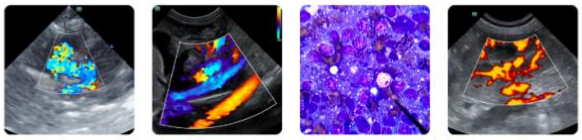


DATE

12-4-25

PATIENT

Ford Creese

SPECIES

Canine

BREED

Rotti Mix

SEX

Intact Male

AGE

6/3/2014

WEIGHT

35.4kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Mason Dixon

REFERRING VET

Dr. Longbottom

INVOICE

22122

PRESENTING CLINICAL SIGNS

Patient History: Ford was seen for a sudden onset of projectile vomiting, diarrhea, shaking and lethargy. He had finished a course of clindamycin for a large bite wound a few days prior. He has been receiving hot dogs with his pills for the last 2-3 weeks. He had a fever and was painful on palpation of his abdomen. He was also mildly dehydrated.

Current Medications: Finished a course of clindamycin several days ago. IVF, Maropitant, Unasyn, methadone, Panoquel
Labwork Results: Diagnostics attached, reported as: CBC: leukocytosis of 23210 with neutrophilia of 21930
Pcv/TS: 50/7.9. CHEM: ALT 136 ALP > 993 GGT 24 Tbili 0.8 K3.5 CL 99. CPLi >>>2000 consistent with pancreatitis. Abdominal radiographs: Abdominal Radiographs show hepatomegaly with dorsal displacement of stomach axis. Possible mass effect in the mid abdomen. Loss of detail in the area of the right limb of the pancreas. Decreased detail in the area of the spleen. Some gas in small intestine, not obstructive.
POCUS U/S: Ultrasound confirms hepatomegaly. Gallbladder distended, but no halo, no debris. Scant free fluid seen around the spleen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Propofol.
Stat Report: Approved/Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is mildly enlarged (2.90 cm in width) with a normal shape. Parenchyma is slightly hyperechoic relative to surrounding omental fat and subtly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

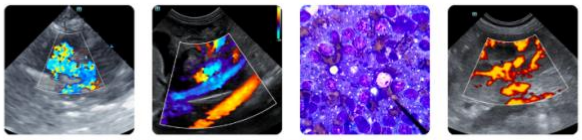
The left kidney is normal in size (6.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.62 cm in length) with a normal shape, architecture and 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

Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.69 cm at caudal pole) 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 in size (1.04 cm at cranial pole) (0.72 cm at caudal pole) 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.



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Spleen
The spleen is overall normal in size (1.43 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 2.5 x 2.0 cm heterogenous, cavitated, expansile mass is observed approximately mid-body. Pinpoint hyperechoic foci are also observed throughout the organ. Splenic vasculature is normal.

Liver
The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mobile echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly gas-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 is 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 left limb and base are enlarged, with irregular peripheral contours. The parenchyma is hypoechoic and mottled in appearance, with an emerging fluid pocket. Surrounding mesentery is hyperechoic.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The mesentery in the cranial- to mid-abdomen is hyperechoic. Trace free fluid is observed.

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes in the left limb and base are consistent with moderate to severe pancreatitis with adjacent peritonitis. The emerging fluid pocket in the left limb could be consistent with edema, early abscess formation, other.
- Splenic mass. Neoplasia (i.e., hemangioma, hemangiosarcoma) is suspected with a low possibility of a non-neoplastic process. The pinpoint hyperechoic foci seen throughout the spleen likely represent dystrophic mineralization, which is typically a benign incidental finding.

Secondary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.

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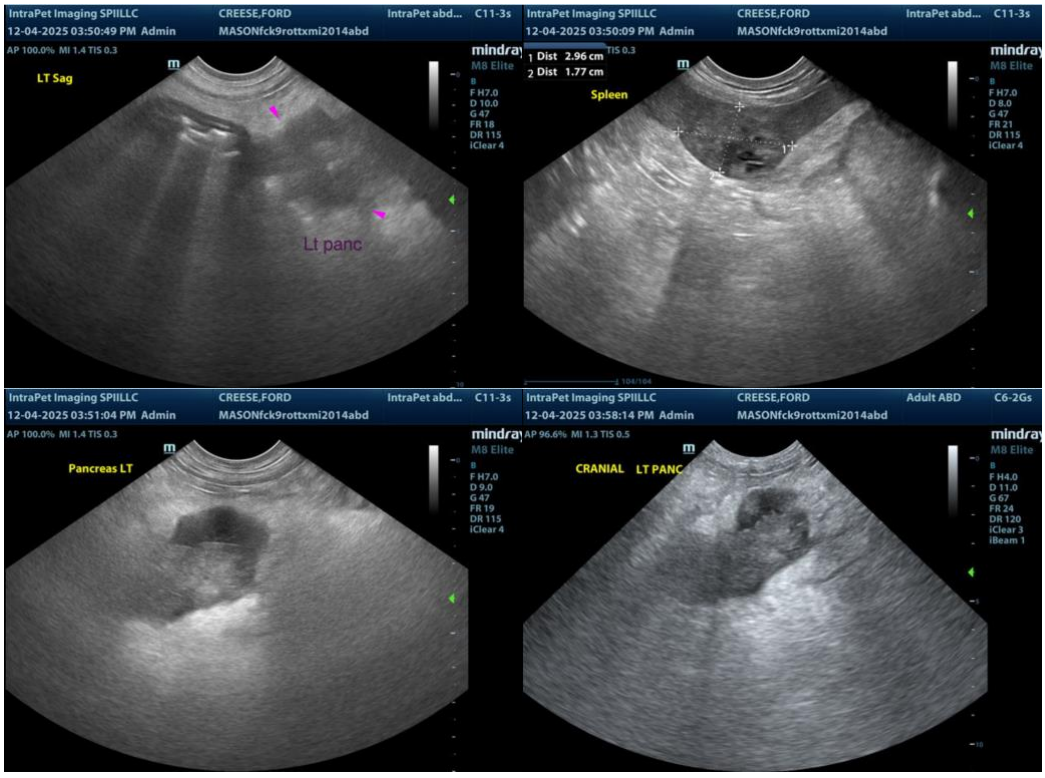
- Minor bilateral age-related renal changes
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the pancreatitis, consider the following:

  1. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma, +/- fuzapladib. Nutritional support (i.e., trickle feeding) should also be initiated as soon as the patient will tolerate it to help maintain enterocyte health.
  2. Serial (i.e., daily) sonograph monitoring of the pancreas is recommended to assess for abscess formation.
  3. Liver and kidney values should also be close monitored to assess for organ dysfunction secondary to pancreatitis.
  4. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

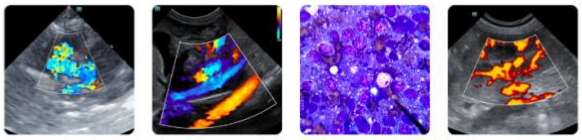
- Regarding the splenic mass, consider a splenectomy with submission of the spleen for histopathology once the patient's current condition has resolved. Liver biopsies are recommended at the time of surgery to assess for micro-metastatic disease.



Imaging performed by

IntraPet Imaging

IntraPet.com



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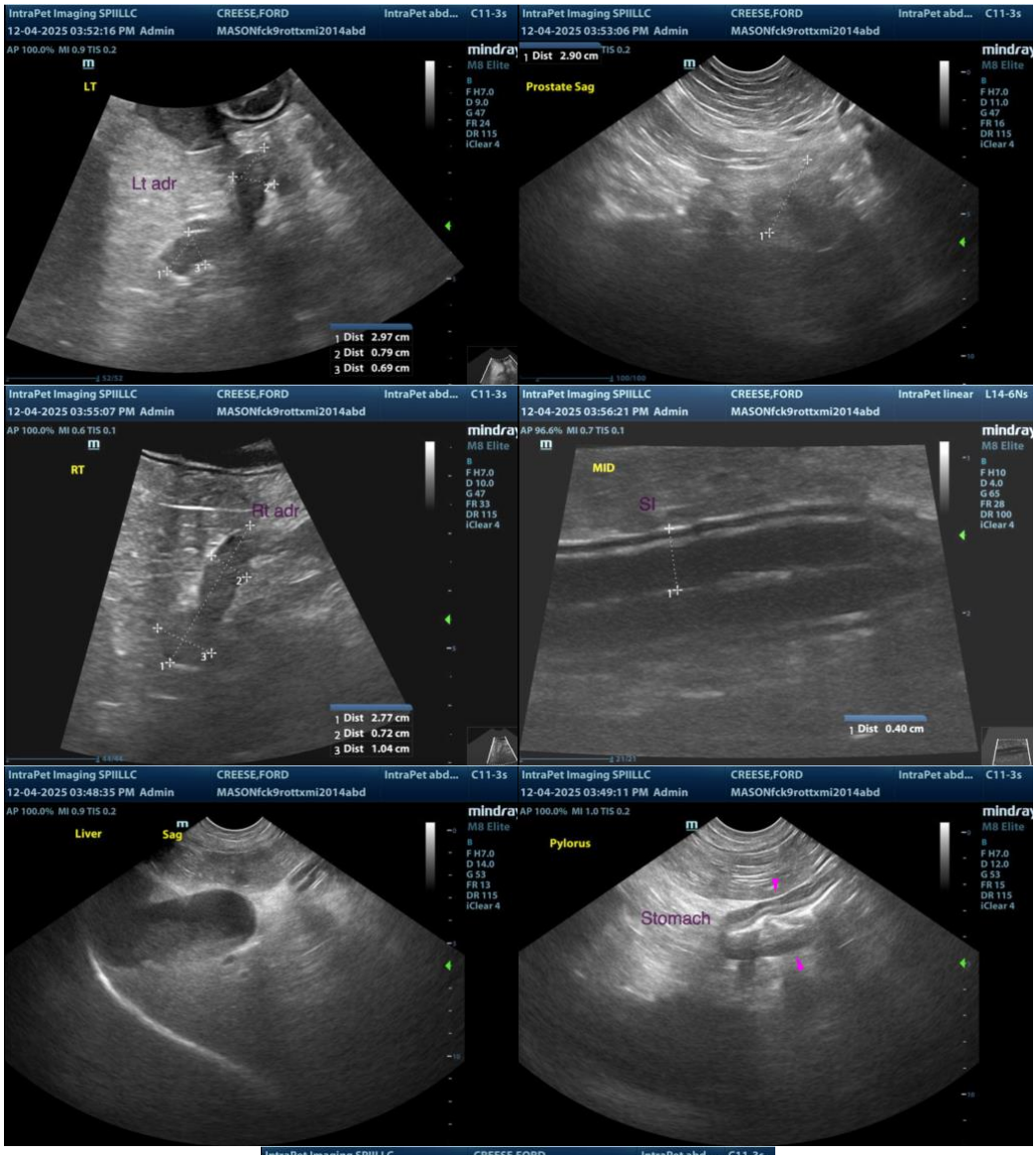

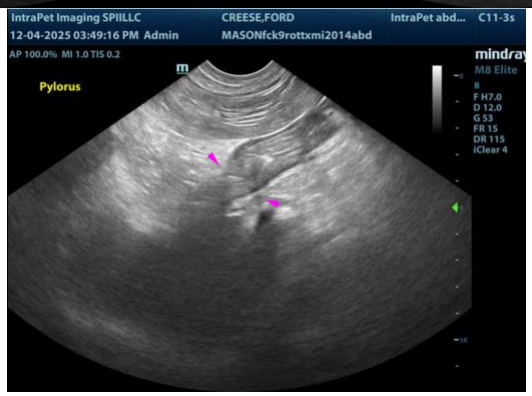

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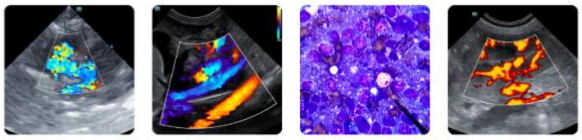

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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