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Clinical Sonography & Telecytology
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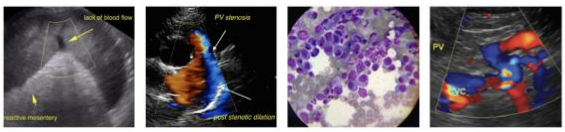


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Gypsy Delegge

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

NP

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

Park West VA

REFERRING VET

Justin Butler

INVOICE

14110

DATE

8.16.23

PRESENTING CLINICAL SIGNS

History: The past week vomiting and not acting herself.
Lab-work showed elevated amylase and lipase. TBil 0.66.
Has had two TPLO surgeries in the past.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is diffusely thickened (up to 0.47 cm) with an irregular mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, appear normal.

The left kidney is normal in size (6.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (6.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.81 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 appear normal.

The right adrenal gland is in normal size (0.95 cm at cranial pole) (0.58 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 appear normal.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, small, irregular hyperechoic nodules are observed throughout the organ. Splenic vasculature appears normal.

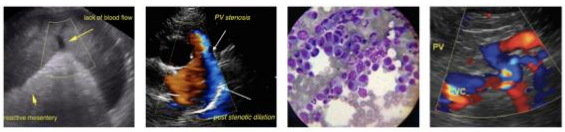
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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 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 mildly-to-moderately distended with fluid and ingesta. 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 is normal in thickness with a normal layering pattern and appropriate mural



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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with mild-to-moderate pancreatitis. The inflammation may be acute or acute-on-chronic in nature. Adjacent peritonitis.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

Secondary Findings

- The hepatic parenchymal changes are most consistent with a benign age-related process (i.e., remodeling, regenerative nodular hyperplasia) with a lower possibility of other hepatopathies (i.e., inflammatory, neoplasia, hepatotoxicosis).
- The urinary bladder wall changes are suggestive of cystitis. Correlation with the patient's clinical history and urinalysis findings is recommended.
- The hyperechoic splenic nodules have a propensity for the benign (i.e., myelolipomas) with a low possibility of a neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued symptomatic care for pancreatitis is recommended, including gastric protectants, fluid therapy, and pain medication as needed. When the patient is eating normally, consider transitioning to a prescription low-fat diet for the long-term, in order to help reduce the risk of pancreatitis flareups.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Given the urinary bladder wall changes, a urinalysis +/- culture and sensitivity should be considered.

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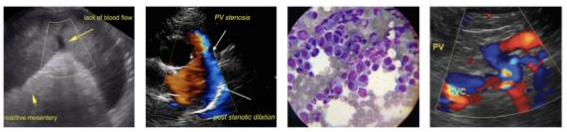

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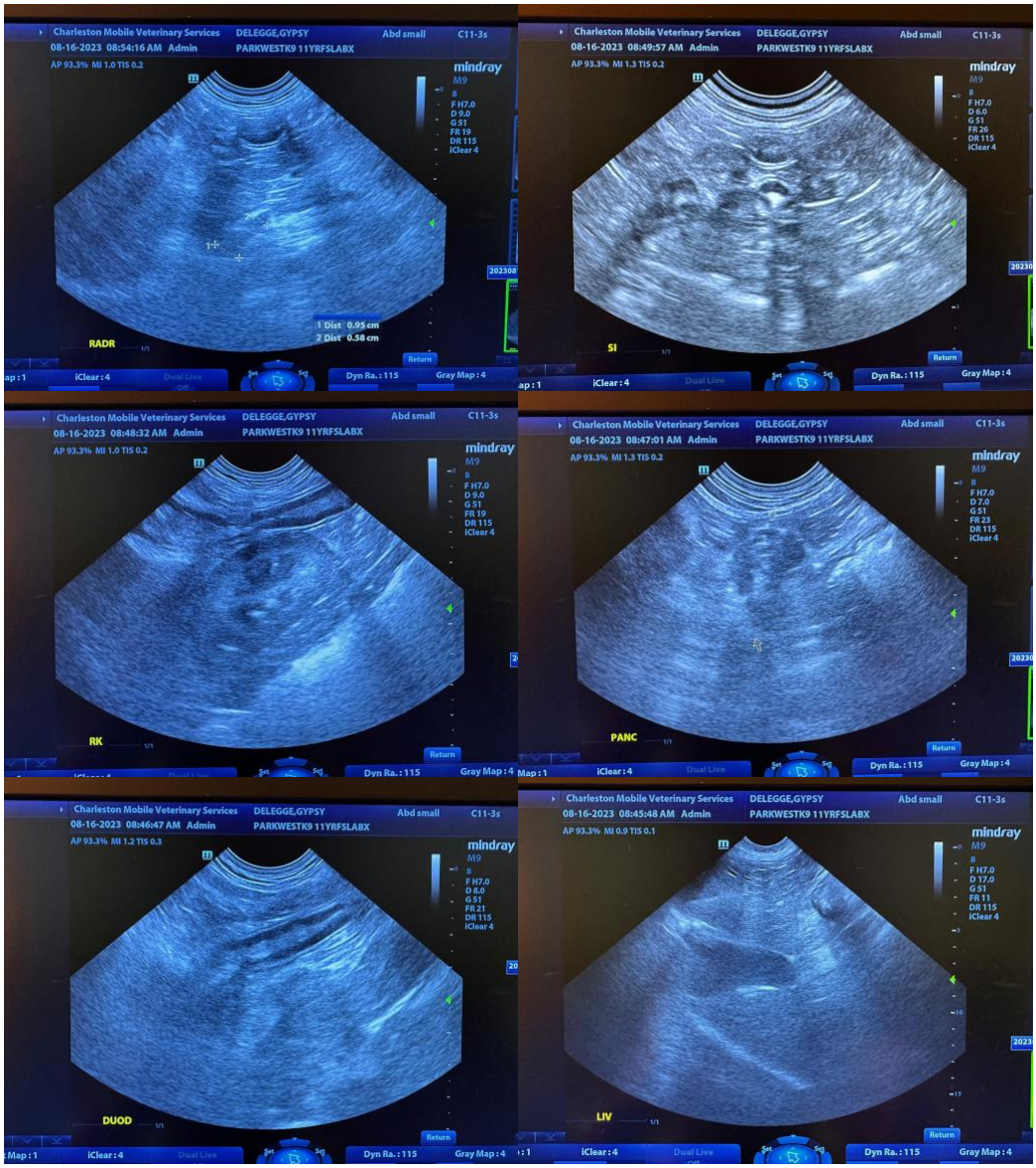

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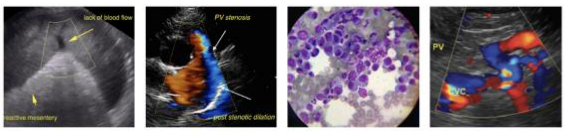

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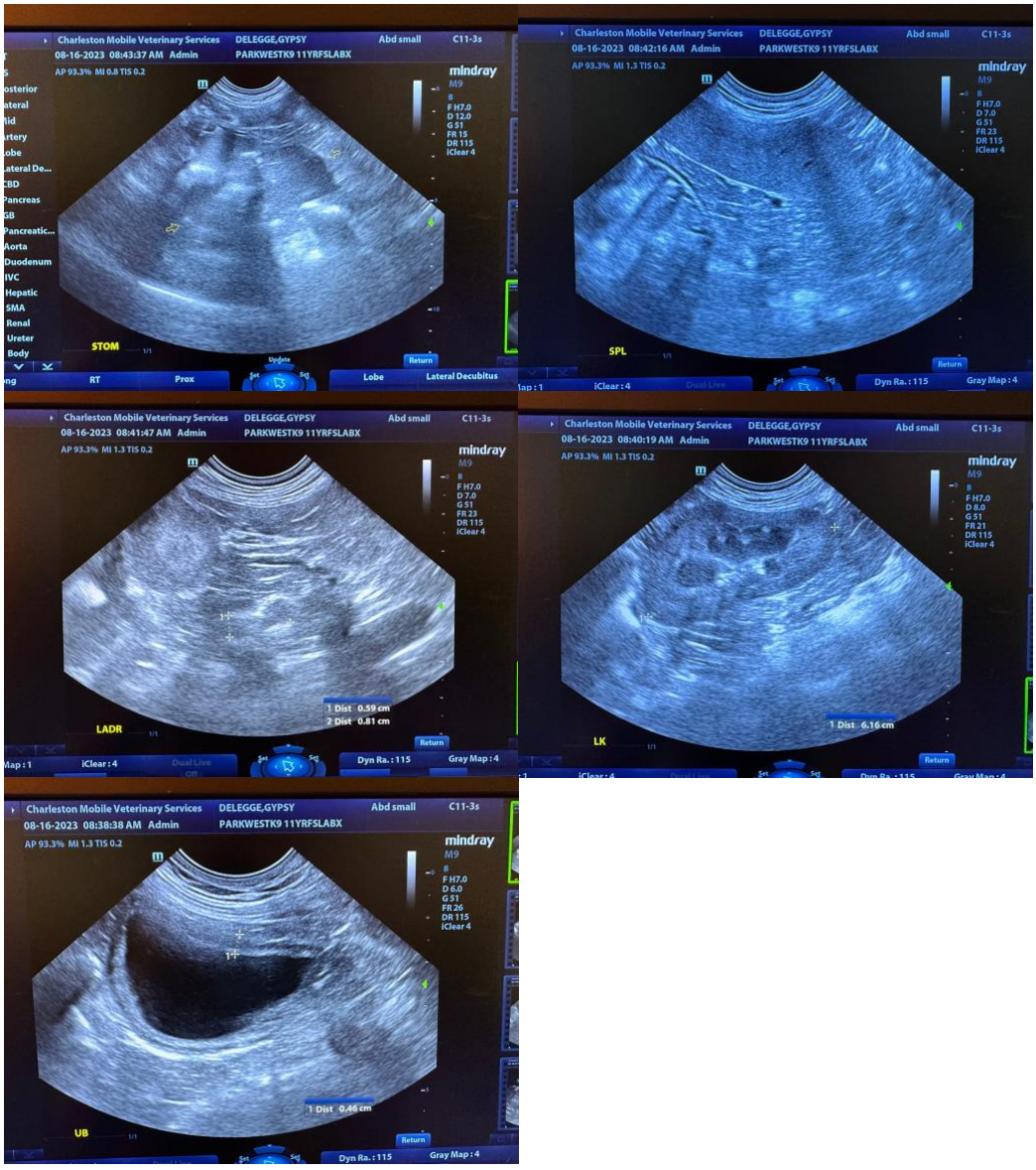

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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