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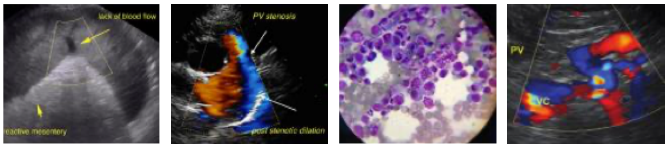

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PATIENT
Ned Smith

SPECIES
Feine

BREED
DSH

SEX
Neutered Male

AGE
13 years, 1 mo

WEIGHT
10.8 lbs

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

IMAGING PERFORMED BY
Sarah Green

HOSPITAL NAME
Healing Spirit Animal Wellness

REFERRING VET
Sarah Green

INVOICE
12479

DATE
3.22.23

PRESENTING CLINICAL SIGNS

History: Presented due to anorexia and lethargy 2 days duration, single episode of vomiting undigested food after eating on 3/19/21. Previously diagnosed with pemphigus foliaceous, has been on Prednisolone since 10/2018, currently on 2 mg EOD

Abnormal PE/Chem/CBC/UA Results: ALT=564 (20-100) U/L, BUN=70 (10-30) mg/dL, Cr=2.4 (0.3-2.1) mg/dL, TP=8.3 (5.4-8.2) g/dL

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 small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.80 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.52 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several cortical infarcts are visualized at the craniolateral aspect. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.62 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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. There is no evidence of an obstructive pattern.

Pancreas
The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is dilated (up to 0.31 cm in diameter). Surrounding mesentery is hyperechoic.

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

Other
A brief visualization of the thorax reveals a few suspected ringdown lesions.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with mild to moderate acute or chronic active pancreatitis, with regional peritonitis.

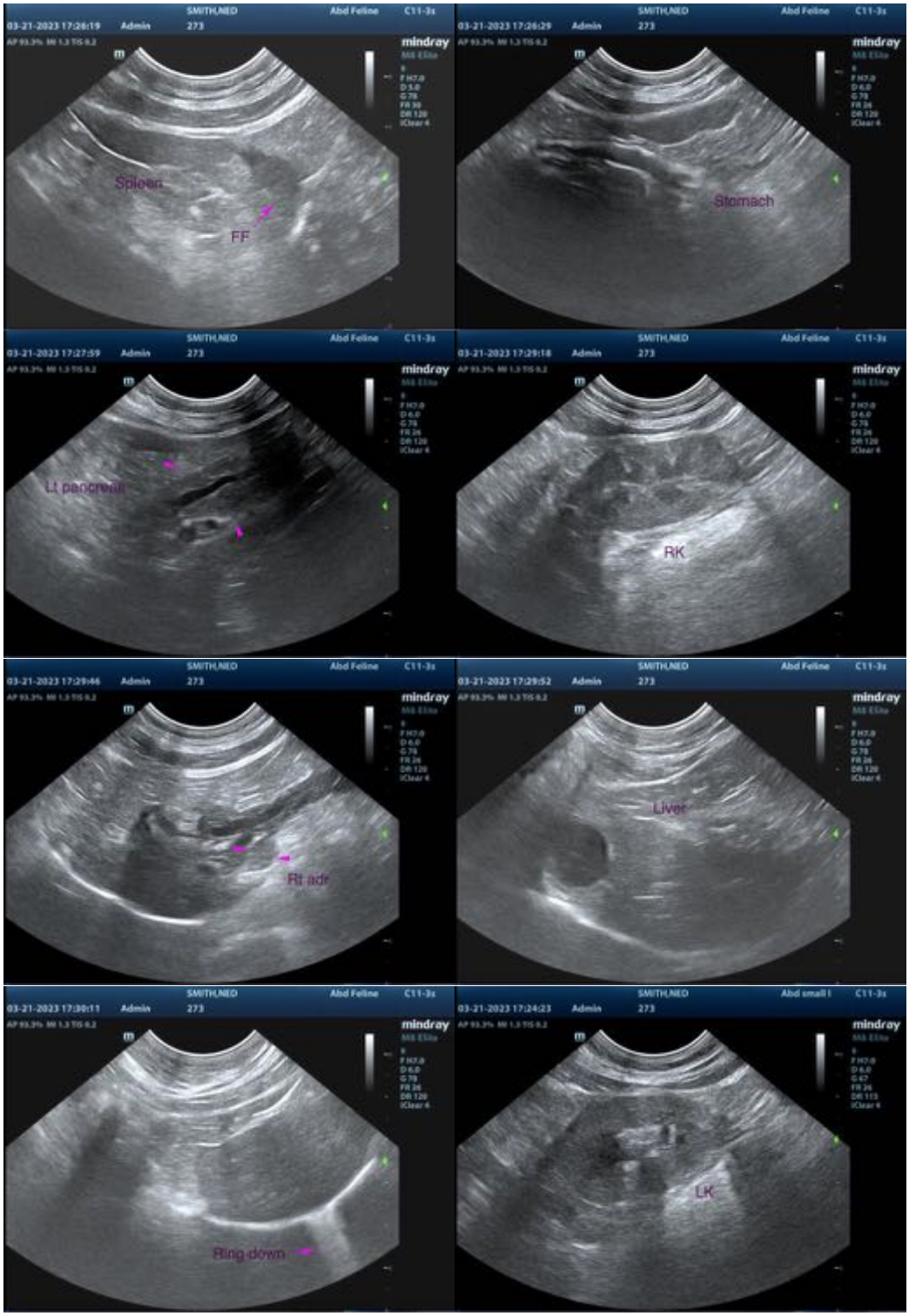
Secondary Findings

- Bilateral chronic renal changes with dystrophic mineralization and right cortical infarcts
- The suspected ringdown lesions in the thorax could suggest pulmonary parenchymal disease.

  *An obvious cause for the patient's elevated ALT is not definitively identified in this study. Considerations include reactive hepatopathy (secondary to pancreatitis), inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging hepatic lipidosis, infiltrative neoplasia (less likely), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the ringdown lesions, consider three-view thoracic radiographs to assess for pulmonary parenchymal disease.
- Regarding the elevated ALT, consider pre-and postprandial serum bile acids +/- hepatic tissue sampling (i.e., aspirates or biopsies). If biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained.
- Regarding the azotemia, a urinalysis +/- culture and sensitivity is recommended.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Initiation of nutritional support (i.e., via temporary feeding tube) is recommended as the patient will tolerate it to help prevent/treat hepatic lipidosis. Also consider empirical treatment for bacterial cholangiohepatitis (i.e., broad-spectrum antibiotics, hepatic antioxidants (when eating again)).



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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