



PATIENT

Lily Painter

SPECIES

Canine

BREED

Bichon

SEX

Spayed Female

AGE

11 Years

WEIGHT

6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Morris

INVOICE

12795

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound. Was last scanned May 2021. Recurrent history of pancreatitis. Has been diagnosed as Cushings, is on Trilostane. Most recent presentation for vomiting bile, diarrhea and anorexia. Treated with IVF and Buprenorphine in hospital. Additional history: SDMA is elevated at 18, low albumin, ALP 222, elevated lipase and spec CPL. Most recent stim does not show evidence of iatrogenic Addisons.

Abnormal PE/Chem/CBC/UA Results: Please see attached blood results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney presented normal size (4.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A small cortical cyst is observed at the caudolateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.72 cm at cranial pole) (0.64 cm at caudal pole) (1.79 cm in length); with a 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 mildly enlarged (0.78 cm at cranial pole) (0.76 cm at caudal pole) (1.59 cm in length); with a 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 (1.25 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

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with a coarse echotexture and minor changes consistent with age-



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related remodeling. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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SPECIES

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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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 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.

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Pancreas

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The pancreas is diffusely prominent to enlarged with irregular peripheral contours, particularly in the region of the right limb. The parenchyma is hypoechoic relative to surrounding omental fat and mottle din appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

11 Years

WEIGHT

Free Abdomen

6 kg

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

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ULTRASONOGRAPHIC FINDINGS

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Internal Medicine)

Primary Findings

- The pancreatic changes are consistent with chronic active pancreatitis with regional peritonitis.

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Secondary Findings

- The bilateral adrenomegaly is consistent with the previous diagnosis of pituitary dependent hyperadrenocorticism.
- Minor age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Supportive care for pancreatitis is recommended, including fluid therapy, gastric protectants, antiemetics, pain medication (as needed) +/- fresh frozen plasma.
- Given the hypoalbuminemia, also, consider further work up to assess for concurrent microscopic gastrointestinal disease:

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1. Fecal evaluation for ova and Giardia

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2. GI panel (send to Texas A & M)

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3. If hypoalbuminemia persists despite resolution of the pancreatitis, UPC, pre- and

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postprandial serum bile acids +/- gastrointestinal biopsies may be warranted.

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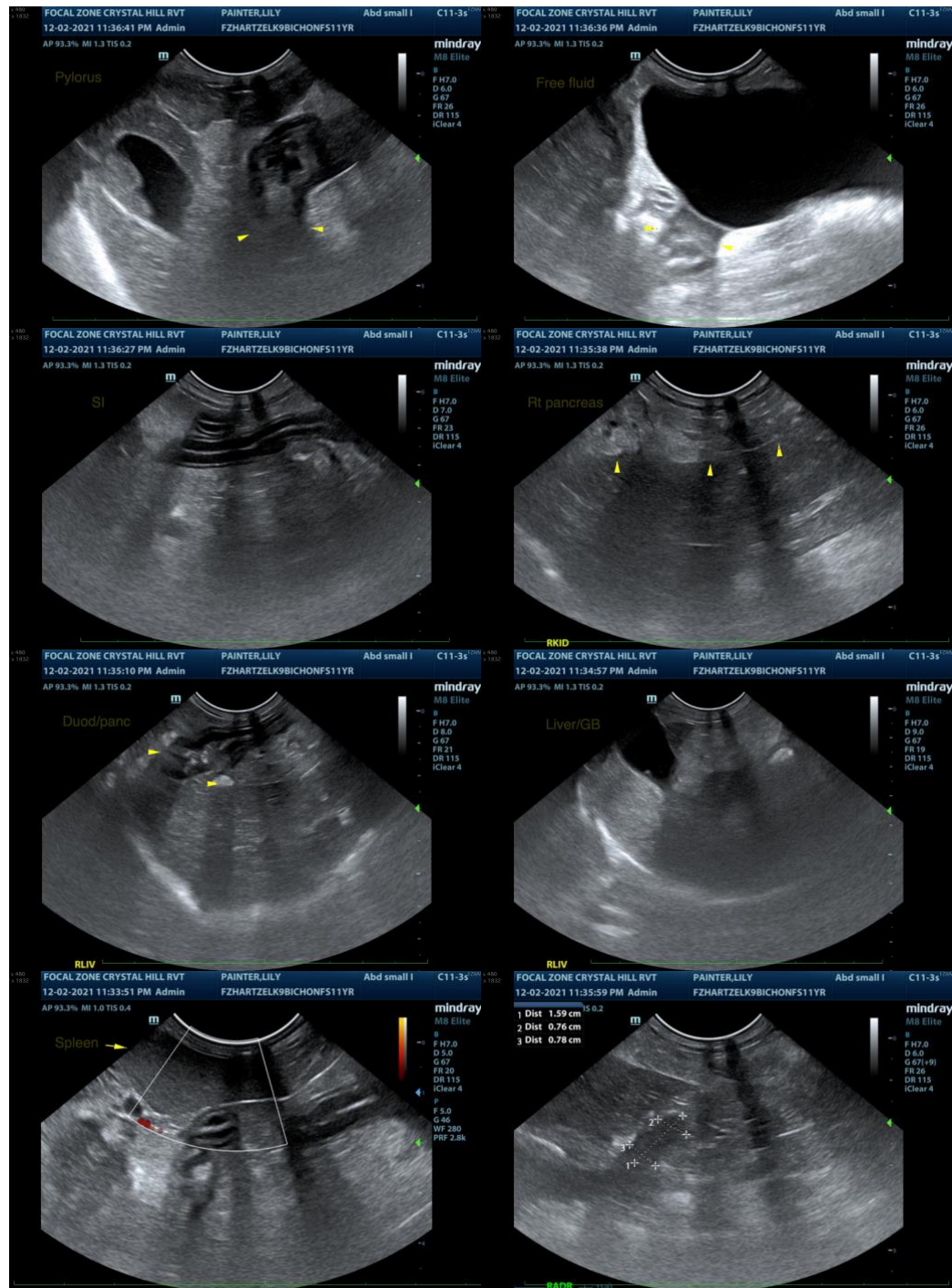
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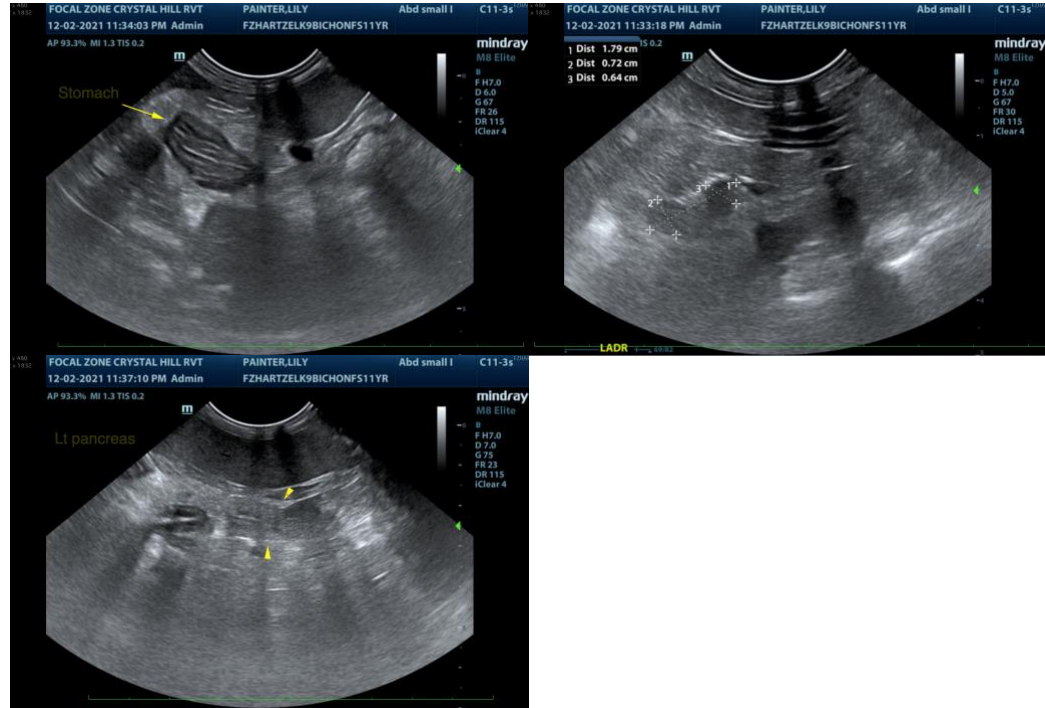
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

andrea_nicastro2@hotmail.com