



PATIENT

Barney Laurenz

SPECIES

Canine

BREED

Chihuahua mix

SEX

Male, neutered

AGE

7 Yrs.

WEIGHT

20 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced Pet Care of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

14766

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: Owner came home last night and found him acting painful, laying in a praying position, panting. He had no interest in food which is unlike him.

Abnormal PE/Chem/CBC/UA Results: Depressed, painful with palpation of the abdomen minor chemistry panel: increased ALT 188, increased AST 60, increased ALP 548. abdominal radiographs: The stomach is moderately distended with gas and there is an area of heterogenous soft tissue material with in it. Loss of detail in the cranial abdomen. specCPLI: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

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

The left kidney is normal size (4.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.50 cm at cranial pole) (0.50 cm at caudal pole); 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.43 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 isoechoic relative to the spleen. A few ill-defined hyperechoic nodules/areas are observed, one measuring 1.37 cm in diameter. 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 moderate amount of aggregated echogenic, mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen contains a small amount of ingesta. The gastric wall in the region of the fundus is moderately thickened (up to 0.90 cm) and slightly irregular. There appears to be retention of the 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 disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypochoic relative to surrounding omental fat. No distinct focal lesions are observed. The surrounding mesentery is hyperechoic to saponified.

Free Abdomen

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are consistent with moderate to severe acute pancreatitis. Adjacent peritonitis is present.

Secondary findings:

- 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.
- Gallbladder sludge- non-mucocele.
- The gastric wall thickening is most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

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. Nutritional support (i.e., via trickle feeding) is recommended as soon as the patient will tolerate it.
- Thoracic radiographs are recommended to assess for secondary effects of pancreatitis.
- Serial (i.e., daily monitoring) of the pancreas is recommended to assess for the development of abscessation, which can occur in moderate to severe cases of pancreatitis.
- Baseline labwork should also be closely monitored to assess for worsening metabolic function.



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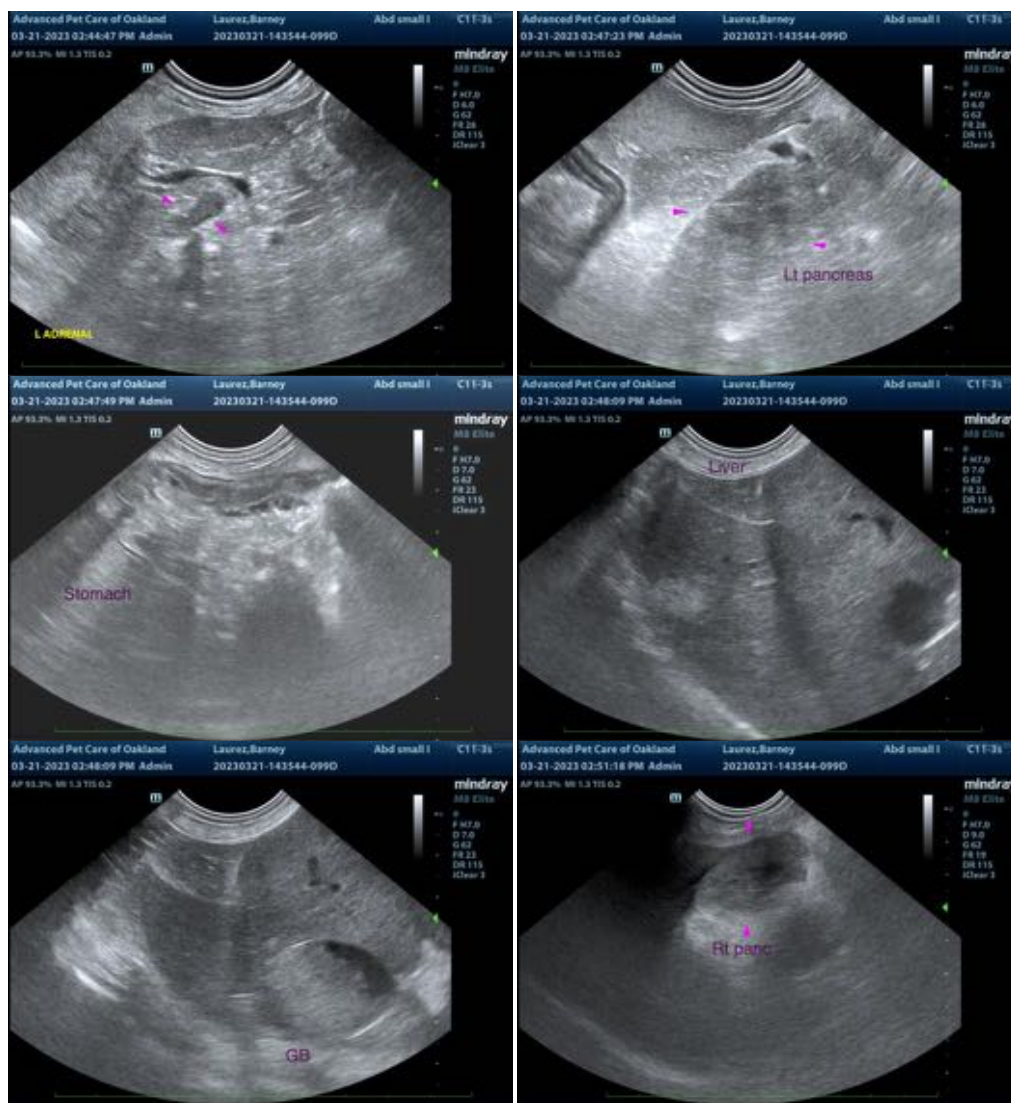
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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