



PATIENT PRESENTING CLINICAL SIGNS

BENJAMIN KIFYAK History: P showing signs of acute pancreatitis Medications given - gabapentin, omeprazole and cerenia Spent last night at emergency hospital AERA 1.36mL Torb given IV for Pain management and light sedation - P aware and calm after injection

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Increased Amylase and Lipase Increased TBILI / high ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Doodle

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 is normal.

SEX

Neutered Male

The left kidney is subjectively normal in size 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.

AGE

3 years, 5 mos

The right kidney is normal in size (6.96 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.

WEIGHT

73.1 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.92 cm at cranial pole) (0.84 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.

INTERPRETED BY

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(Small Animal Internal
Medicine)

The right adrenal gland is in normal size (1.93 cm at cranial pole) (0.62 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.

IMAGING PERFORMED BY

Heather

Spleen

The spleen is normal in size (1.65 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 Care Clinic
Flanders

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. Villari

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.

INVOICE

12845

Gastrointestinal

The lumen is mildly 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 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.

DATE

4.24.23

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

Trace ascites is suspected adjacent to the pancreas. The abdominal lymph nodes are normal/not visible.

Other

A brief visualization of the heart reveals no evidence of pericardial effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

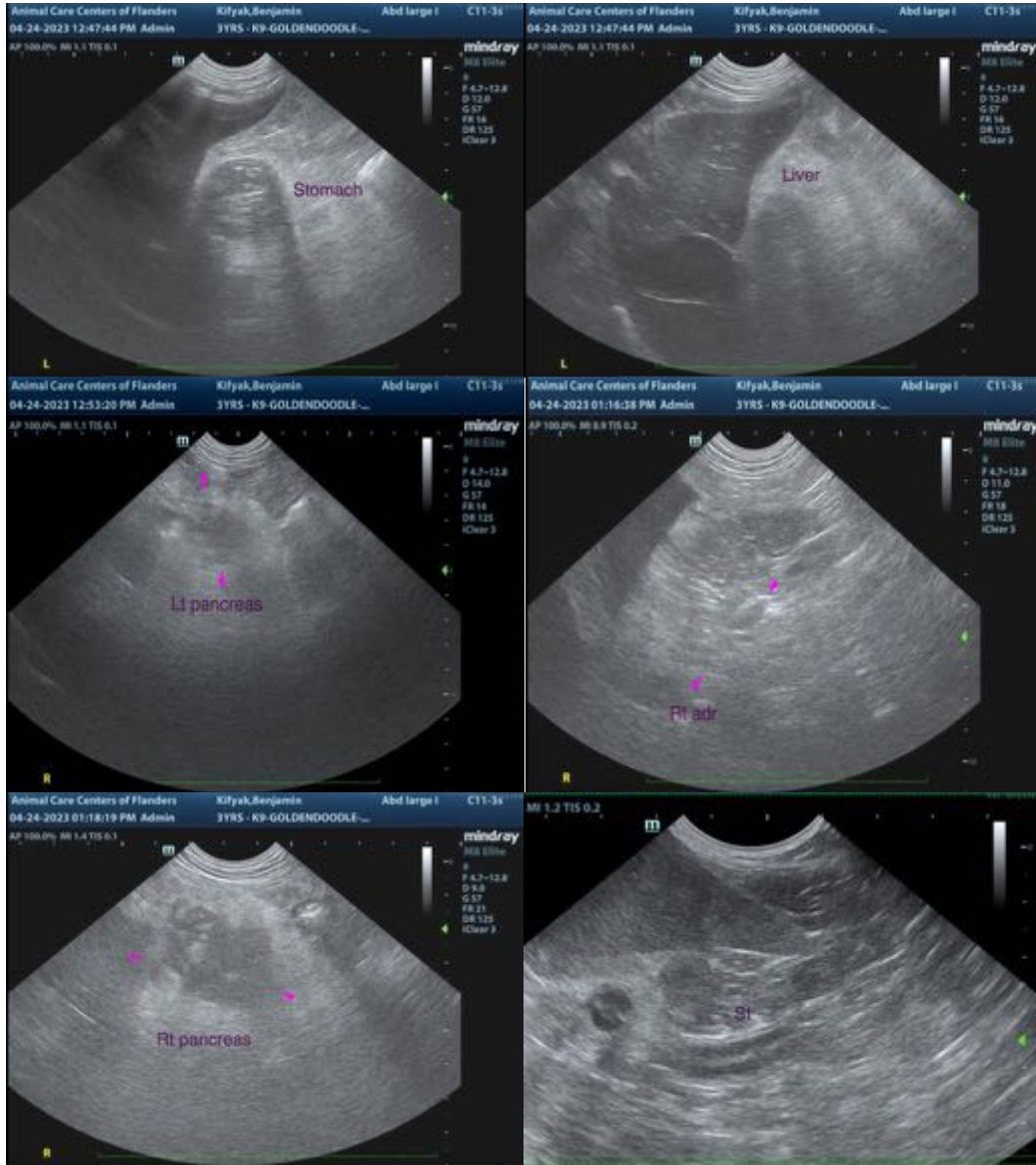
Primary Findings

- Moderate to severe acute pancreatitis with regional peritonitis

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 maintain 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 acute pancreatitis can result in pulmonary changes and pleural effusion.
- Serial (i.e., daily) sonographic monitoring of the pancreas is recommended to assess for the development of abscessation, which can occur in moderate to severe cases of pancreatitis.
- Serial monitoring of the patient's liver and kidney values is also recommended to assess for worsening 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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