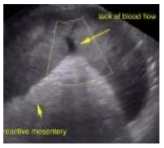
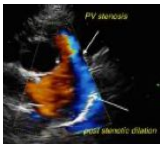
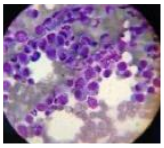
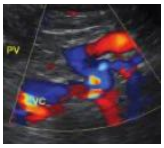
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Prancer Wolfe

SPECIES
Canine

BREED
DSH

SEX
Neutered Male

AGE
4 years

WEIGHT
5.2 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Vet Emerg Ctr

REFERRING VET
Dr. Slenbaker

INVOICE
11406

DATE
8.15.22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for being flat out and unresponsive. Was seen at York ER on Wednesday for vomiting and was diagnosed with pancreatitis and given anti-nausea medication. Family returned to York ER again the next night as P was more lethargic and not self still; was sent home with pain medication. Tonight, P was making a lot of gurgling like noises around mouth and abdomen and was still vomiting.
Previous Health Concerns: None
Current Medications: Cerenia 16mg (1 tab SID, needed to be given at 9pm), Buprenex Susp (0.18 ml BID, last given at 9am), Gabapentin 50mg (1 tab BID-TID, last given at 6pm)

PE/Chem/CBC/UA Results: CBC: LYM# L (0.70), EOS# L (0.04), NEU% H (86.1), LYM% L (11.4), EOS% L (0.7), HGB H (17.6), HCT H (49.3), RDW-CV L (15.7)
Chem: BUN H (75.3), CRE H (3.2), IP H (13.5), Ca L (8.1), ALB H (3.7), GLU H (133), ALT H (528), vLIP H (80)
EPOC: pO2 H (56.7), O2SAT H (86.8), pCO2 H (54.6), HCO3-act H (29.8), mTCO2 H (30.2), BE(ecf) H (4.1), Na+ L (143), K+ L (2.8), Cl- L (100), Ca++ L (0.89), Crea H (3.7), Hct H (56) BUN and Glu: Failed iQC
fPL – abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate 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 1-2 cm, are normal.

The **left kidney** is mildly enlarged (4.83 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The **right kidney** is mildly enlarged (4.66 cm in length); with a normal shape and smooth peripheral contours. 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 upper limits of normal size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is upper limits of normal size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.72 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.

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

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal
The **gastric lumen** is moderately to severely fluid distended and hypomotile. The fluid within the lumen contains echogenic debris. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal duodenal lumen appears mildly dilated. There is a suspected 1.17 cm shadowing structure within the bowel (suspected proximal duodenum). The remaining bowel loops are empty. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas
The **pancreas** is diffusely prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen
There is no evidence of free fluid. A 0.65 cm **lymph node** is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

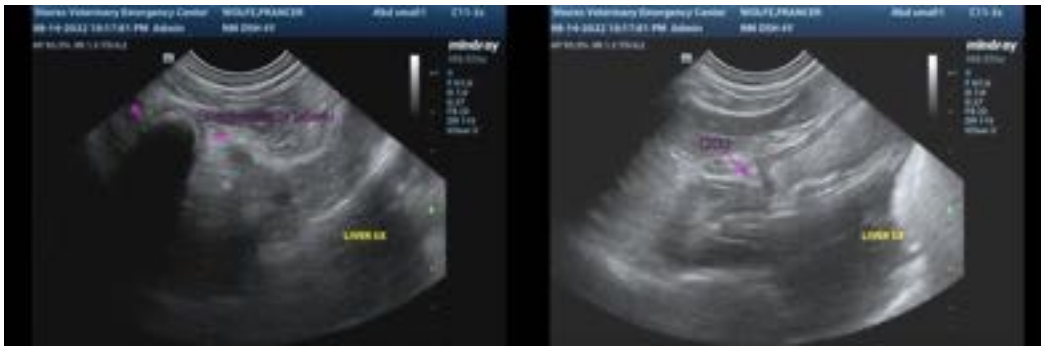
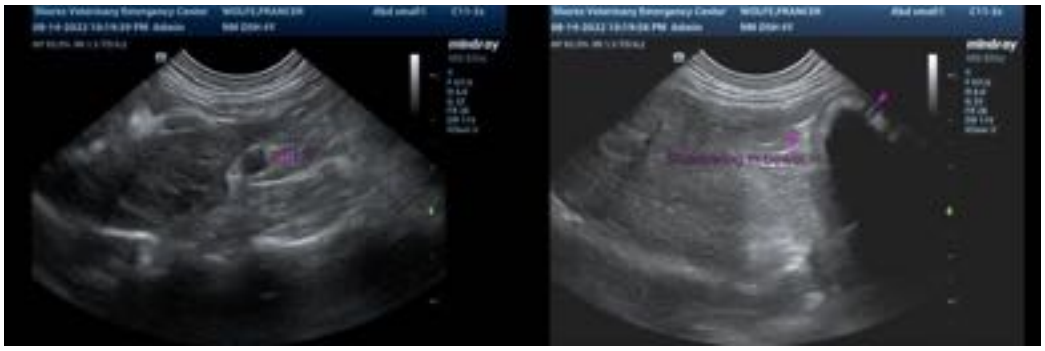
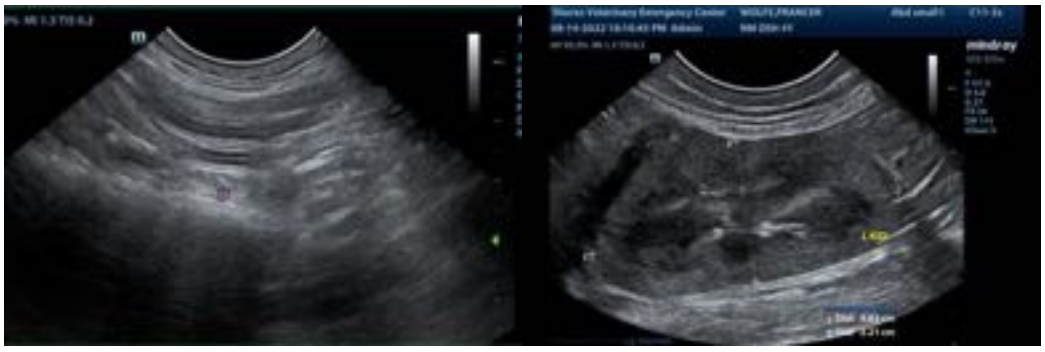
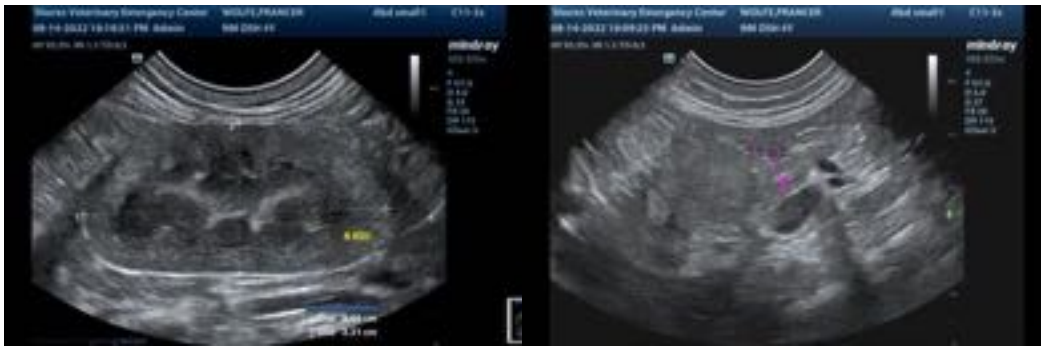
- Suspected proximal duodenal foreign body/obstruction
- Moderate acute pancreatitis

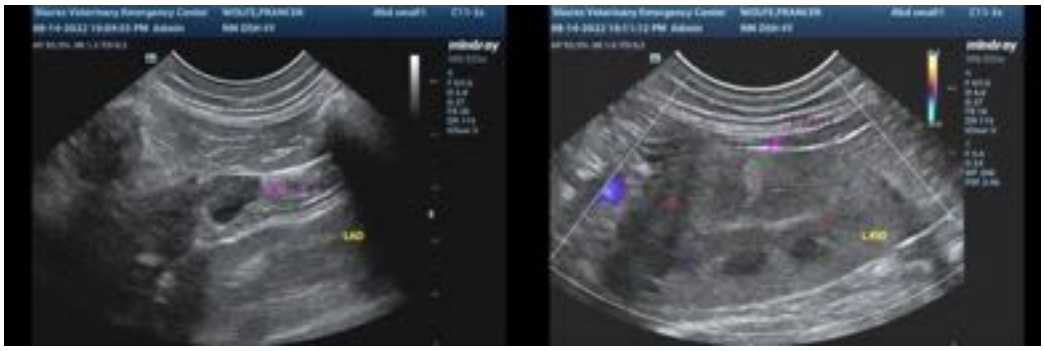
Secondary Findings

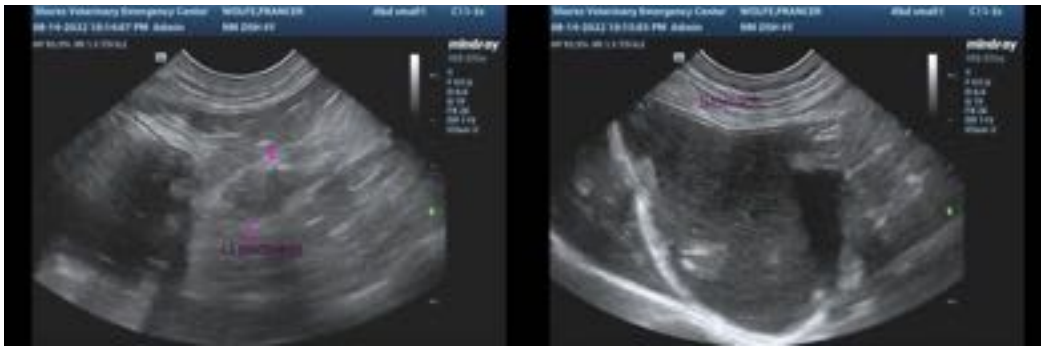
- The mild bilateral renomegaly may be secondary to interstitial nephritis, infiltrative neoplasia or may be a normal variant for this patient. There is some evidence of degenerative changes.
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

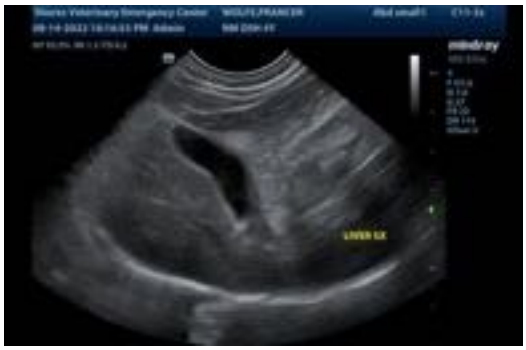
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess cardiopulmonary status.
- An abdominal exploratory should be considered to assess for and address any gastrointestinal foreign material. If more confirmation of the obstructive small intestinal foreign body is needed prior to surgery, consider an abdominal CT scan or barium study. If surgery is pursued, a liver biopsy should also be obtained, given the elevated ALT.
- Regarding the azotemia, fluid diuresis and supportive care are recommended along with a urinalysis, urine culture and sensitivity, baseline blood pressure measurement +/- UPC.
- Regarding the pancreatitis, supportive care with fluid therapy, gastric protectants, antiemetics, pain medication, +/- fresh frozen plasma should be considered, along with nutritional support when the patient will tolerate it.







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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