

**DATE**      **CHPRESENTING CLINICAL SIGNS**

4/1/2022

Vomiting. Hx of pancreatitis. Is on Hill's I/D. recently groomed- has been excessively grooming.

**PATIENT**

BB Campbell

Current Medications: Vitamin B12, Mirtazapine, Buprenorphine, Gabapentin, Omeprazole, Maropitant. PCV 27%. Globulin 5.6.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Andi Parkinson, RDMS.

**BREED**

DMH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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 scant 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.

**AGE**

9/1/2008

The left kidney is normal in size (4.09 cm in length); with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic. There is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

**WEIGHT**

8.2 lbs

The right kidney is normal in size (4.62 cm in length); with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic. There is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

Andrea Nicastro,  
DMV, Diplomate  
DACVIM (Small  
Animal  
Internal Medicine)

**Adrenal Glands**

The left adrenal gland is normal size (0.54 cm width). Normal shape and glandular echogenicity. 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 (0.98 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.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**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.

**REFERRING VET**

Dr. King

**INVOICE**

10649

The gall bladder lumen is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal tortuous/dilated. The common bile duct measure 0.44 cm at the level of the duodenal papilla. Some echogenic debris is observed within the cystic ducts/proximal common bile duct lumen. The duodenal papilla is thickened (up to 0.57 cm).

### ***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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The pancreas is diffusely prominent to enlarged, particularly the left limb, with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

### ***Free Abdomen***

Trace free fluid is observed adjacent to the gall bladder. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

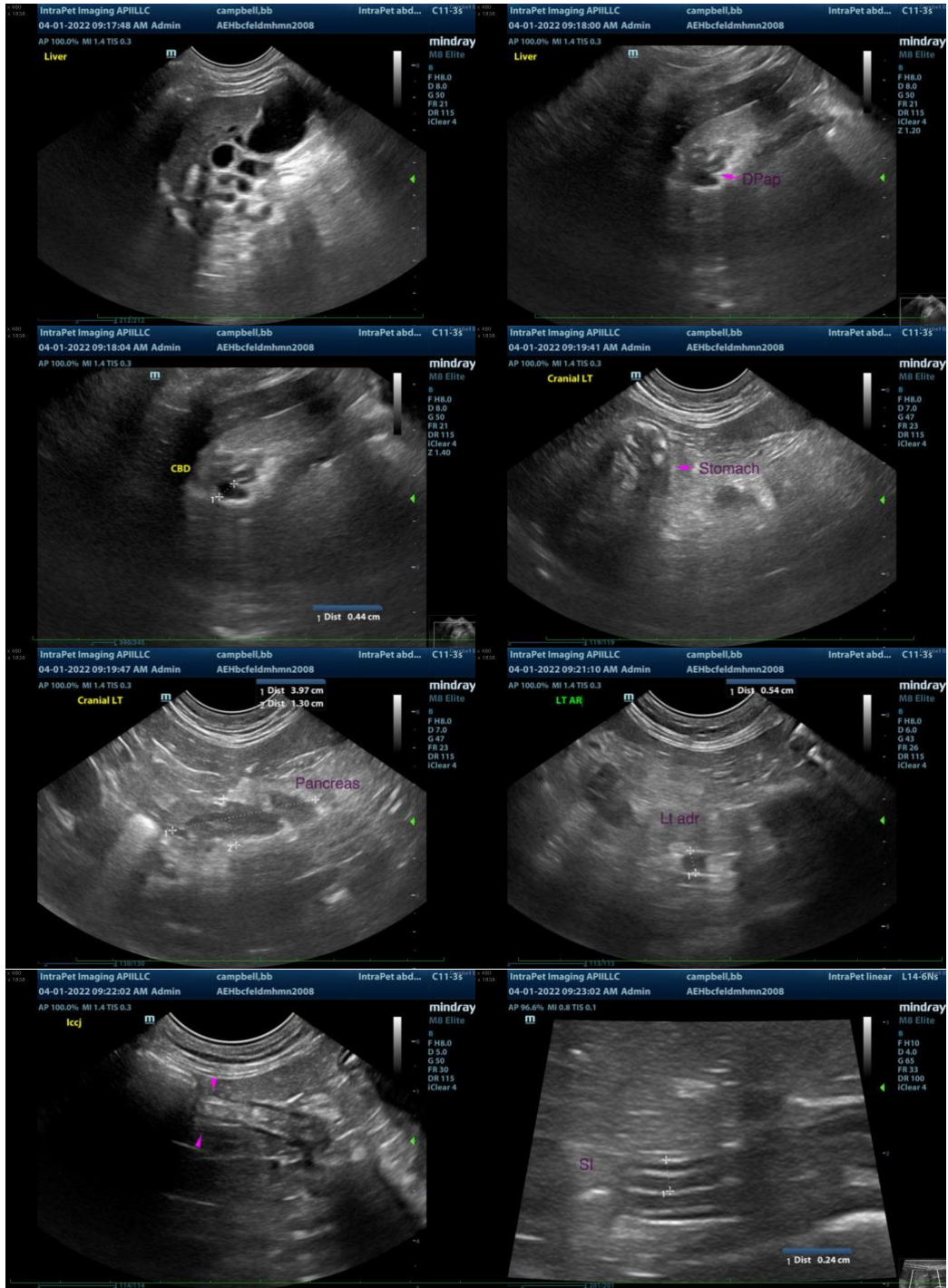
- The pancreatic changes could be consistent with acute or acute-on-chronic pancreatitis. Regional peritonitis is present.
- The cystic/common bile duct dilation may be secondary to cholangitis and/or mild extraluminal compression resulting from pancreatitis.

### **Secondary Findings**

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.

## **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 nasal gastro esophagostomy tube) is recommended, as soon as the patient will tolerate it. Also consider initiation of broad spectrum antibiotics as empirical treatment for cholangitis.
- Consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, which can be affected by pancreatitis.
- Serial monitoring (i.e., daily), of the patient's blood work is recommended to assess for any decline in the patient's organ function.



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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