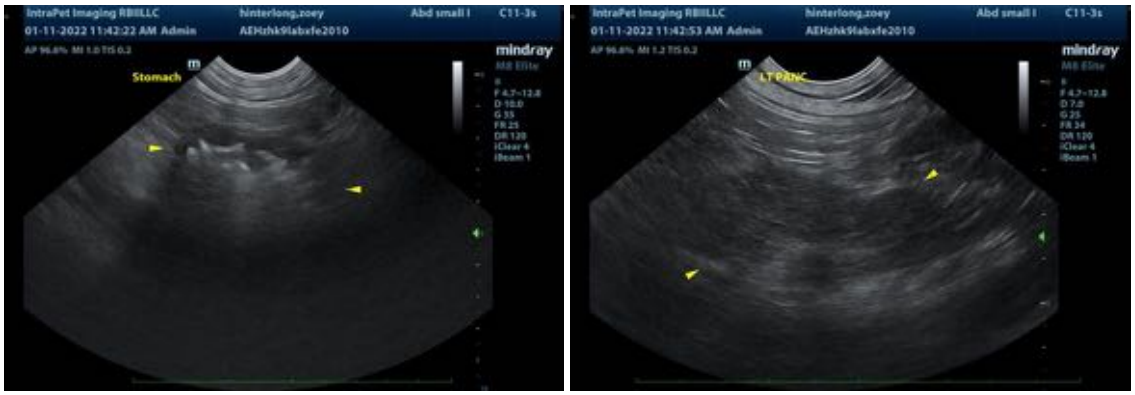

IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:41:59 AM Admin
AEHzhk9labxfe2010
mindray
Spleen


IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:43:24 AM Admin
AEHzhk9labxfe2010
mindray
RT
Pancreas
Dist 3.36 cm


IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:37:49 AM Admin
AEHzhk9labxfe2010
mindray
Rt adr
Dist 2.78 cm
Dist 0.83 cm
Dist 0.86 cm


IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:38:49 AM Admin
AEHzhk9labxfe2010
mindray
UTERUS


IntraPet Imaging RBIILLC
hinterlong,zoey
Abd small I
C11-3s
01-11-2022 11:39:38 AM Admin
AEHzhk9labxfe2010
mindray
UTERUS



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.

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