

**DATE**

8/29/22

PATIENT

Gizmo Goetz

SPECIES

Canine

BREED

Yorkshire mix

SEX

Male, neutered

AGE

1/24/2012

WEIGHT

11.1 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency
 Hospital

REFERRING VET

Dr. Willer

INVOICE

13889

PRESENTING CLINICAL SIGNS

Referral Pancreatitis/HE. Hx of bladder stones/hematuria--Has been prescribed Baytril recently - , but then given Convenia. Referral Rads-- pylorus is thickened/prominent -- Chemistry overall wnl (ca read low, likely lab error but rechecking), Cpl abnormal, Marked hemoconcentration, on RDVM Hct 66> 61> 55 while here on IVF solids down to 5.0.

Current Medications: Cerenia, Buprenorphine, Provable, Metoclopramide, Protonix.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few small cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal. The penile urethra is evaluated. No obvious abnormalities are seen.

The prostate is normal in size (1.00 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 (4.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.37 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.75 cm at cranial pole) (0.78 cm at caudal pole) (1.89 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 mildly enlarged (0.84 cm at cranial pole) (0.82 cm at caudal pole) (1.85 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

The spleen is normal in size (1.03 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic to mineralized debris is observed within the lumen. 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 not distended. 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is mild thickening of the submucosal layer in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The base and right limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cystic calculi.
- Bilateral, degenerative renal changes with left non-obstructive nephrolithiasis.

Secondary Findings:

- Mild bilateral adrenomegaly. This may be a normal variant for this patient or may be secondary to early hyperplastic change.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or other enteropathy. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Given the mild hypoproteinemia, a full CBC and chemistry panel is recommended (if not already performed) to assess overall metabolic functions and to evaluate for hypoalbuminemia. If hypoalbuminemia is present, further workup (i.e., pre- and post-prandial serum bile acids, UPC, malabsorption panel (send to Texas A&M) +/- GI biopsies) may be warranted.





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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