

**DATE PRESENTING CLINICAL SIGNS**

10/18/2021

History: On 10/15, P presents for dental. O stated P got into the cat food and has an upset stomach two days ago. Owner states pet ate a lot of cat food and did vomit after that but since then has been normal. Last night Jasper did not eat dinner but seemed interested in people food. O states P has been normal but does not want his food. O wants skin tag removed under arm as well.

PATIENT

Jasper Dea

Current Medications: Started 10/15: Clavamox 250mgT: Give 1T PO BID, Metronidazole 250mgT: Give 1/2T PO BID, Denamarin.

SPECIES

Canine

Lab Results: 10/15/21: ALP >2000, ALT >3675.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: No previous.

BREED

Pug

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.

AGE

11/9/2009

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.

WEIGHT

25.8 lbs.

The left kidney is normal size (4.61 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.

INTERPRETED BY

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

The right kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Banfield Pet Hospital
 of Columbia

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.62 cm at caudal pole) (1.66 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.

REFERRING VET

Dr. Landon

The right adrenal gland is normal size (0.40 cm at cranial pole) (0.54 cm at caudal pole) (1.62 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

A 1.37 x 1.26 cm vascular, hypoechoic to slightly heterogeneous nodule is observed at the caudal aspect. The remainder of the spleen is normal in size (0.98 cm in width at the level of the hilus) with a normal capsular contour. A 0.85 x 0.53 cm ill-defined hypoechoic nodule is also present at the cranial medial aspect. Splenic vasculature appears normal with no evidence of thrombosis.

INVOICE

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly heterogeneous in appearance. A 1.23 cm hypoechoic nodule is observed deep left to mid liver. Vascular and biliary tracts are of normal volume with no evidence of

congestion. The gall bladder lumen is distended. The wall is normal in thickness. A small to moderate amount of partially dependent to suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. 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 right limb of the pancreas is prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. Surrounding mesentery is hyperechoic. A small amount of peripancreatic effusion is visualized.

Free Abdomen

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

Other

A 1.53 x 1.15 cm echogenic nodule is observed in the superficial cranial abdomen, adjacent to the stomach. Surrounding mesentery is slightly hyperechoic.

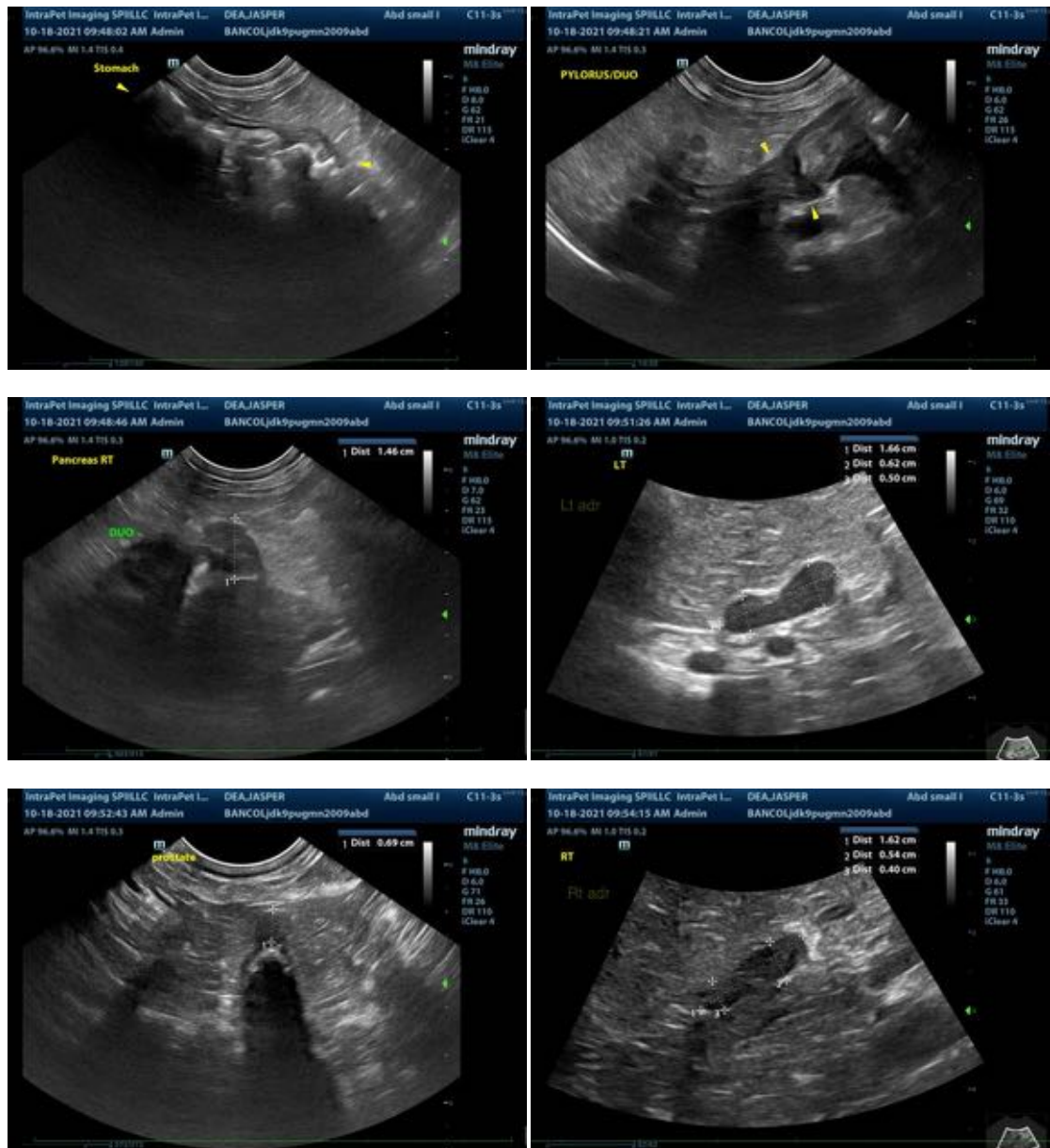
ULTRASONOGRAPHIC FINDINGS

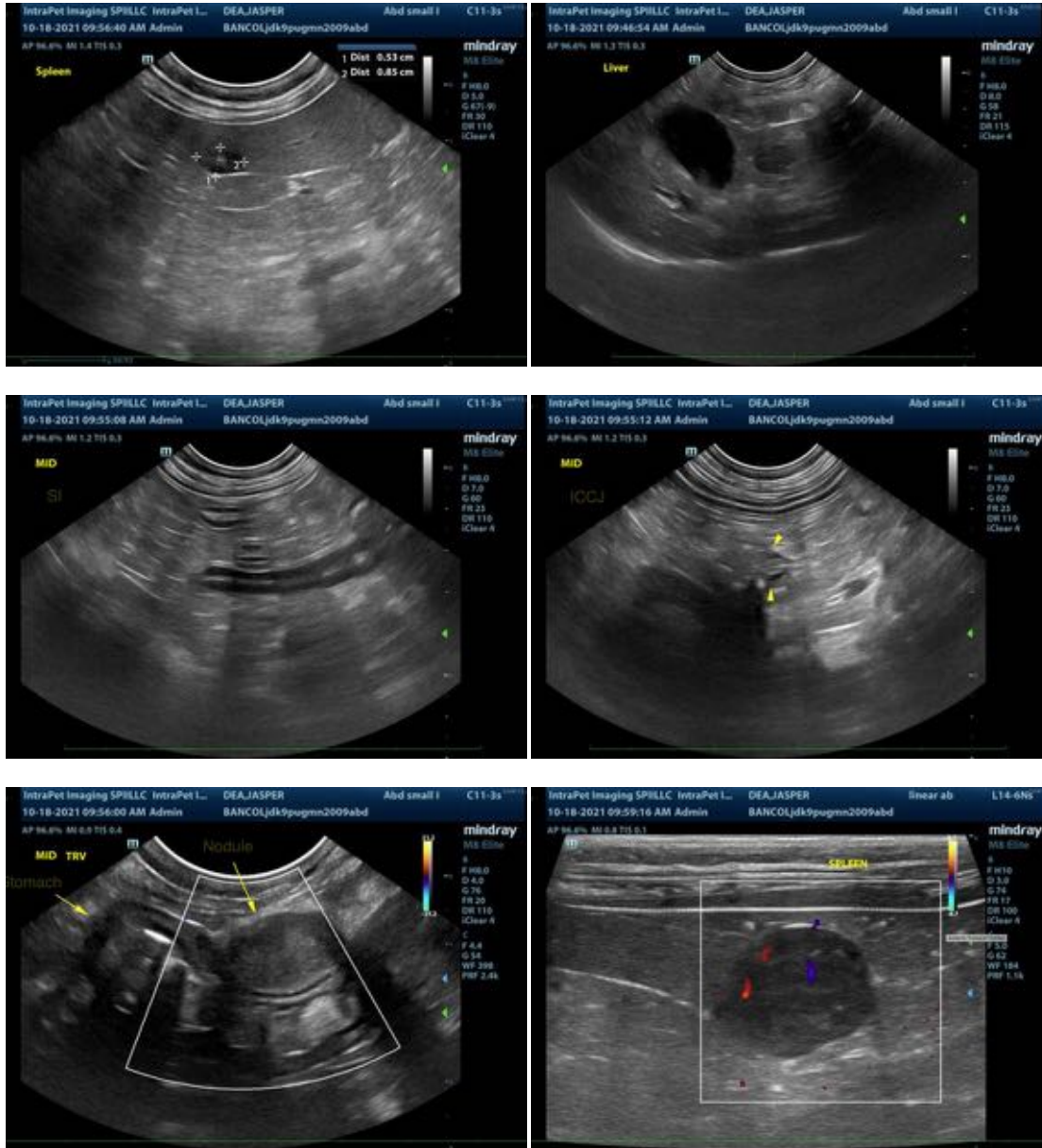
- Mild to moderate acute pancreatitis.
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) cannot be excluded.
- Gallbladder debris, non-mucocele.
- The caudal splenic nodule is concerning for neoplasia with a lower possibility of benign pathology. The more cranial hypoechoic splenic nodule trends toward the benign. However, neoplasia is still possible.
- The origin of the superficial nodule in the cranial abdomen is unclear. It may be arising from mesentery, gastric wall, body wall, other. Differentials include tumor, inflammatory focus, granuloma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the liver, splenic nodules and superficial cranial abdominal nodule are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytologic evaluations are inconclusive, an abdominal exploratory with splenectomy, liver biopsy and removal of the cranial abdominal nodule can be considered once the pancreatitis has resolved. An echocardiogram is recommended prior to surgery to assess for a right atrial/auricular mass, which can sometimes occur concurrently with splenic masses.

- Supportive care for acute pancreatitis is recommended, including fluid therapy, gastric protectants and pain medication as needed. Also consider empirical treatment for bacterial cholangiohepatitis (i.e., Amoxicillin clavulanic acid) +/- Metronidazole, Denamarin while awaiting test results.
- Leptospirosis testing (i.e., blood and urine PCR, serology) should also be considered.





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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