

**PATIENT PRESENTING CLINICAL SIGNS**

**Marvin Dola** Clinical Exam Findings: Pt has had 5 bouts of GI upset with regurgitation, anorexia, lethargy and occasional diarrhea in the last 3 months. Pt improved previously with supportive care (iv fluids, barium, Cerenia), pt is a picky eater. ddx: GERD, IBD, neoplasia, chronic pancreatitis, food allergy, open

**SPECIES**

Canine

Abnormal lab-work values: elevated alk phos 1,110 (on pheno). elevated globulins 5.1 leukocytosis (wbc 26 characterized by neutrophilia with bands and monocytosis)

**BREED**

Maltese Mix

Current Medications: Phenobarbitol, Denamarin, Cerenia, Metronidazole

Radiographic Findings: decreased serosal detail in cranial abdomen caudal to stomach in area of pancreas and retroperitoneal space

**SEX**

Neutered Male

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

**AGE**

04/05/2017

The prostate is normal in size (0.56 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

16.5 lbs

The left kidney is normal in size (4.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.43 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Foxbank VH

The right adrenal gland is in normal size (0.67 cm at cranial pole) (0.40 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Andi Winney

**Spleen**

The spleen is normal in size (1.20 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.

**INVOICE**

12584

**Liver**

The liver is prominent in size with slightly swollen peripheral contours. The parenchyma is hypochoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**DATE**

3.31.23

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

#### ***Gastrointestinal***

The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The proximal duodenal lumen is mildly fluid-distended. The remaining small intestinal segment are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

#### ***Pancreas***

The base and right limb are enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and edematous in appearance. 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.

#### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

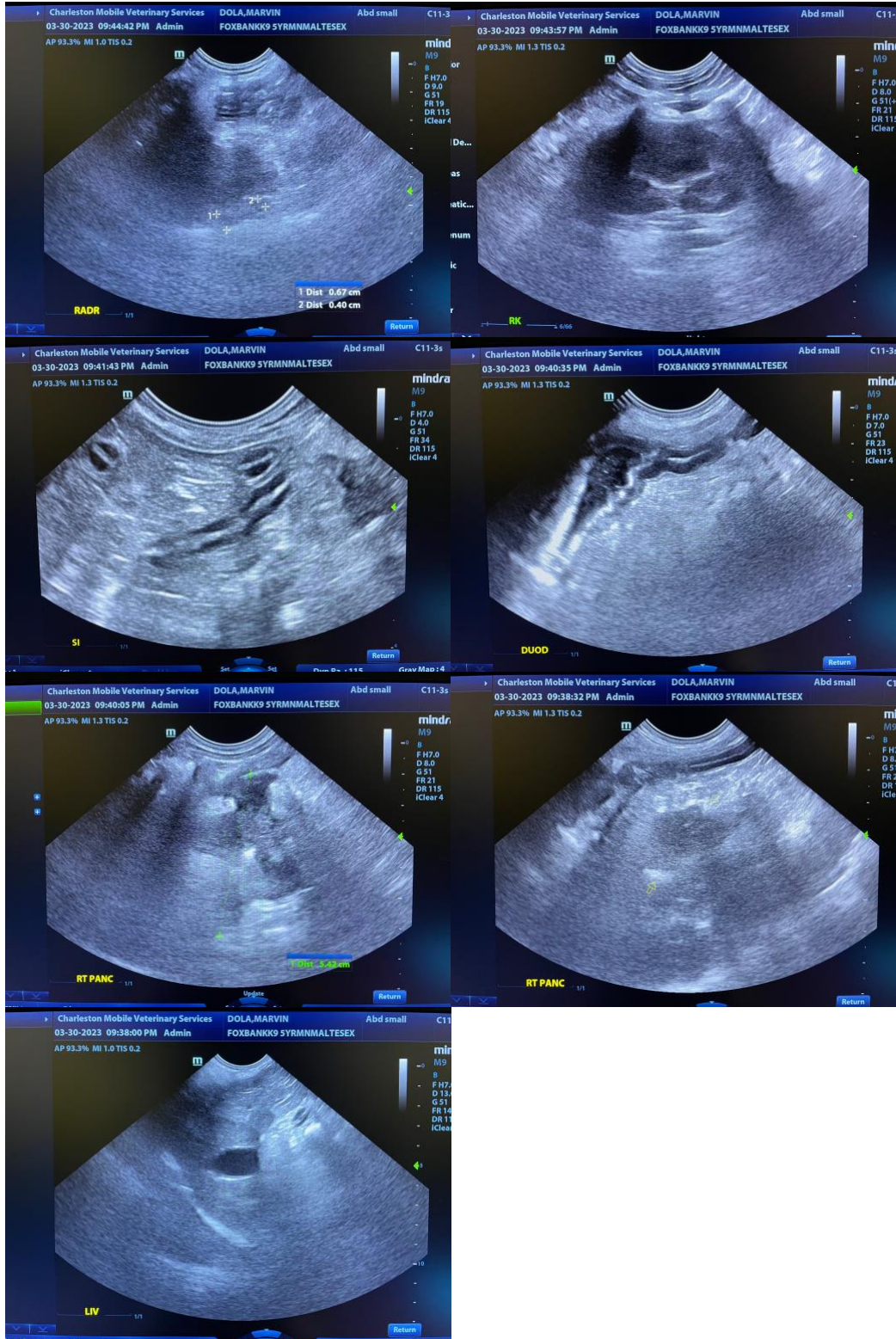
- Moderate to severe acute pancreatitis with regional peritonitis
- Suspected mild gastric ileus

#### **Secondary Findings**

- The hepatic parenchymal changes are most consistent with phenobarbital therapy and/or vacuolar hepatopathy (i.e., idiopathic/endocrine), with a lower possibility of other hepatopathy pathology.

### **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. Initiation of nutritional support (i.e., via trickle feeding) is recommended (as soon as the patient will tolerate it).
- Given the gastric ileus, consider initiation of metoclopramide to help with motility.
- Regarding long-term maintenance, a low-fat diet is recommended to help reduce the risk of future pancreatitis flare-ups.



**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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