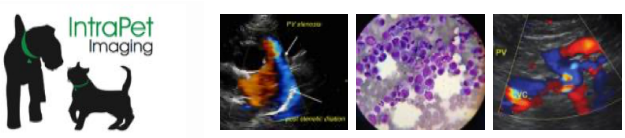
IMAGING PERFORMED BY

IntraPet.com



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DATE

8/22/22

PATIENT

Herky Hall

SPECIES

Canine

BREED

Shih Tzu

SEX

Male, neutered

AGE

4/10/2012

WEIGHT

12 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Goodman

INVOICE

13855

PRESENTING CLINICAL SIGNS

Post splenectomy, elevated WBC, patient not doing well.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small to moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (4.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.53 cm at caudal pole) (1.50 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.

The right adrenal gland is normal size (0.49 cm at cranial pole) (0.42 cm at caudal pole) (1.68 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

Splenectomized. Within the splenic fossa, hyperechoic to slightly heterogeneous mesentery is visualized.

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 is mildly distended. The wall is mildly thickened (up to 0.25 cm) and hyperechoic. A small amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is thickened (up to 0.75 cm) slightly irregular with questionable retention of the normal layering pattern. The wall tapers to a normal thickness as it extends toward the pyloric antrum. 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. The lumen of the descending colon contains granular appearing fecal material. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and edematous in appearance. Surrounding mesentery is hyperechoic. Scant peripancreatic effusion is suspected.

Free Abdomen

The mesentery throughout the cranial to mid-abdomen is hyperechoic. 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:

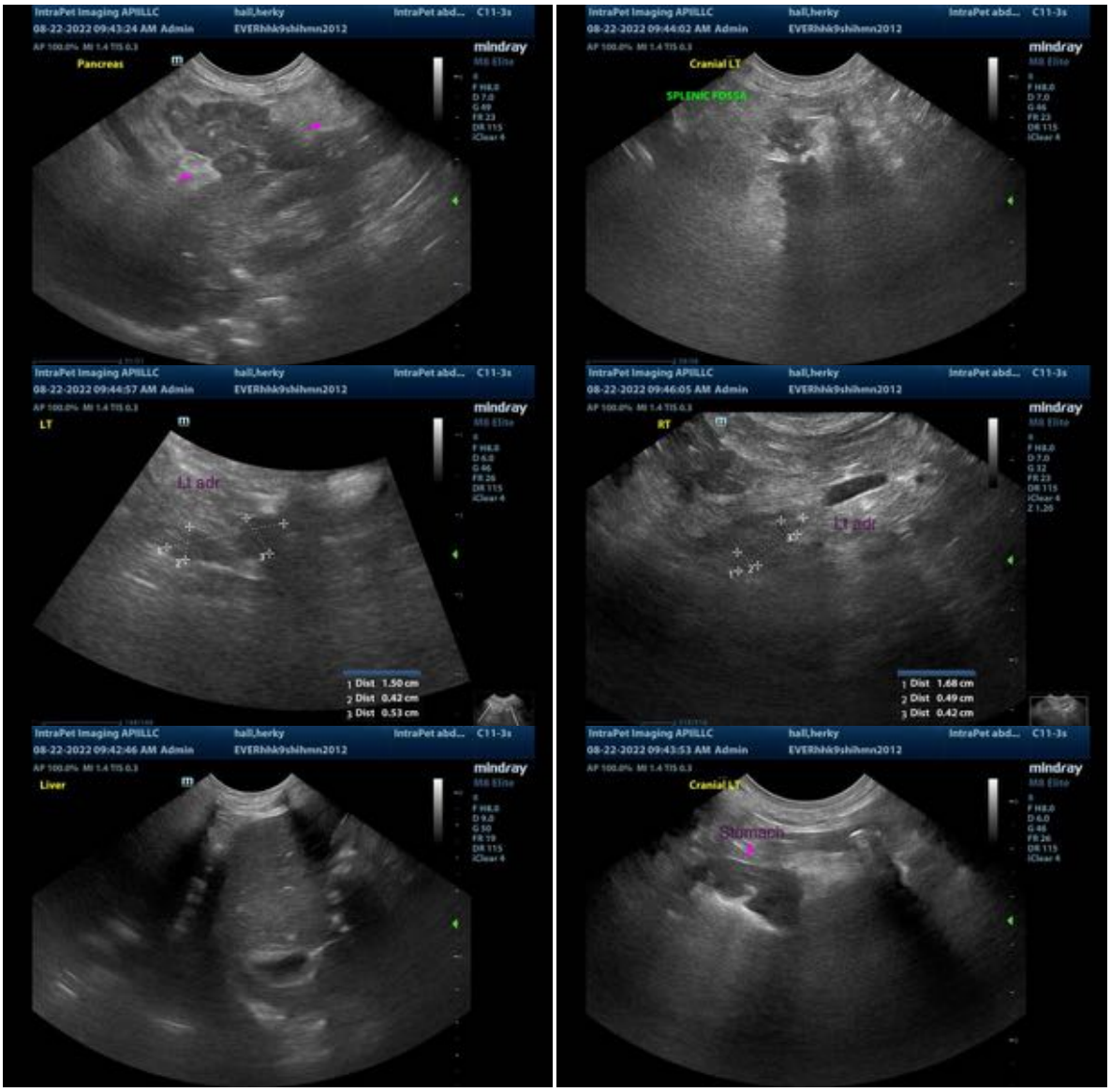
- The pancreatic changes are consistent with moderate to severe pancreatitis with regional peritonitis.
- The thickened gastric wall is most consistent with inflammation (i.e., secondary to pancreatitis. However, hypertrophy or emerging neoplasia cannot be completely excluded.

Secondary Findings:

- The hepatic changes are most consistent with age-related parenchymal remodeling.
- Bilateral degenerative renal changes with non-obstructive nephrolithiasis.
- The gallbladder wall thickening may be artifactual due to lack of full repletion. Alternatively, benign age-related hyperplasia or cholecystitis may be present. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. If available, hyperbaric oxygen therapy may be beneficial in reducing pancreatic inflammation. Consider initiation of trickle feeding as soon as the patient will tolerate it, as it will help to maintain enterocyte health.
- Three-view thoracic radiographs are recommended to assess for potential pulmonary/pleural effects of pancreatitis.
- Serial monitoring of the patient's liver and kidney values is also recommended to evaluate for deterioration of metabolic functions, which can occur with severe pancreatitis.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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