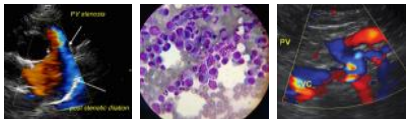
IMAGING PERFORMED BY

IntraPet.com



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DATE

10/27/21

PATIENT

Ellie Foley

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

3/10/2009

WEIGHT

25.7 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Abbey AH

REFERRING VET

Dr. Kluttz

INVOICE

14033

PRESENTING CLINICAL SIGNS

History: Seen for ADR, multiple vomiting episodes, anorexia for 1-2 days. History of diabetes mellitus, mostly well- controlled.
PE: QAR, MM: pink/tacky. Discomfort on cranioventral ABD. Normal stool in rectum.

Current Medications: Novalin 6-7 units BID.
Lab Results: Increased ALP, ALT, neutrophils, monocytes.
Radiographs: Radiographs- No FB visible. A lot of stool in large intestine.
Date of Previous IntraPet Ultrasound:
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney presented normal size (5.00 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.

The right kidney presented normal size (5.12 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.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.65 cm at caudal pole) (2.00 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 (0.68 cm at cranial pole) (0.61 cm at caudal pole) (1.71 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 subjectively normal in size (0.87 cm at the level of the hilus) with an irregular medial contour and swelling at the hilus. The parenchyma is homogeneous. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen, exhibits heterogeneity and is slightly attenuating. No focal distinct lesions are observed. Hepatic vasculature 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 small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with gas and ingesta. The gastric wall is normal to borderline thickened (up to 0.48 cm) with retention of the 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 or overt infiltrative disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

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

Other

A 0.76 cm cystic lesion is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of mild acute or chronic, active pancreatitis

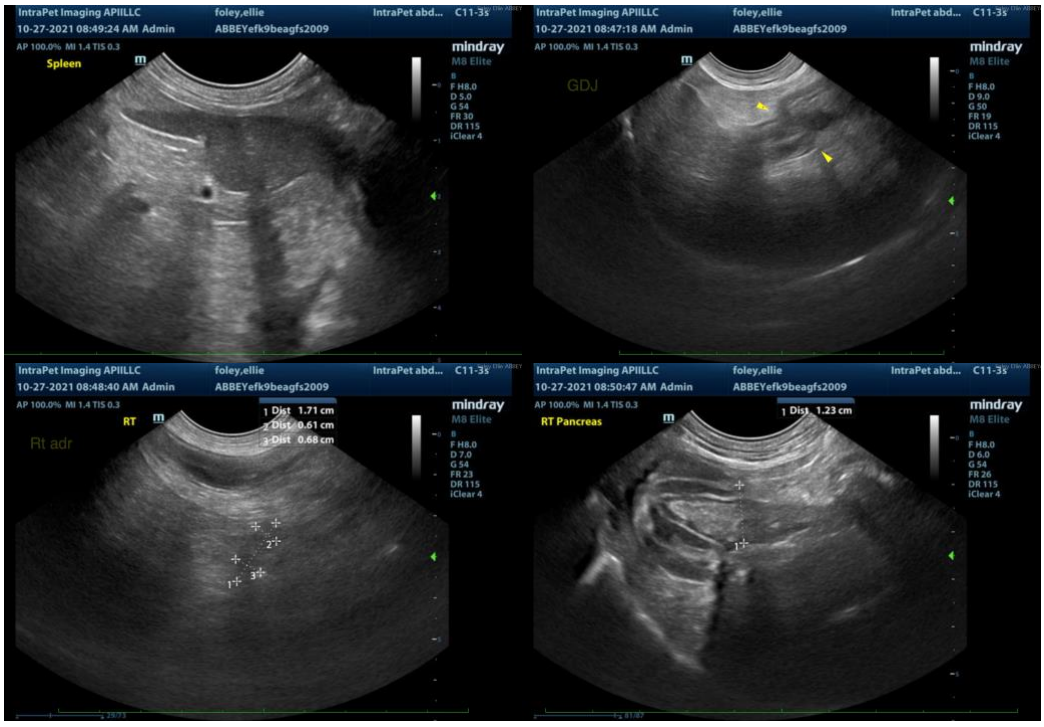
Secondary Findings

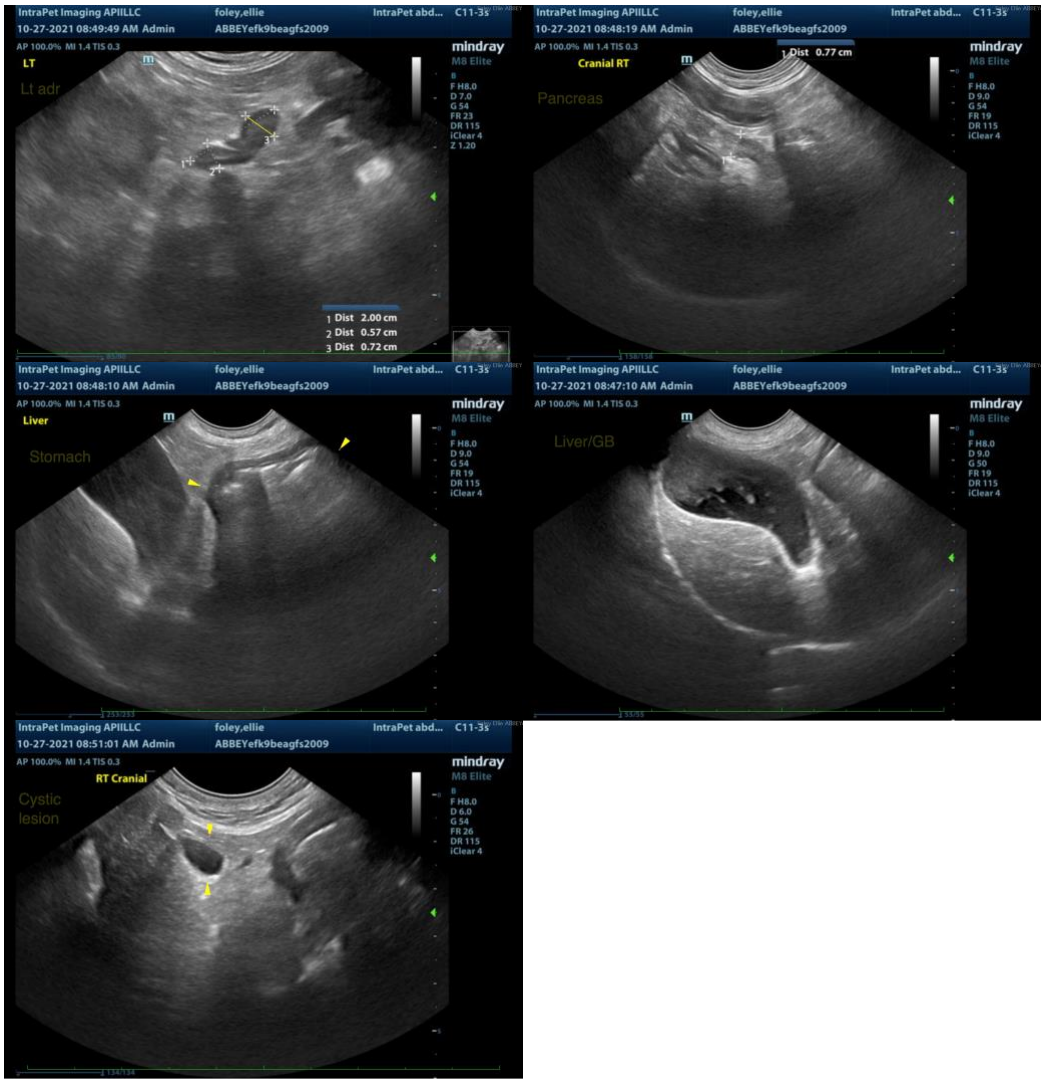
- The bilateral renal changes are consistent with diabetic nephropathy.
- The swelling at the medial aspect of the spleen may be a normal variant for this patient or may represent a region of extramedullary hematopoiesis or lymphoid hyperplasia. Emerging neoplasia is possible but considered less likely.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Concurrent inflammatory disease is also possible. Infiltrative neoplasia is considered unlikely.
- The significance of the cystic structure in the right cranial quadrant is unclear. It may represent a cyst within the mesentery, cystic lymph node, pancreatic cyst, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider a malabsorption panel and fecal evaluation for ova and Giardia.
- Consider Leptospirosis testing, particularly if the clinical suspicion is high.
- Given the history of diabetes and abdominal pain, consider a urine culture and sensitivity to evaluate for occult pyelonephritis.
- While awaiting test results, empirical treatment for pancreatitis/cholangiohepatitis is recommended including fluid therapy, pain medication, gastric protectants, and broad-spectrum antibiotics.

If the patient has not clinically improving in 48-72 hours, a recheck an abdominal ultrasound as well as repeat blood work should 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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