



PATIENT

Dexter Romatowski

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Intact Male

AGE

11 years

WEIGHT

20.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

Han

INVOICE

12817

DATE

4.21.23

PRESENTING CLINICAL SIGNS

History: severe abdominal pain. diabetes ketoacidosis and lipemia. bg: 602/ ketone in serum with dip stick / glucose and keton in urine. lipase and amylase: elevated. strong positive pancreatitis, serum color white.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (5.43 cm in length) with a slightly irregular shape. The cortex is mildly thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Hyperechoic shadowing diverticular foci are seen. There is no evidence of pyelectasia or hydroureter.

(Five still images are available for interpretation.) The right kidney is normal in size (5.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

(No images provided).

Spleen

(Five still images are available for interpretation). The spleen is normal in size (1.37 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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 scant amount of echogenic debris is observed within the lumen (most of which is adhered to the luminal surface). The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic to saponified.



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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with moderate to severe acute pancreatitis, with regional peritonitis, +/- saponification of fat.

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Secondary Findings

- Bilateral chronic age-related renal changes with left dystrophic mineralization
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic parenchymal changes are most consistent with a diabetic hepatopathy. Other differentials include inflammatory disease, infiltrative neoplasia (less likely), other hepatopathy. Correlation with the patient's liver values is recommended.

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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 trickle feeding is recommended (as soon as the patient will tolerate it), as this will help to promote enterocyte health). If available, hyperbaric oxygen therapy may be useful in reducing pancreatic inflammation.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, as moderate to severe cases of pancreatitis can cause systemic effects that can impact the lungs and heart.
- Serial sonographic monitoring (i.e., every daily) of the pancreas is recommended to assess for the development of abscessation.
- Close monitoring of the patient's liver and kidney values is also recommended to assess for the development of organ dysfunction.

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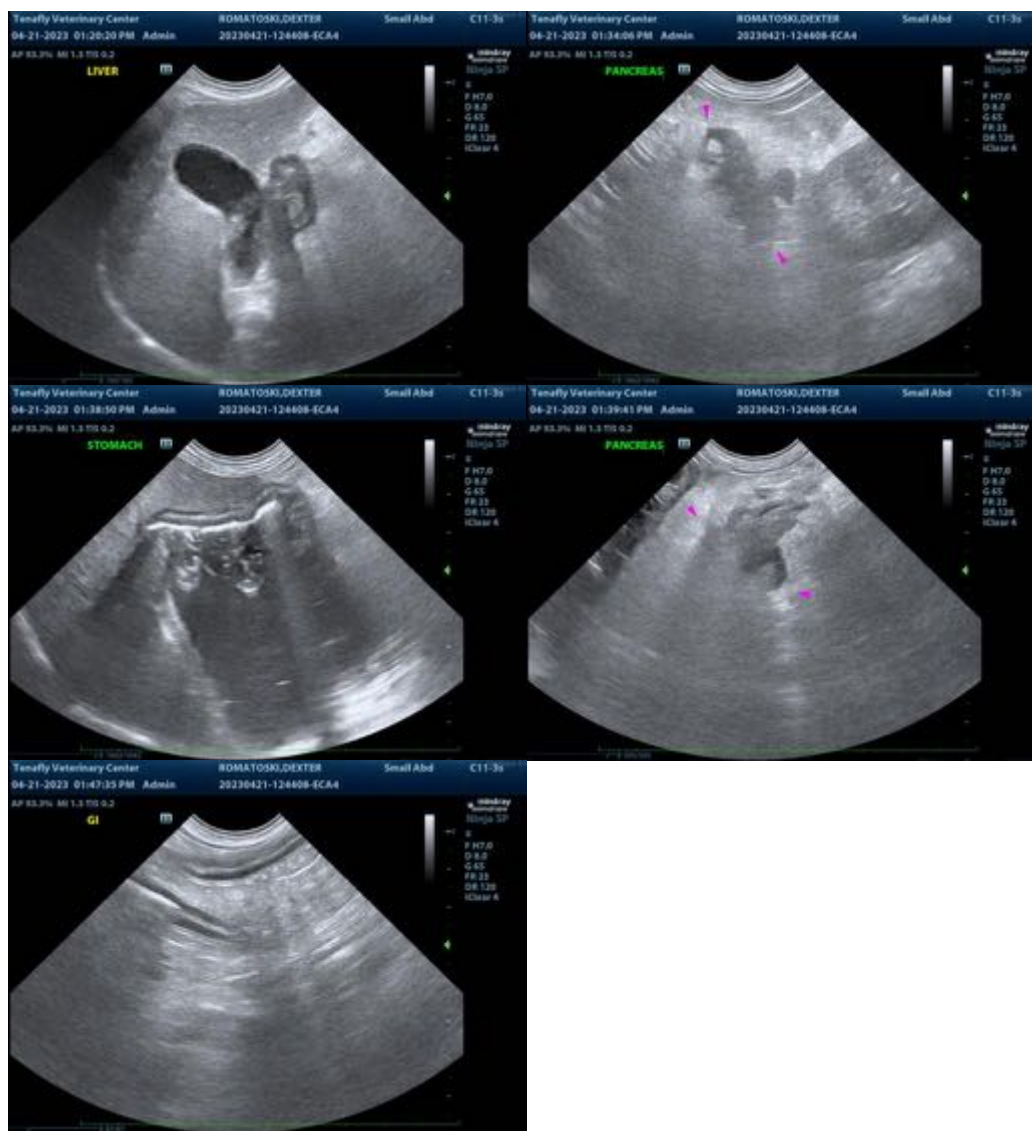
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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