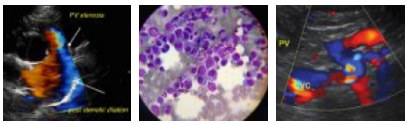
IMAGING PERFORMED BY

IntraPet.com



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

DATE

2/27/23

PATIENT

Max Rich

SPECIES

Canine

BREED

Maltese

SEX

Male, neutered

AGE

9/13/2010

WEIGHT

11.1 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

14644

PRESENTING CLINICAL SIGNS

Animal Medical Center HWB for Bloodwork Friday + Cushing's test- BW not back yet HWB again yesterday- fever, nausea- given injection for nausea. NE since Thursday Shaking, painful Exam: Lenticular sclerosis, Grade 2 heart murmur, dental tartar moderate/ severe, ulcer left upper lip CHEM17 - Glucose 413 - Kidney wnl - Protein wnl - ALT WNL; ALKP 279 (H), GGT 16 (H); Tbili 0.9 – Chol 346 HIGH - Amylase and lipase HIGH UA: 1030, ph 5, neg leukocytes, protein 100, Glucose 2000, Ketones 3+, Bilirubin, blood 10. O states in October increased thirst - Cushing's tested, negative for diabetes- did long day test 2 weeks ago drinking more with increased urination- up at night for water. Taken to rDVm as drop off- told ADR, quiet, blood like strawberry milkshake. O states that they are upset he was "not tested for diabetes- and didn't do a quick test". Yesterday shaking, upset with vet, states teeth needed to be removed, fever and nausea- upset he was not tested for diabetes- given injection of nausea and started on clavamox Today declined further, not excited shutting down, not eating since Thursday- saw another vet at animal medical center O upset about "hydration". O states he is licking around mouth, sticking tongue out like gagging. Straining to defecate Hx: heart murmur 4-5 years. Saw cardiologist- unsure diagnosis- was ~2 years ago. Possible stones in past.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.90 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.04 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (2.93 x 1.64 cm) with an irregular shape and a mass effect. The parenchyma is heterogeneous with loss of glandular detail. There is no obvious evidence of vascular invasion.

The right adrenal gland is enlarged (0.63 cm at cranial pole) (0.69 cm at caudal pole) (1.66 cm in length) with a slightly irregular shape. 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 (0.96 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 enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and attenuating. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris/sludge is adhered to the mucosal surface. The cystic and common bile ducts are normal/not seen.

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 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 right limb and base are severely enlarged with irregular peripheral contours. The parenchyma is hypoechoic to heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic to saponified.

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 severe acute pancreatitis with adjacent peritonitis +/- saponification of fat.
- Left adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is suspected with a lower possibility of benign nodular hyperplasia. Mild right adrenomegaly is also present.

Secondary Findings:

- Mild bilateral, age-related renal changes.
- The hepatic changes are most consistent with a diabetic hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute pancreatitis and diabetic ketoacidosis is recommended including IV fluid therapy, regular insulin, GI protectants, pain medication +/- fresh frozen plasma. If available, hyperbaric oxygen therapy may be beneficial in reducing pancreatic inflammation. Trickle feeding should be initiated as soon as the patient will tolerate it as this will help to maintain enterocyte health.
- Serial sonographic monitoring (i.e., daily) of the pancreas is recommended to assess for the development of abscessation.
- Organ function should also be closely monitored.
- Three-view thoracic radiographs are recommended to assess for pathology in the chest.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com