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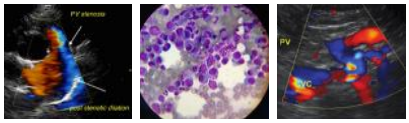

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DATE

10/28/21

PATIENT

Pac Parkis

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

8/15/2013

WEIGHT

25.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Kaufman

INVOICE

PRESENTING CLINICAL SIGNS

History: abdominal pain, anorexia - 36 hours, vomiting.

Current Medications: Cerenia, Methadone.
Lab Results: Lymphocytosis; ALKPhos elevated.
Radiographs: abd rads - lack of detail -cranial abd - retroperitoneal increased ST?? Mass - cranial abd?
Date of Previous IntraPet Ultrasound: 4-1-2021.
Sedation: not needed
Stat Report: STAT requested

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 prostate is normal in size (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.20 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 (5.43 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 (0.59 cm at cranial pole) (0.68 cm at caudal pole) (2.13 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 upper limits of normal size (0.68 cm at cranial pole) (0.68 cm at caudal pole) (2.81 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 (1.29 cm 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 in size with rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely mottled in appearance with numerous varying sized ill-defined

hypoechoic nodules throughout the organ. 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 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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) 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 body and right limb of the pancreas are severely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and edematous. No distinct focal lesions are observed, the pancreatic duct is not overtly dilated. The surrounding mesentery is hyperechoic to saponified. There is evidence of peripancreatic effusion. Several small intestinal segments appear to be adhered to the pancreatic margins.

Free Abdomen

A small amount of echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe acute pancreatitis with regional peritonitis +/- saponification of fat. Necrotizing pancreatitis should be a consideration.

- Nonspecific diffuse hepatopathy differentials include vacuolar hepatopathy, regenerative nodule hyperplasia, inflammatory disease, infiltrative neoplasia (less likely), other hepatopathy.

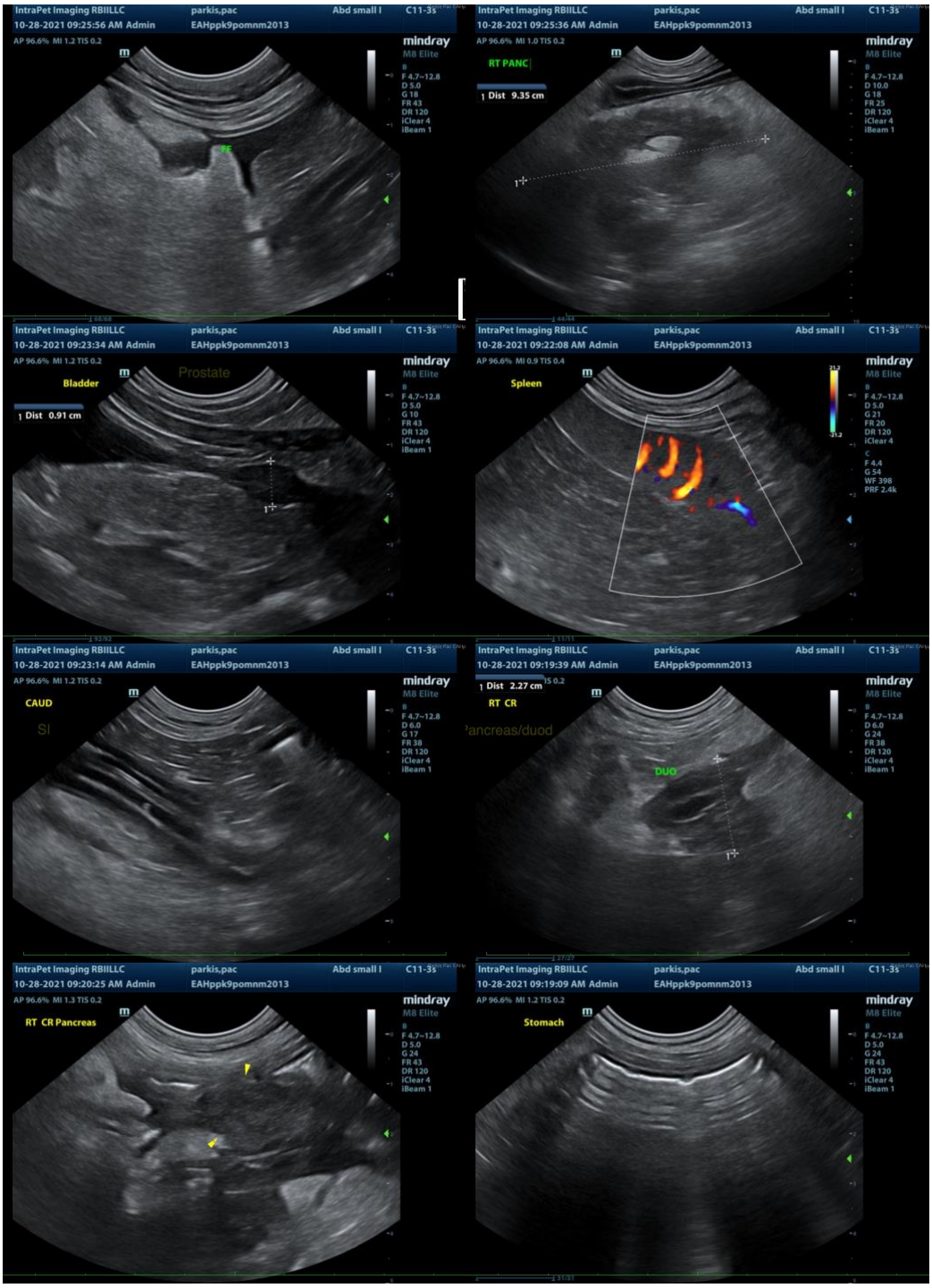
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Trickle feeding should be initiated as soon as the patient will tolerate it to help maintain enterocyte health. If available, hyperbaric oxygen therapy may be beneficial in reducing pancreatic inflammation

- Three view thoracic radiographs are recommended to assess cardiopulmonary status, as severe pancreatitis can result in systemic inflammatory changes, including within the lungs.

- Serial monitoring (i.e., daily) of the pancreas is recommended to assess for the development of abscessation, which can occur in moderate to severe cases of pancreatitis.

- Baseline lab work should also be frequently monitored to assess the patient's metabolic functions.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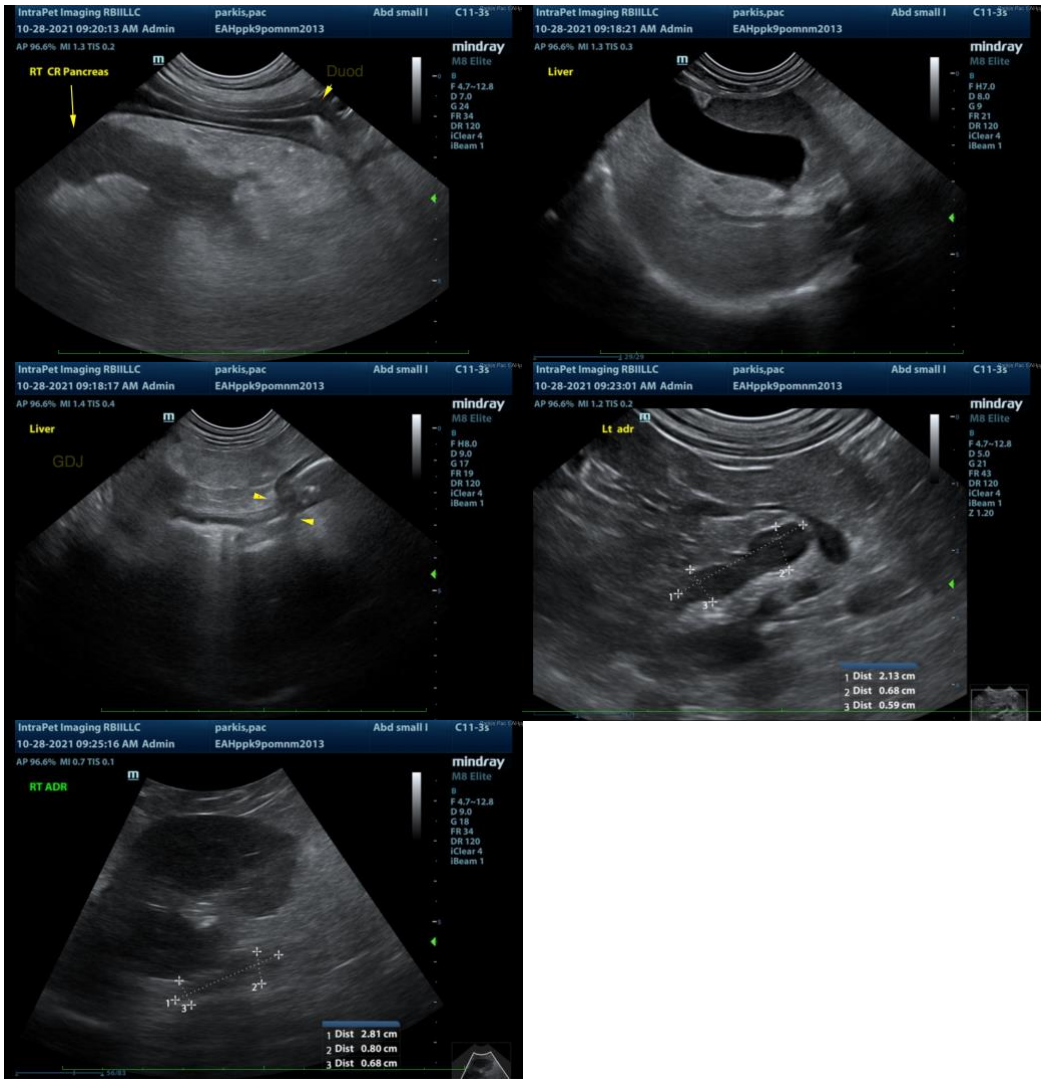

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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