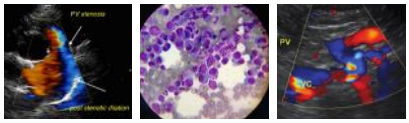
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

12/3/21

**PATIENT**

Comet Mullens

**SPECIES**

Canine

**BREED**

Jack Russell Terrier Mix

**SEX**

Neutered Male

**AGE**

2010

**WEIGHT**

32.5 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

**REFERRING VET**

Animal Emergency Hospital

**INVOICE**

12823

## PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Eating; Vomiting With Blood; Diarrhea. Date: 12-01-2021 Notes: referral for pancreatitis- possible got a box of munchkins; possible eating carcass in back yard from hawk dropping in yard; v/d. Started IVF and meds- was on all day Cerenia, Metronidazole, Protonic and Sucralfate. Assessment: pancreatitis; for now NPO till am, continue on fluids and GI meds.

Current Medications: Proviable, Metronidazole, Pantoprazole, Metoclopramide, Vitamin B Complex, Buprenex, Ondansetron.
Lab Results: Attached separately. hct/ts 63 alt slightly up slight decrease in wbc
Radiographs: Attached separately. per RDVM -- not obstructive
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not 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 not definitively visualized due to its pelvic location.

The left kidney presented normal size (5.73 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. Mild to moderate pyelectasia is present (0.54 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.57 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 (0.60 cm at cranial pole) (0.67 cm at caudal pole) (2.39 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 normal size (0.69 cm at cranial pole) (0.63 cm at caudal pole) (1.95 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 (1.08 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The gastric lumen is moderately distended with fluid/chyme. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The proximal duodenal wall is mildly thickened (up to 0.62 cm) with a normal layering pattern. The small intestinal lumen is not dilated. The remaining small intestinal walls are normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

### *Pancreas*

The pancreas is diffusely enlarged and irregular, particularly the right limb. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

### *Free Abdomen*

Trace free fluid is observed in the cranial abdomen. Several prominent lymph nodes are observed throughout the abdomen, the largest measuring 2.64 cm in length.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Moderate to severe acute pancreatitis
- The duodenal wall changes are most likely due to inflammation secondary to pancreatitis
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Mild to moderate gastric ileus, likely secondary to pancreatitis

### Secondary Findings

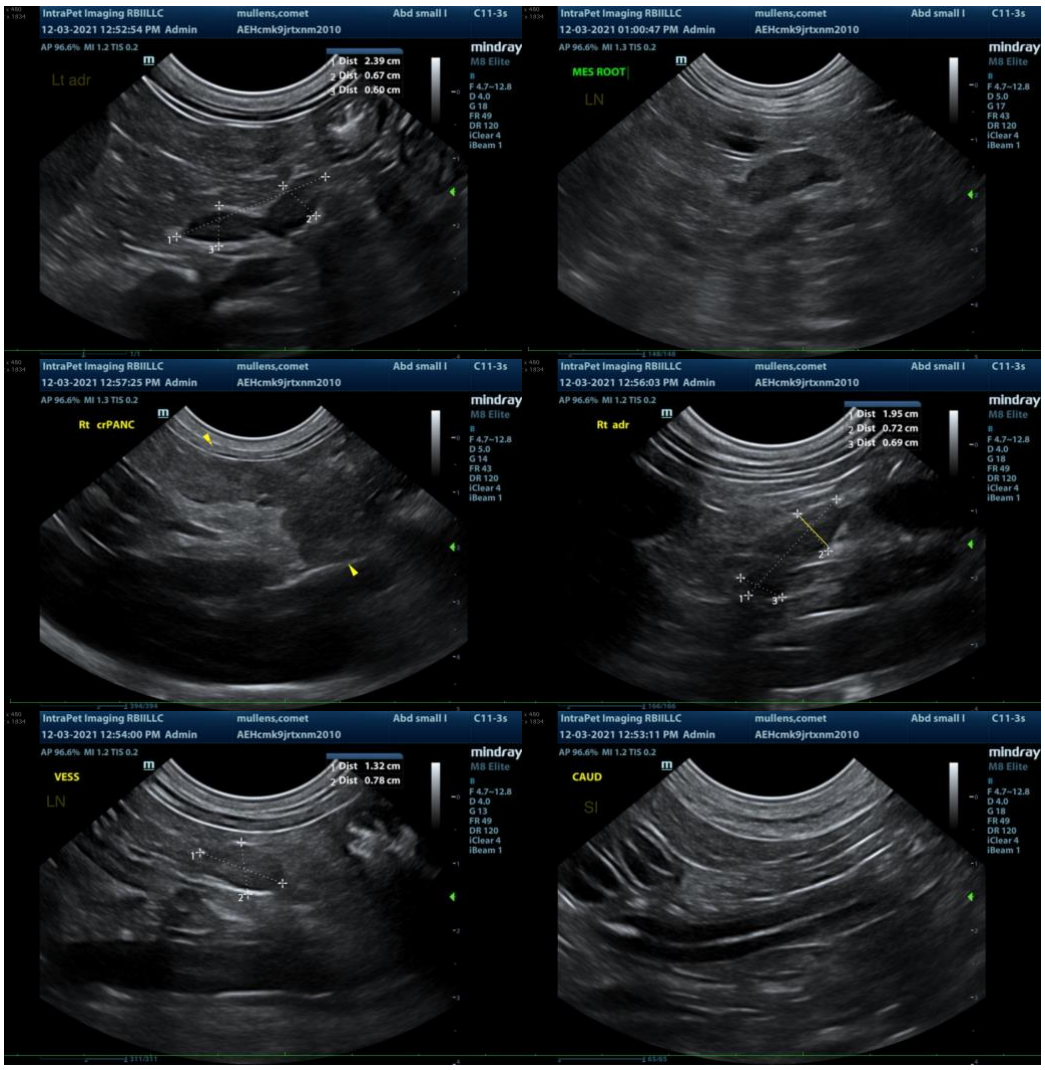
- The left pyelectasia may be secondary to fluid therapy, age-related remodeling or pyelonephritis. Correlation with clinical findings is recommended.

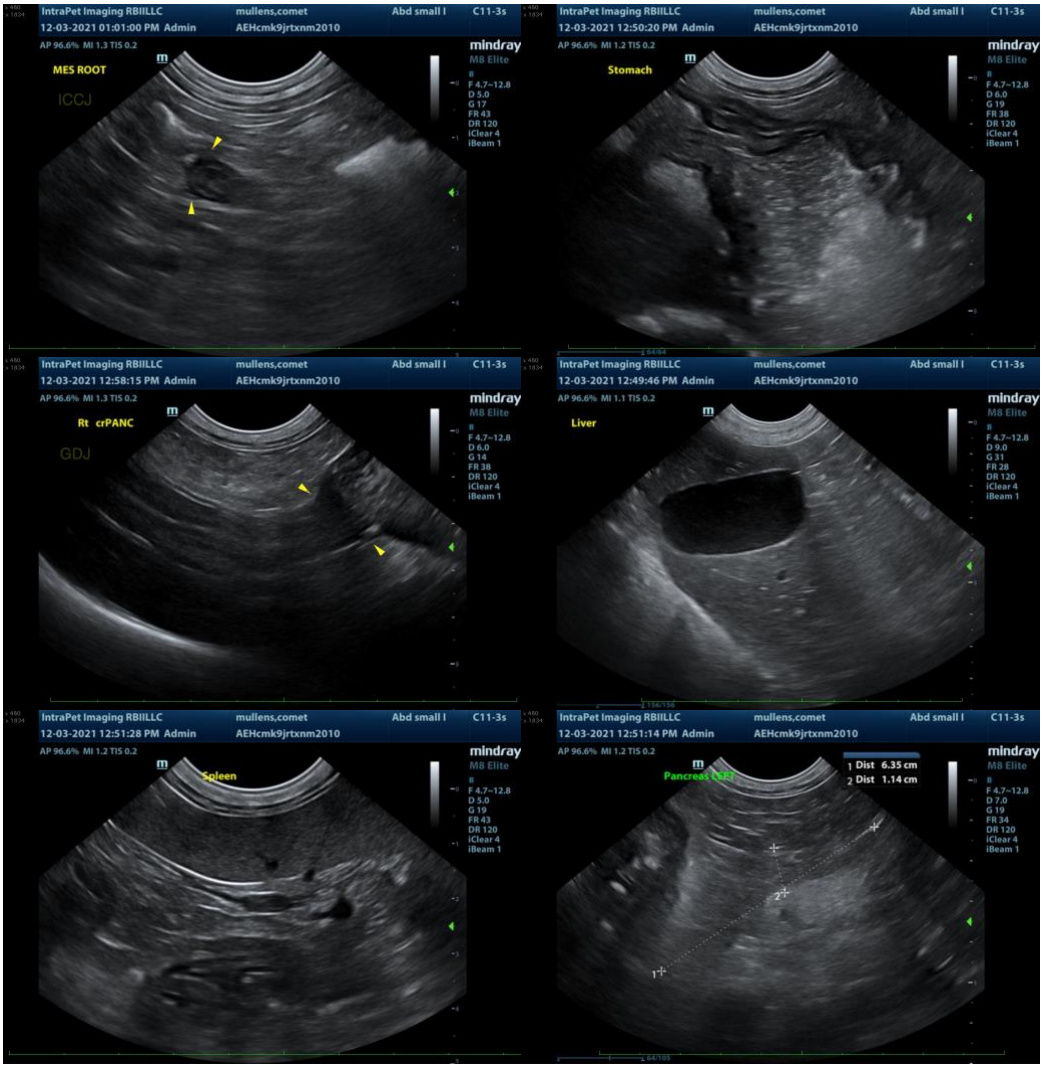
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status, as moderate to severe pancreatitis can have systemic effects, particularly on the lungs.

- Serial (i.e., every 24-48 hours) sonographic monitoring of the pancreas is recommended to assess for the development of abscessation, which can occur in moderate to severe cases. Baseline lab work should also be monitored frequently to assess organ function.






**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)
info@SonoPath.com