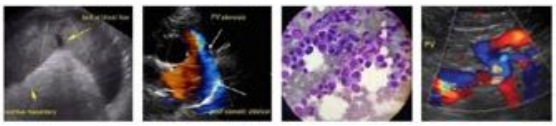


PATIENT

Prince Ghotra

SPECIES

Canine

BREED

Pug X

SEX

Neutered Male

AGE

10 years

WEIGHT

10.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hosp Ancaster

REFERRING VET

Dr. Williams

INVOICE

11914

DATE

12.23.22

PRESENTING CLINICAL SIGNS

History: Since 12/16/22 P on and off eating and vomiting. Emergency clinic advised abdominal ultrasound to investigate further. Patient has uncontrolled diabetes. Current Medications Caninsulin. Sucralfate. P refuses to take other meds.

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 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 (0.93 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 (5.14 in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm at cranial pole) (0.47 cm at caudal pole) (1.39 cm in length) with a normal shape and 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) (0.29 cm at caudal pole) (1.59 cm in length) with a normal shape and 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 (0.75 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.

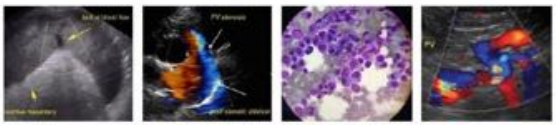
Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular 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 moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid



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and chyme. The small intestinal wall is normal to borderline thickened (up to 0.34 cm) with retention of the normal layering pattern. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb is prominent in size with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A few areas of mesentery in the cranial abdomen are hyperechoic. Trace free fluid is observed. A 1.07 cm cranial abdominal lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of mild to moderate pancreatitis, likely chronic in nature. However, an acute component is possible.
- Mid-abdominal peritonitis is present, likely secondary to underlying gastrointestinal or pancreatic disease.

Secondary Findings

- Bilateral chronic age-related renal changes
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is the top differential. However, correlation with the patient's liver values is recommended.
- The gall bladder sludge could be consistent with cholestasis, fasting, or an emerging mucocele.
- The small intestinal wall thickening is consistent with an inflammatory process (i.e., enteritis).
- The chronic adrenal abdominal lymph node is most likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab-work including a CBC, chemistry panel and T4 is recommended, if not already performed.
- Given the poor diabetic regulation, a urine culture and sensitivity should also be considered.
- Regarding the patient's GI signs, consider the following:
  1. Fecal evaluation for ova and Giardia
  2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended
  3. Thoracic radiographs to assess for occult esophageal disease
- While awaiting test results, supportive care for gastroenteritis/pancreatitis is recommended.

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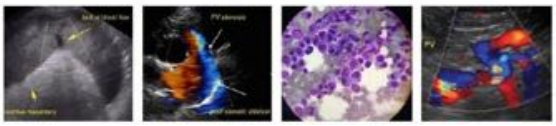

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289-808-2608 info@thefocalzone.com

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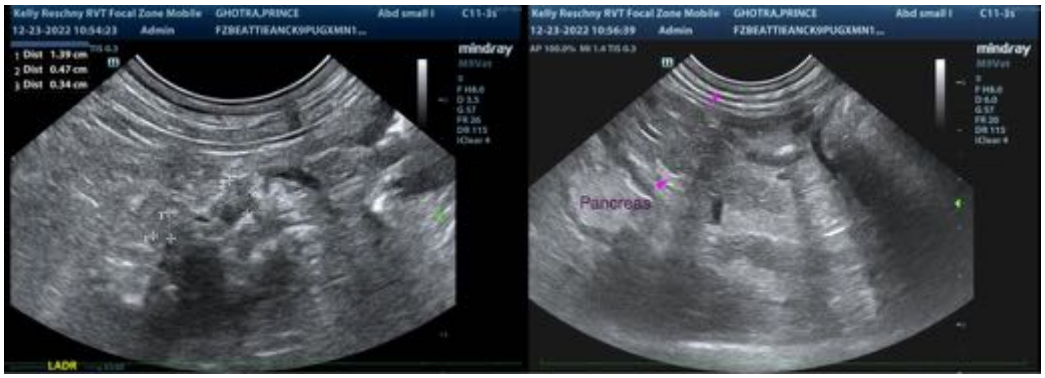

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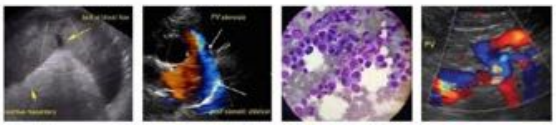

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com