

**DATE PRESENTING CLINICAL SIGNS**

8/24/2021

History: Acute vomiting, not eating/ drinking. Pancreatitis  
 Current Medications: Cerenia - give 2 tabs SID  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not needed.  
 Stat Report: Requested/Approved.

**PATIENT**

Tank Nauman

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Male, neutered

**AGE**

2013

**WEIGHT**

82 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Medical Center

**REFERRING VET**

Dr. Chaudry

**INVOICE**

11948

**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 mildly distended with anechoic urine. 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 prostate is normal in size (1.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (8.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. 2 anechoic cystic areas are observed and are suspected to be within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. 2 anechoic cystic areas are observed and are suspected to be within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.70 cm at caudal pole) (3.62 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 (0.59 cm at cranial pole) (0.62 cm at caudal pole) (3.13 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**

Previously splenectomized.

**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 gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic debris/sludge is observed within the lumen, some of which is gravity-dependent and some of which is aggregated/partially dependent. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. 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. No obstructive disease is noted.

### ***Pancreas***

The body/right limb of the pancreas is 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***

A small amount of anechoic free fluid is visualized. A 3.26 cm sublumbar lymph node is visualized.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The pancreatic changes are consistent with moderate to severe acute pancreatitis with regional peritonitis.
- The mild gastric distention is most consistent with functional ileus secondary to pancreatitis. A mechanical outflow obstruction cannot be completely excluded but is considered less likely.

### **Secondary Findings:**

- Gallbladder debris- incidental, non-mucocele.
- Minor age-related renal pathology.

## **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. Trickle feeding should be initiated as soon as the patient will tolerate it as this therapy will help maintain enterocyte health.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status as severe pancreatitis can result in pleural effusion/acute respiratory distress syndrome.
- Baseline labwork should be monitored to evaluate organ function.
- Serial sonographic monitoring (i.e., every 24 hours) is also recommended to assess for the development of pancreatic abscesses 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.

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