



PATIENT

Loveley Victorero

SPECIES

Canine

BREED

Yorkie

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

10 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

INVOICE

11922

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Patient presented for vomiting for > 1 week duration Owner fed bland diet and it stopped then returned to normal diet and vomiting began again Currently in hospital on IV fluids, GI meds, etc. Abnormal PE/Chem/CBC/UA Results: Chem: elevated ALP 253, AMY 1453 cPL: 775 (abnormal) Radiographs: loss of serosal detail right cranial abdomen, hepatomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal size (4.11 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. A small amount of retroperitoneal fluid is seen.

The right kidney is normal size (4.11 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. A small amount of retroperitoneal fluid is seen.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.27 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 enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and mildly heterogeneous in appearance with several ill-defined hyperechoic areas/nodules. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is subtly thickened and slightly irregular. A moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall and pylorus are normal in thickness with a normal layering pattern. A small amount of fluid is observed within the gastric lumen. The pyloric outflow tract is patent. The wall of the proximal duodenum is mildly thickened (up to 0.53 cm) with a normal layering pattern and appropriate mural detail. The proximal duodenal lumen is mildly fluid distended. In the remaining small intestinal segments, the 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 noted.



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Pancreas

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The body/right limb of the pancreas is severely enlarged with irregular peripheral contours. The parenchyma is hypoechoic and mottled in appearance. The pancreatic duct is not overtly dilated.

SPECIES

Free Abdomen

Canine

The mesentery in the cranial abdomen, particularly surrounding the pancreas is hyperechoic to saponified. A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

Female, spayed

- Severe acute pancreatitis with regional peritonitis and suspected saponification of fat.
- The proximal duodenal wall changes are likely inflammatory, secondary to pancreatitis.

AGE

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Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The mild gallbladder wall thickening may be secondary to cholecystitis and/or benign age-related hyperplasia.
- Bilateral minor age-related renal pathology with dystrophic mineralization.
- The small amount of retroperitoneal fluid is likely secondary to adjacent pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Trickle feeding is recommended as soon as the patient will tolerate it. This will help improve enterocyte health.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status as severe pancreatitis can result in pleural effusion and/or acute respiratory distress syndrome (ARDS).
- Close monitoring of the patient's metabolic functions is strongly recommended due to the potential systemic effects of severe pancreatitis.

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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.

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

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