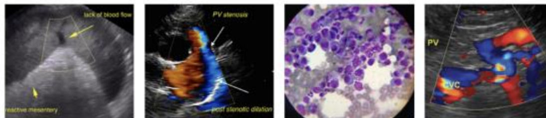


PATIENT

Padre the Priest Ragusa

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

10/17/2010

WEIGHT

10.6 kg

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

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Megan Cook

INVOICE

10865

DATE

5/6/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: "Padre The Priest" is a 11 years 6 months 19 days Male Neutered Miniature Schnauzer that presents as a direct transfer for persistent anorexia, vomiting, diarrhea and concern for pancreatitis.

Diagnosis:
1. Anorexia, vomiting, diarrhea (started 4/29/22), ate cheesburger Friday (4/29), increased ALP, increased WBC/neut
Difdx: suspect pancreatitis vs Dietary indiscretion (cheesburger), Stress, Foreign object ingestion/obstruction, Infectious (viral, bacterial, protozoal, parasitic), Inflammatory, Metabolic (hepatobiliary, renal, pancreatic), Endocrinopathy, Toxin, Neoplasia, Immune-mediated, Idiopathic

2. Grade III/VI left apical systolic heart murmur, historical
ddx: suspect MMVD vs other

Abnormal lab-work values: CBC: wbc 17.48 K/uL, Neut 14.47 K/uL, Mono 1.19 K/uL
Chem 17: Alp 370 U/L (was 240 on 5/1), Glob 4.6 g/dL (was 4.6 on 5/1)
HR/RR/BP: HR: 110, RR: 32
Heart Murmur: III/VI left apical systolic
Current Medications: Cerenia, Protonix, Metronidazole, Buprenex, Trazodone

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 lumen is moderately distended with mostly anechoic urine. 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.

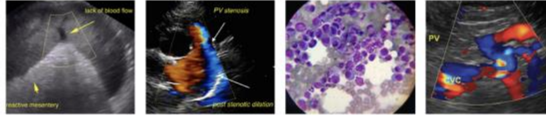
The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.75 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (0.52 cm at cranial pole) (0.58 cm at caudal pole) (2.14 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.



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The right adrenal gland is normal size (0.92 cm at cranial pole) (0.60 cm at caudal pole) (2.42 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 (1.52 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several small, irregular myelolipomas are observed adjacent to the vasculature. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. 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 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 colonic wall is normal. No obstructive disease is nted.

Pancreas

The base and right limb are enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. There is a questionable necrotic area. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic to saponified.

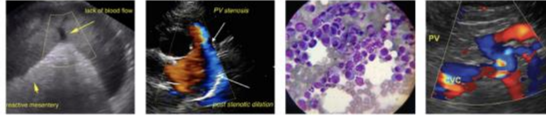
Free Abdomen

Trace free fluid is observed adjacent to the pancreas. One to two prominent lymph nodes are observed in the cranial abdomen, the largest measuring 1.33 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate to severe acute pancreatitis with regional peritonitis +/- saponification of fat.
- The prominent cranial abdominal lymph nodes are likely reactive with a low possibility of emerging neoplasia.



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Secondary Findings

- Minor age-related/geriatric renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

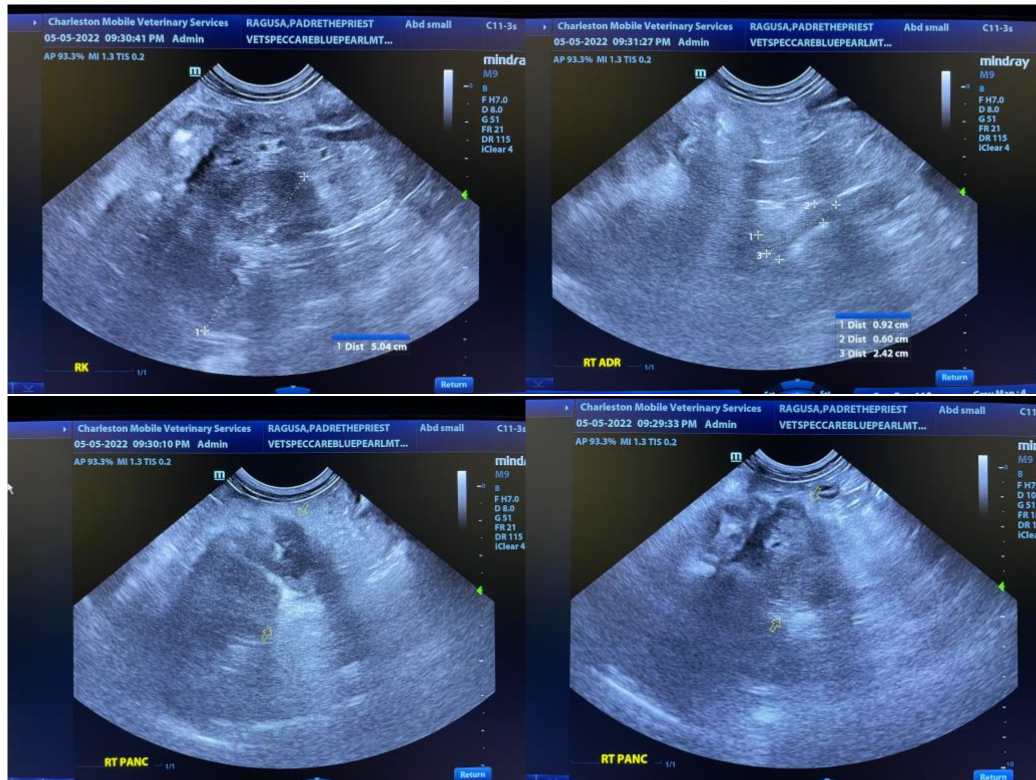
Thoracic radiographs are recommended to assess for potential pulmonary effects of pancreatitis.

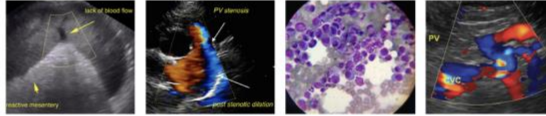
Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Trickle feeding should be initiated as soon as the patient will tolerate it, as it will help to maintain enterocyte health. s

Serial sonographic monitoring (every 12-24 hours) of the pancreas is recommended to assess for the possibility of abscessation, which can occur in moderate to severe cases of pancreatitis.

Once the patient is eating again, a prescription low-fat diet is recommended long-term to help reduce the risk of pancreatitis flareups.

Regarding the heart, additional recommendations should be based on the echocardiogram report.





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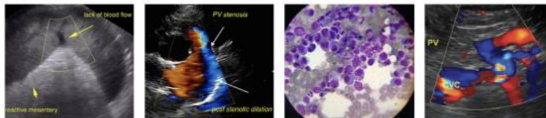

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CharlestonMobile.Net 800.403.5408

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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)
info@SonoPath.com