

PATIENT PRESENTING CLINICAL SIGNS

Gillie Gillies
gillie is an 11Y FS Westie presenting as a DT for pancreatitis, lethargy, vomiting, and a UTI. O is out of town and pet sitter has been watching P over the last few days. pet sitter says that P has not had interest in food over the last few days, P has also been lethargic. O says P has been limping as well. pet sitter took P to rDVM today, and had rads, BW, and cerenia given. P was sent to VEC for further care.

SPECIES

Canine

6/6: Gillie is doing ok with no vomiting or diarrhea. Gillie has been persistently anorexic despite antinausea and appetite stimulants.

BREED

Westie

CC:

Update owner with Gillie's current condition and recommended plan for today. Gillie's kidney values continue to improve, but she is persistently anorexic despite supportive care w/ antinausea and appetite stimulants. I recommend and AUS consult this afternoon with Dr. Nacastro to further evaluate kidneys, pancreas, GIT, etc. O approved plan.

SEX

Spayed Female

AGE

11 Years

Referral bloods show. ALbumin 2.3. ALKP 208. BUN 138 Creat 4.6 phos 16.8. Na 117
CBC- WBC 56.7K Neutrophilia

Phylite 250ml bolus then 40ml/hr IV Famotidine 1mg/kg IV BID ondansetron 0.2mg/kg IV TID unasyn 30mg/kg IV TID enroflox 5mg/kg IV dioluted SID

WEIGHT

8.3 kg

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. A small 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.

The left kidney presented normal size (5.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (0.49 cm at cranial pole) (0.53 cm at caudal pole) (2.19 cm in length); with normal shape and smooth peripheral contours. A 0.39 cm x 0.33 cm hyperechoic nodule is observed at the caudal pole. The glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.97 cm at cranial pole) (0.61 cm at caudal pole) (1.69 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.

INTERPRETED BY

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Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

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HOSPITAL NAME

Blue Pearl Mt. Pleasant

REFERRING VET

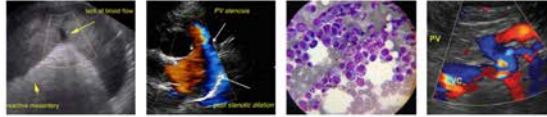
Dr. Graham

INVOICE

38423

DATE

6/6/22



PATIENT *Spleen*

Gillie Gillies The spleen is normal in size (1.57 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

SPECIES *Liver*

Canine

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. The portal vein to caudal vena cava ratio is approximately 1:1.

BREED

Westie

SEX

Spayed Female

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic to mineralized, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

AGE

11 Years

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 small intestinal lumen is segmentally dilated with chyme. 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 or overt infiltrative disease is noted.

WEIGHT

8.3 kg

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypochoic relative to surrounding omental fat and is slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

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Free Abdomen

The peritoneal cavity is normal. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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Other

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

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PRIMARY FINDINGS

- Pancreatic changes are consistent with moderate acute pancreatitis. Regional peritonitis is present.

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SECONDARY FINDINGS

- Minor bilateral age-related renal changes
- The left adrenal nodule trends towards the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

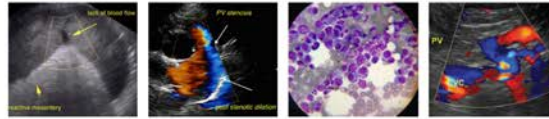
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Gillie Gillies

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Consider initiation of trickle feeding as soon as the patient will tolerate it, as this will help to maintain enterocyte health.

SPECIES

Canine

- Serial sonographic monitoring (i.e., daily) of the pancreas is recommended to assess progression.

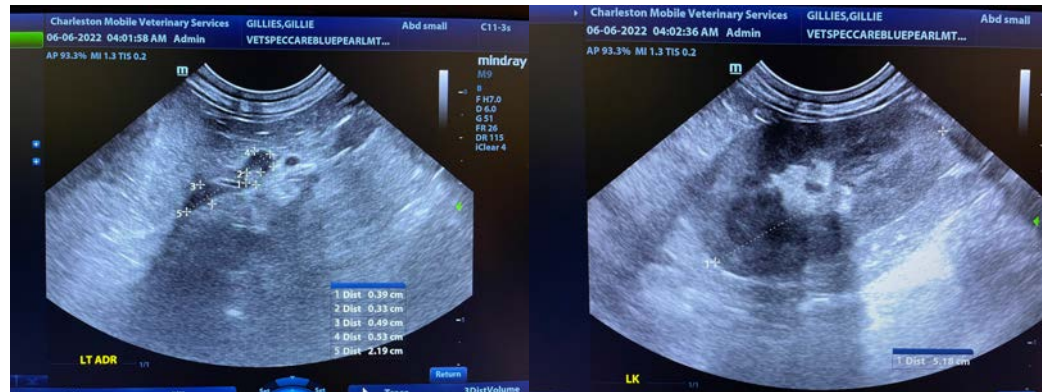
BREED

Westie

- Thoracic radiographs are also recommended, as pancreatitis can have pulmonary effects.

SEX

Spayed Female



AGE

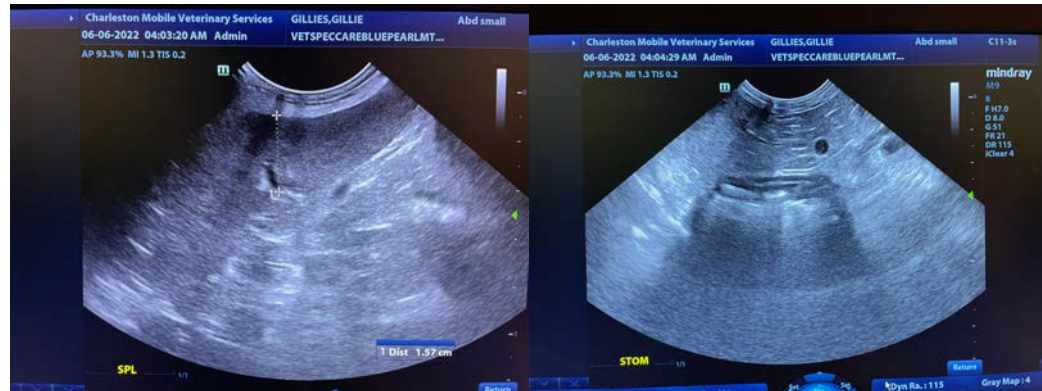
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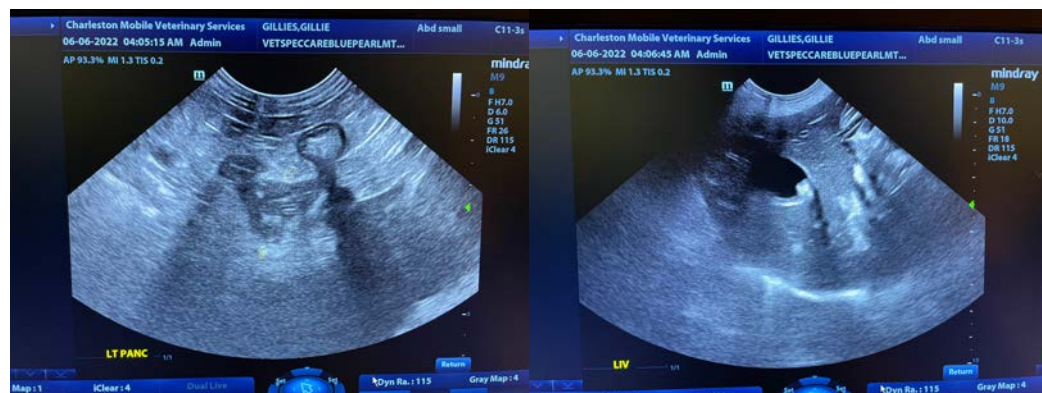


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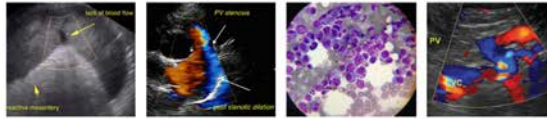
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Westie

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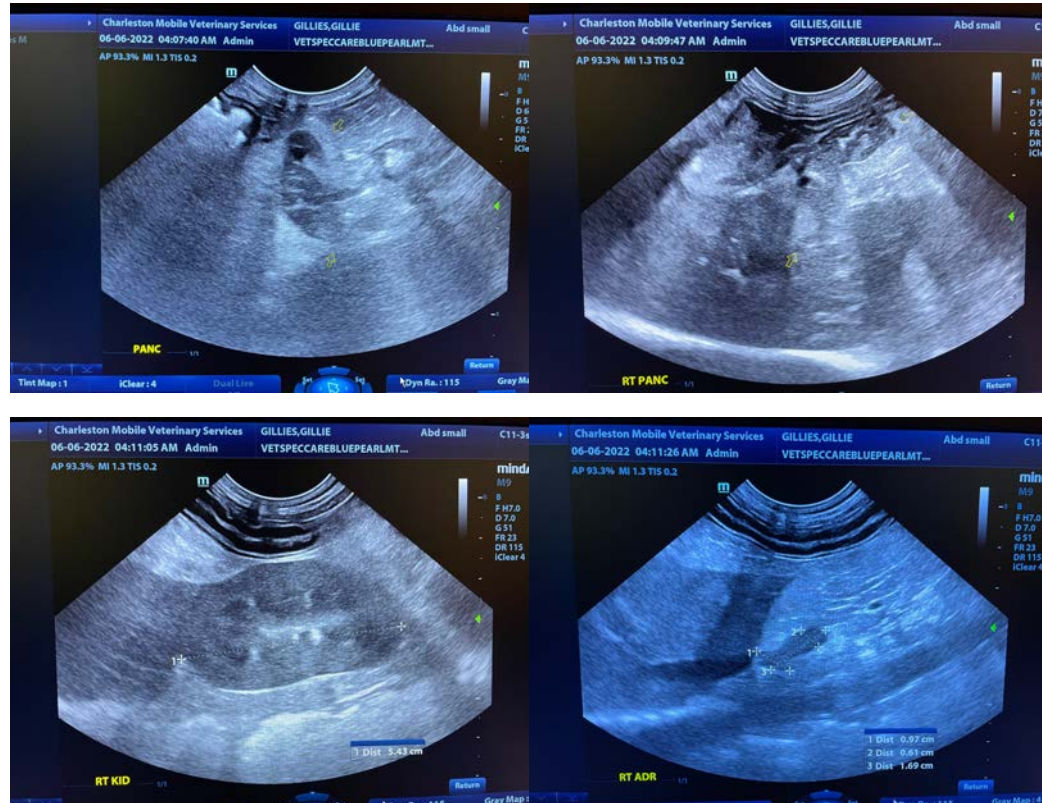
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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