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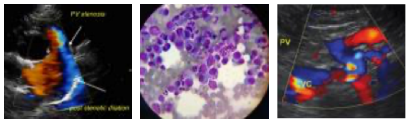

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DATE

12.26.22

PATIENT

Bella Rose

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

10/10/2009

WEIGHT

37.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

11921

PRESENTING CLINICAL SIGNS

Previous visits at AEH 3/2/17: licking 10/10/21: Bite wound 10/15/21: Drain removal 3/21/22: Vomiting, bloody diarrhea, eating less, lethargy Hospitalized Full bw, xrays BUN 42 --> 28 ALKP 332 --> 224 IVF, meds TGH 10/15/22: Vomiting, bloody diarrhea, toxicity/ DI Pancreatitis vs other- ate peanut butter and eggs Full bw + xrays BUN 35 --> 39 ALKP 454 IVF, hosp, Meds TGH. Date: 12-26-2022 Notes: 13 YO FS

Min Goldendoodle ATO: vomiting all day, starting with tremors - could've ingested a piece of chocolate chip cookie earlier. diarrhea -- history of pancreatitis. She'S Going Out To Use The Restroom Every 3045 Min. No Blood Present Currently, But She Has Had This Problem In The Past. She Also Has A History Of Chronic Pancreatitis. She Possibly Consumed Either Raw Chocolate Chip Cookie Dough Or A Chocolate Chip Cookie We Have Company. They Have Fed Her Treats. lost weight Diet: Royal Canine Gastrointestinal Low Fat ATO in room: - P very sensitive to any diet change- needs her diet and pumpkin - 2-3 weeks ago ate gingerbread house small piece and it resolved, during thanksgiving got into the trash- P resolved after this - Today woke up not eating, diarrhea, vomiting- water coming out, not eating or drinking all day. began twitching in sleep- at first thought dreaming- not seizure but concerned for one - Heart seemed irregular - gums sticky, seemed dehydrated.

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 left kidney is normal size (5.26 cm in length) with a normal shape, architecture and 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 is normal size (4.23 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. The cortex is hyperechoic relative to the liver. Trace pyelectasia is present (0.71 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.66 cm at caudal pole) (2.41 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 (0.70 cm at cranial pole) (0.61 cm at caudal pole) (2.35 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 (1.60 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 right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic duct is slightly dilated. The common bile ducts is 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 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. There is no evidence of an obstructive pattern.

Pancreas
The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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

Other
A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes, in conjunction with liver enzyme pattern, trend toward the benign (i.e., age-related remodeling, regenerative nodular hyperplasia) with a lower possibility of inflammatory disease or infiltrative neoplasia.

- Mild bilateral age-related renal changes

- Age-related pancreatic remodeling

  *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include dietary indiscretion/toxicity, infectious/parasitic disease, low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A CBC, full chemistry panel (including a calcium and total bilirubin) as well as a T4, are recommended, if not already performed.

- Supportive care for acute gastroenteritis is recommended. If clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more comprehensive GI work-up should be considered.


Liver


SI


Lt adr


Rt adr


Spleen
Stomach


RT
GOJ


RT
Pancreas

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.

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