

**DATE PRESENTING CLINICAL SIGNS**

1/24/23

Vomiting and decreased appetite past 24 hours, abnormal CPL on blood work.

PATIENT

Rudy Crisp

Current Medications: None listed.

Lab Results: Elevated Lipase and Amylase.

Date of Previous IntraPet Ultrasound: 9/7/21.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Chinese Crested

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Male, neutered

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

AGE

7/23/2009

The left kidney is normal in size (3.60 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroneureter.

WEIGHT

13.18 lbs.

The right kidney is normal in size (4.01 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. A 0.86 cm cortical cyst is observed at the medial aspect. A smaller cortical cyst is also seen at the caudal pole. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.44 cm at caudal pole) (1.60 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.

HOSPITAL NAME

Perry Hall AH

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen**REFERRING VET**

Dr. Baer

The spleen is normal in size (1.40 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**INVOICE**

14501

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. 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. A moderate amount of aggregated echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The proximal duodenum is slightly corrugated. 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 obvious obstructive disease is noted.

Pancreas

The right limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. Surrounding mesentery is hyperechoic to attenuating.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

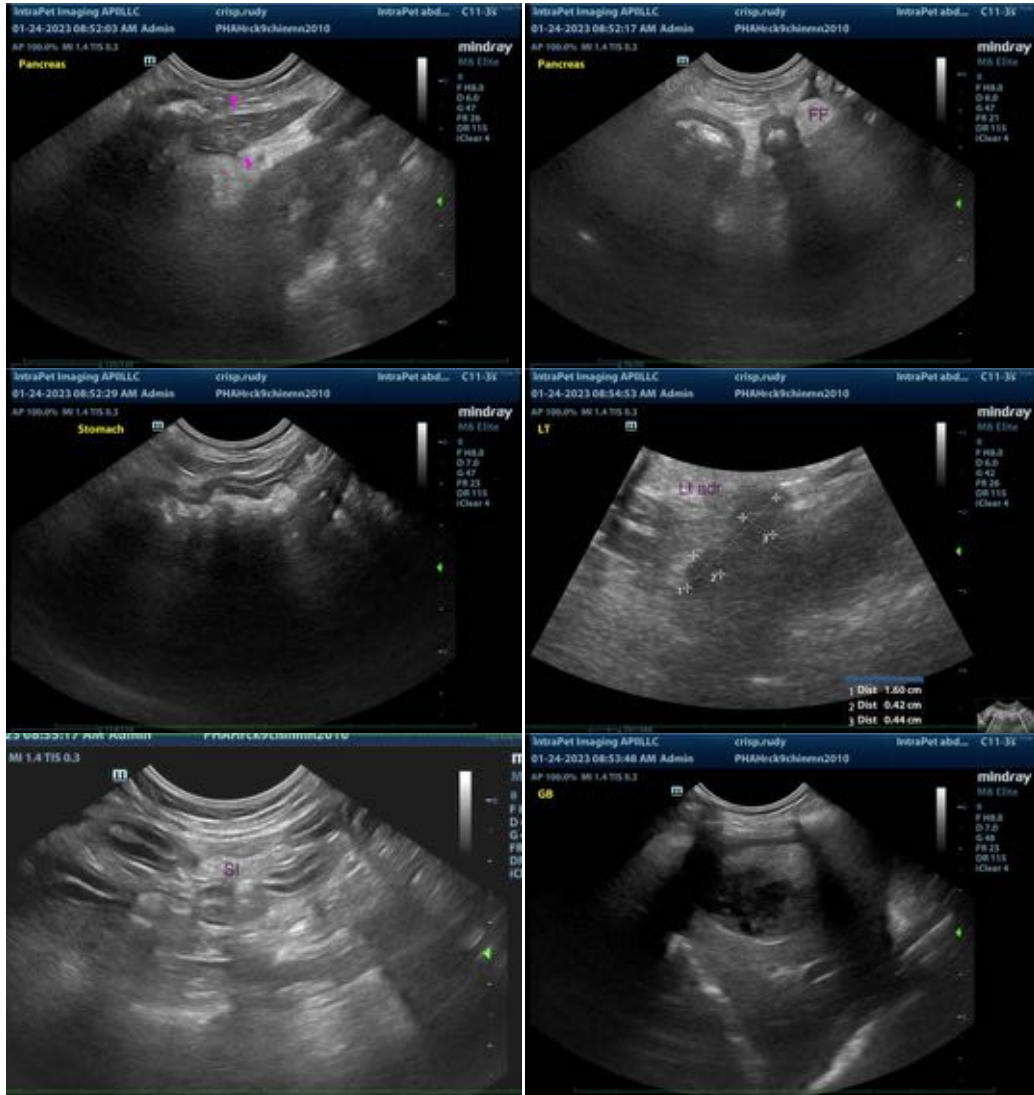
- The pancreatic changes are suggestive of mild to moderate acute pancreatitis with adjacent peritonitis.

Secondary Findings:

- Bilateral chronic renal changes with non-obstructive nephrocalcinosis. Changes are similar to the previous sonogram.
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic, endocrine) is the top differential. However, correlation with the patient's liver values is recommended. Changes are similar to the previous sonogram.
- The slightly corrugated duodenum is likely a result of hyperperistalsis secondary to pancreatitis.
- The shadowing material within the gastric lumen may represent a normal ingesta, pills, or foreign material. It appears non-obstructive at this time.
- Gallbladder sludge. Differentials include cholestasis, fasting, developing mucocele. Changes are similar to slightly improved compared to the previous sonogram.

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.
- Given the patient's age, thoracic radiographs are also recommended to assess cardiopulmonary status.



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.

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