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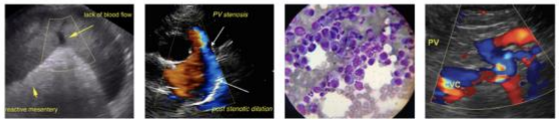


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Max Chestnut

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

3/3/2011

WEIGHT

22.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kline

INVOICE

10469

DATE

3/3/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings/Objective:
Overall Health and Body score -- 7/9, QAR Hydration: ~5% dehydration
Eyes -- Normal OU. No ocular discharge noted
Ears -- Normal AU. No discharge noted
Oral cavity -- mm: pink CRT < 2 seconds. Mild dental calculus (Grade 1/3). Lip licking during exam.
Integument-- Haircoat is smooth and shiny. No dermal lesions noted. No palpable masses or ectoparasites appreciated.
Lymphatics -- Submandibular and popliteal lymph nodes are unremarkable. Prescapular, axillary or inguinal lymph nodes are not palpable
Cardiovascular -- Normal sinus rhythm. No murmur, no arryhythmia auscultated. Pulses are strong and synchronous.
Respiratory -- No nasal discharge observed. Eupenic. Normal bronchovesicular sounds in all quadrants.
Abdominal -- Tense abdomen. No palpable masses or organomegaly
Urogenital -- Normal
Musculoskeletal -- Ambulatory x 4. No apparent lameness
Neurologic -- No obvious neurological deficits. A full neuro exam was not performed.
Pain Assessment (Ranked 0-4) -- 0

ASSESSMENT:
1. Acute onset vomiting with hyporexia: gastroenteritis vs pancreatitis vs foreign body vs metabolic vs neoplasia vs other

Medical Hx: Bilateral Conjunctivitis Dermatitis Overweight SQ Masses
Mast Cell Tumor- was removed with incomplete margins
Otitis externa AU -- resolved
Abnormal Labwork Values: cPl snap = abnormal
ALP (312) AMYL (1925) BUN/UREA (53) CHOL (333) LIPA (2623) PHOS (9.7) NA (136)
MONOS (4.64) NEUT (0.48) EOS (0.01)
Current Medications Cerenia IV
Radiographic Findings n/a
Fine Needle Aspirates: Client approved Sedation and FNA Consent

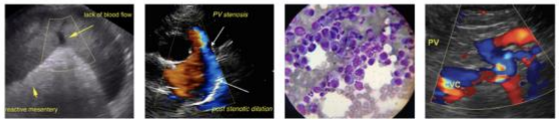
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately 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 normal in size (0.78 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 (5.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



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The right kidney is normal size (5.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (0.35 cm at cranial pole) (0.37 cm at caudal pole) (1.78 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 normal size (0.50 cm at cranial pole) (0.38 cm at caudal pole) (2.36 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 (1.38 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few irregular hyperechoic nodules are observed, the largest measuring 1.75 cm in length. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen, with minor changes consistent with age-related remodeling. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 cholelithsare observed. 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 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 severely enlarged (>7 cm in diameter), irregular, edematous, mottled, and hypoechoic to heterogenous in appearance. The surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is observed. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

A brief visualization of the thorax reveals moderate pleural effusion. There is no evidence of pericardial effusion.

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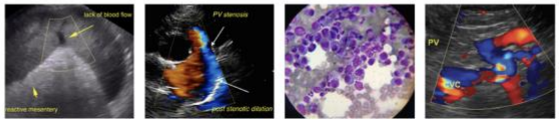

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

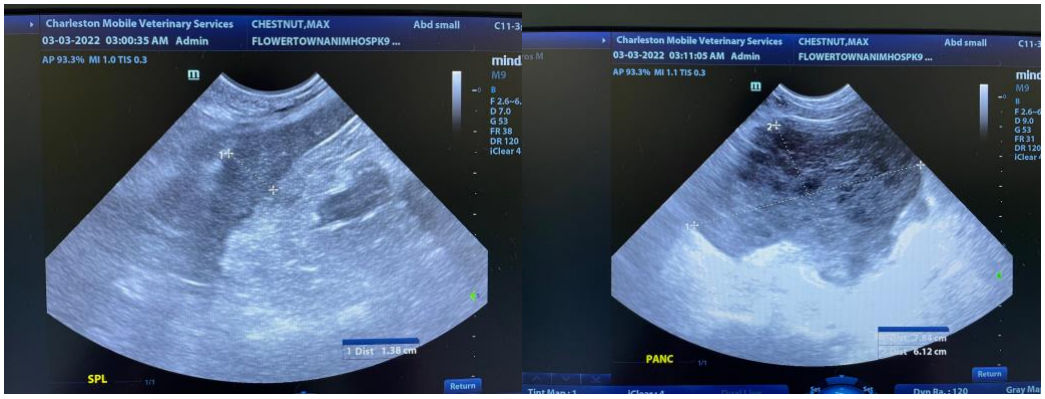
- The pancreatic changes are consistent with severe pancreatitis. Given the severity of the sonographic changes, necrotizing pancreatitis is a consideration. Regional peritonitis is present. The pleural effusion is likely secondary to systemic inflammation resulting from the pancreatitis.

Secondary Findings

- Suspected benign hepatopathy (i.e., age-related remodeling, regenerative nodular hyperplasia and/or vacuolar hepatopathy)
- The splenic nodules are most consistent with myelolipomas or lymphoid hyperplasia with a low possibility of emerging neoplasia.
- Bilateral nonspecific age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If treatment for the pancreatitis is to be pursued, aggressive therapy (i.e., antiemetics, gastric protectants, pain medication, +/- fresh frozen plasma) is strongly recommended. Trickle feeding should also be considered to help maintain enterocyte health. If available, hyperbaric oxygen therapy may be beneficial in reducing pancreatic inflammation. Therapeutic thoracocentesis may be warranted if the patient becomes dyspneic.
- Unfortunately, given the severity of the pancreatic pathology, the prognosis for this patient is considered guarded.



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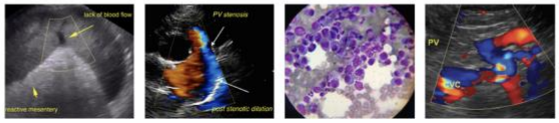

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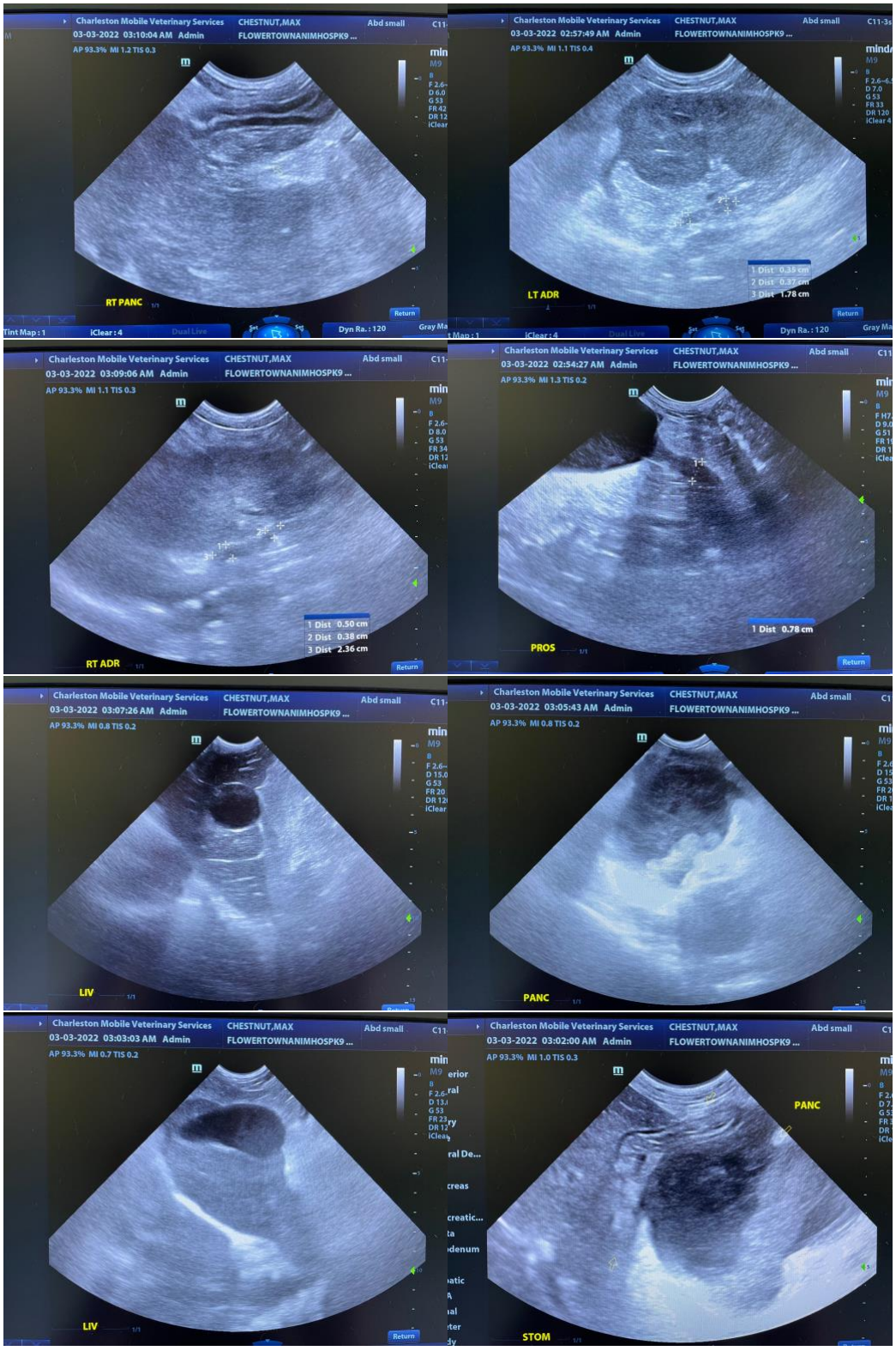

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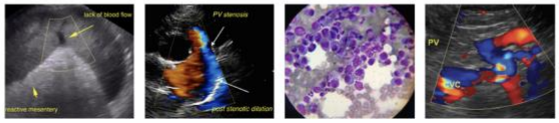

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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