**DATE**

11.1.2022

**PATIENT**Elber Macaroni  
Dewberry**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered Male

**AGE**

8/15/2013

**WEIGHT**

17.8lbs

**INTERPRETED BY**Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)**HOSPITAL NAME**

Nexus Vet Spec

**REFERRING VET**

Dr. Steele

**INVOICE**

11935

**PRESENTING CLINICAL SIGNS**

Chronic pancreatitis, PLN, recent progression in PLI and liver enzymes

Current Medications: Omeprazole 20 mg BID, Enalapril 10 or 15 mg BID (recent increase recommended) Dasaquin, Provable daily, Gabapentin 300mg PRN, Galliprant 60mg recent D/C, Telmisartan 10-20mg recent D/C

Lab Results: Bun 76, phos 6.4, potassium 6.3, Chloride 105, Alt 347, Ast 82, Alp 3017, chol 517, tg 1598, amylas 1986, lipas &gt;1800, creatine kin 321, spec cpl 1699.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**The **urinary bladder** wall is 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.The **prostate** is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.The **left kidney** is normal size (7.16 cm in length); normal shape and smooth peripheral contours. The cortex is mildly thickened and hyperechoic. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.The **right kidney** is normal size (5.64 cm in length); normal shape and smooth peripheral contours. The cortex is mildly thickened and hyperechoic. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A small cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, infarcts or hydroureter.**Adrenal Glands**The **left adrenal gland** is enlarged (0.92 cm at cranial pole) (0.88 cm at caudal pole) (3.16 cm in length); with a normal shape and smooth peripheral contours. The parenchyma is hypoechoic with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.The **right adrenal gland** is mildly enlarged (1.23 cm at cranial pole) (0.74 cm at caudal pole) (3.23 cm in length); with a normal shape and smooth peripheral contours. The parenchyma is hypoechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.**Spleen**The **spleen** is normal in size (1.10 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.**Liver**The **liver** is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic and attenuating. No distinct focal lesions are observed. 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. A few, small polypoid-like lesions are arising from the luminal surface. A moderate amount of aggregated, echogenic to mineralized, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

#### ***Gastrointestinal***

The **gastric lumen** is moderately distended with ingesta and some shadowing material. 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 segmentally dilated with chyme. 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. There is no evidence of an obstructive pattern.

#### ***Pancreas***

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

#### ***Free Abdomen***

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

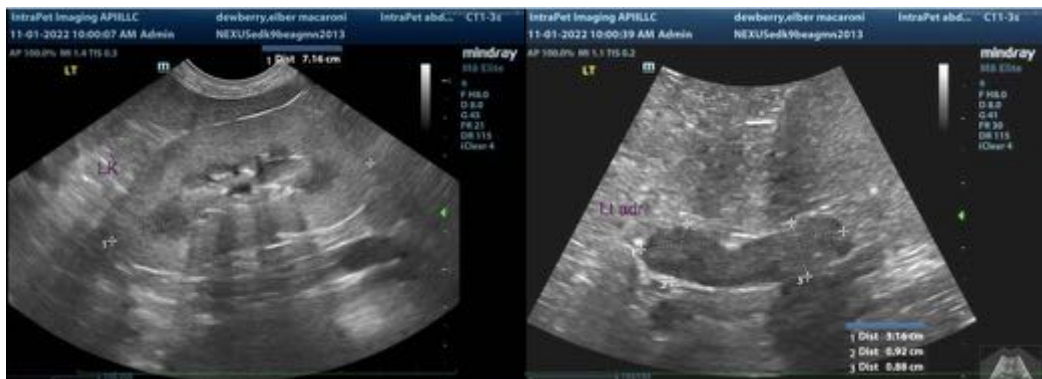
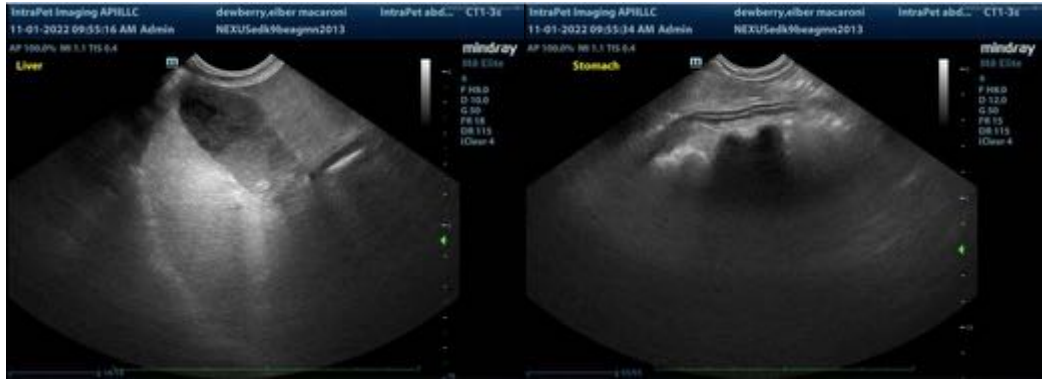
- Bilateral degenerative renal changes with right dystrophic mineralization
- The hepatic parenchymal changes are most consistent with vacuolar hepatopathy. However, concurrent inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis) or infiltrative neoplasia are possible.
- The gall bladder sludge can be consistent with cholestasis, fasting, or less likely, an emerging mucocele.

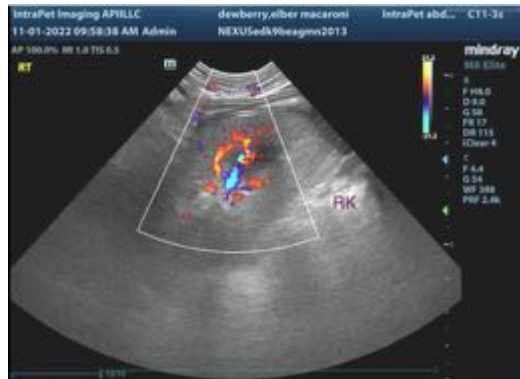
#### **Secondary Findings**

- Mild bilateral adrenomegaly
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. The shadowing material within the gastric lumen may represent normal ingesta or foreign material. The material appears nonobstructive at this time.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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