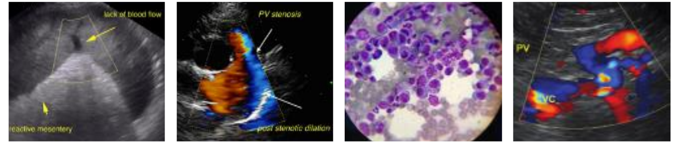


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Zeronis

SPECIES

Canine

BREED

Cairn Terrier Mix

SEX

Neutered Male

AGE

11 years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christina Sitton

HOSPITAL NAME

Sherwood Family Pet Clinic

REFERRING VET

Dr. Christina Sitton

INVOICE

10418

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: dental prophy w/ extractions on 2/14 underlying heart disease (grade 4/6 murmur), no known CHF presented 72 hours post dental ADR resutured dehisced extraction site, supportive out p tx presented again today worse, vomiting febrile @ 104 hospitalized today: IV fluids, abx, pain meds

Abnormal PE/Chem/CBC/UA Results: CBC: pending cPL abn Chem: ALP ~800 (previously 400 range historically) painful on abdominal palpation, downward dog position rads today: mild diffuse broncheointerstitial pulmonary pattern is likely due to a combination of normal aging change and hypoinflation/atelectasis. There is no evidence of aspiration pneumonia. There is mild left-sided cardiomegaly, most likely due to mitral valve insufficiency. There is no evidence of congestive heart failure

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 normal in size (0.97 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 (4.98 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.63 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated but somewhat obscured by the pancreatic pathology. No obvious adrenal abnormalities are observed.

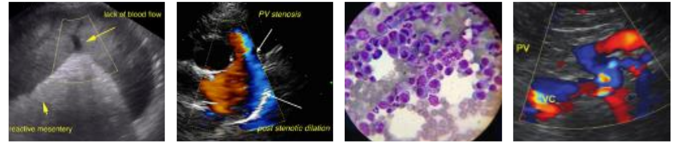
Spleen

The spleen is normal in size (1.52 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 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 gall bladder lumen is mildly distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge in a partially stellate patterns is observed within the lumen.



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The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly to moderately fluid 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. No obstructive or overt infiltrative disease is noted.

Pancreas
The pancreas is diffusely enlarged, irregular, hypoechoic and edematous. The mesentery surrounding the pancreas is hyperechoic. A small amount of peripancreatic effusion is noted.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with moderate to severe acute pancreatitis with regional peritonitis.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral, age-relate renal changes
- The gall bladder changes are consistent with a developing mucocele

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. If available, hyperbaric oxygen therapy may help to reduce pancreatic inflammation. Also consider initiation of trickle feeding as soon as the patient will tolerate it, as it helps to maintain enterocyte health.
- Serial sonograph monitoring (i.e., every 24-48 hours), of the pancreas is recommended to assess for abscess formation which can occur in moderate to severe cases. Close monitoring of the patient's organ function is also recommended.
- Regarding the gall bladder changes, consider initiation of Ursodiol therapy for this patient, once stabilized. The gall bladder should be monitored sonographically every 6-8 weeks to assess for progression to a fully formed mucocele. Cholecystectomy may be warranted in the future.

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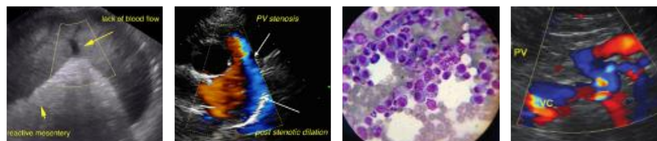

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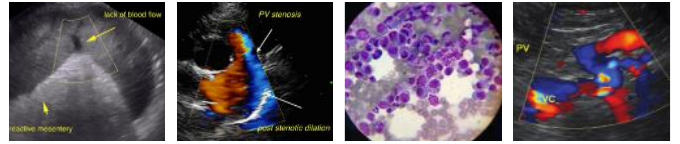
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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