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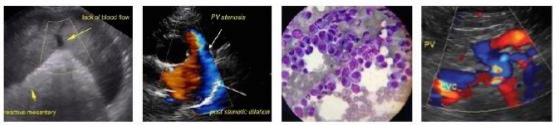


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Ozzy Markham

SPECIES

Canine

BREED

CKCs

SEX

Neutered Male

AGE

13 years

WEIGHT

11.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Hobbs

INVOICE

10437

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: inappetence, spec cPL 1998 (elevated) currently on cerenia, vetmedin, IVF, metacam
Abnormal PE/Chem/CBC/UA Results: please see attached BW
Unremarkable CBC. SDMA 17. ALP 621

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 distended. A small amount of suspended echogenic debris is observed within the lumen. 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 visualized in its entirety due to its pelvic location. In the visualized portion, No obvious pathology is observed.

The left kidney is normal size (5.70 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is poor corticomedullary distinction. A few small cortical cysts are seen. Hyperechoic diverticular shadowing foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.46 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is poor corticomedullary distinction. A few small cortical cysts are seen. Hyperechoic diverticular shadowing foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.87 cm at cranial pole) (0.83 cm at caudal pole) (2.60 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 mildly enlarged (2.05 cm at cranial pole) (0.94 cm at caudal pole) (2.11 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.

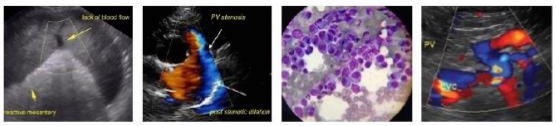
Spleen

The spleen is normal in size (1.24 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 slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. The cystic and common bile ducts are normal/not



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Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The proximal duodenal wall is mildly thickened (up to 0.47 cm), with prominent muscularis layer. There is some irregularity to the serosal surface of the proximal duodenal wall. In the remainder of the small intestines, the wall is normal in thickness 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 base and right limbs are severely enlarged and irregular, with hypoechoic, edematous parenchyma. The pancreatic duct is mildly dilated (0.25 cm). Surrounding mesentery is hyperechoic. (See also "Other" category).

Lymph nodes
(See "Other" category)

Free Abdomen
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
Three to four small hypoechoic to anechoic nodules are observed in the left cranial quadrant, the largest measuring 1.23 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute severe pancreatitis with regional peritonitis. The hypoechoic to anechoic nodules in the left cranial quadrant may be arising from pancreas (i.e., cystic or abscessed areas) or may represent prominent lymph nodes.
- The proximal duodenal wall changes are likely inflammatory in nature and may be secondary to the adjacent pancreatitis. Emerging neoplasia is possible but considered less likely.

Secondary Findings

- The bilateral renal changes are consistent with chronic interstitial nephritis/nephrosis, with cortical cysts.
- Mild bilateral adrenomegaly
- 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.

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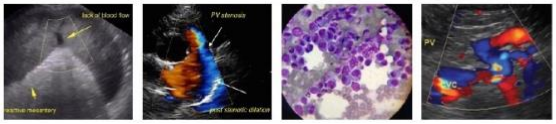

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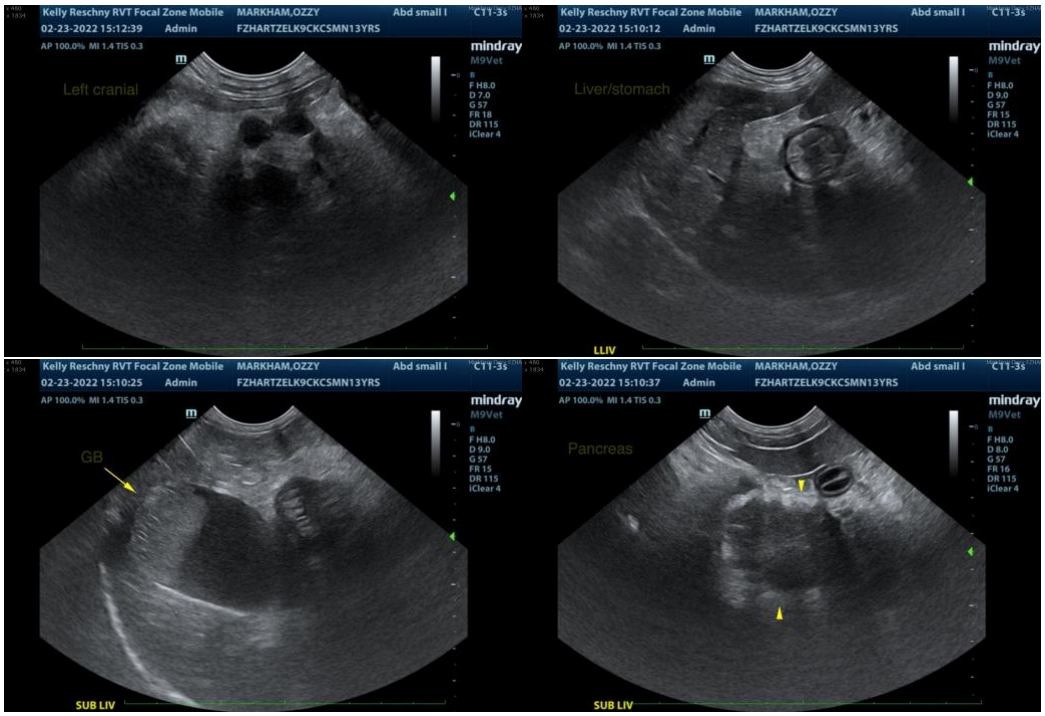
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Trickle feeding should be initiated as soon as the patient will tolerate it in order to help maintain enterocyte health. If available, hyperbaric oxygen therapy may be beneficial in reducing pancreatic inflammation.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, as severe pancreatitis can cause systemic effects.
- Serial monitoring of the patient's blood work is recommended to assess for the development of organ dysfunction, which can occur with severe pancreatitis.
- Serial sonographic monitoring (i.e., daily), of the pancreas, is recommended to assess for the development of abscessation.



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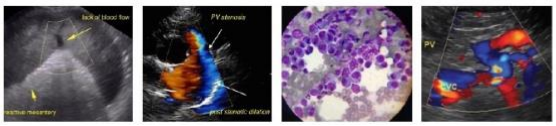

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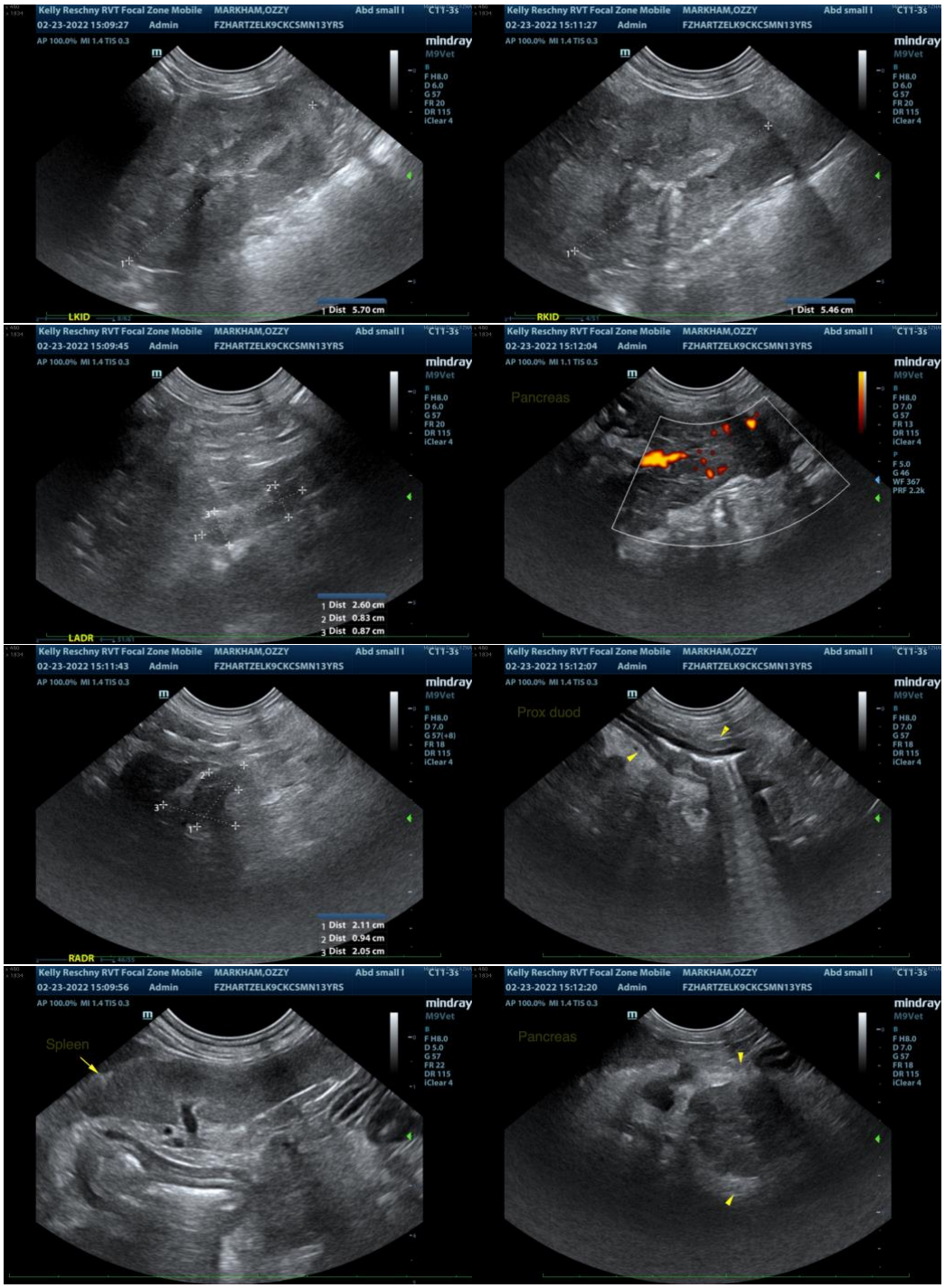

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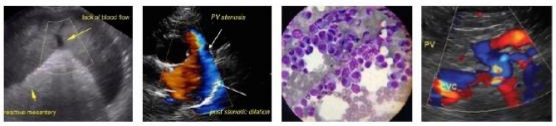

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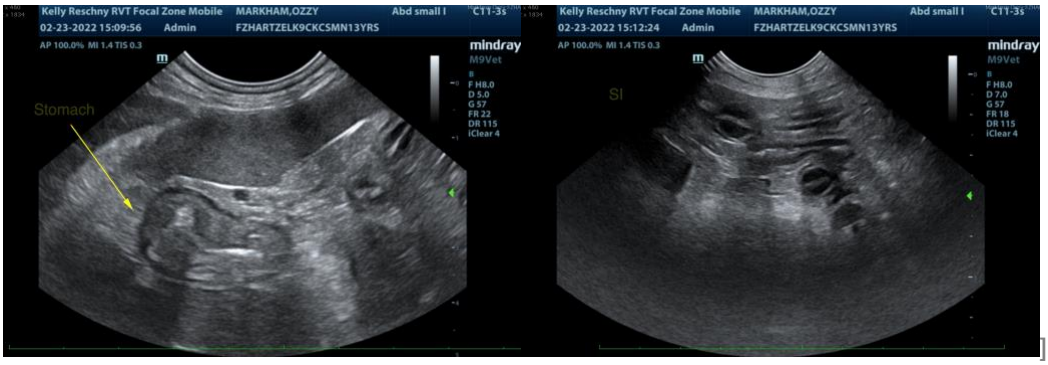

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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