**DATE**

8/8/21

PRESENTING CLINICAL SIGNS

Lethargy, Bloody Diarrhea, Drinking More.

Concern that having bloody diarrhea Has possible poisoning case from her horses, had clostridial death in 3 horses she is very concerned same for her. discussed also pu/pd no vomiting, but NI in eating. Lab work confirms DKA and UTI.

PATIENT

Snickerdoodle Jackman

Current Medications: Ampicillin, Cerenia, Protonix, Metronidazole, Insulin CRI.

Lab Results: Ketones: LARGE 8/4; decreasing to SMALL 8/7 K+ 2.9 on 8/7 - added KCl to IVF.

BUN / CREA / Lytes (IVLS)

Analyzer: Catalyst_Dx Analyzer Note: 8/5: BUN 71, Creat 2.1.

8/7: BUN 55, creat 2.8.

SPECIES

Canine

Radiographs: No obvious uterus, mass, FB in abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: not needed

BREED

Stat Report: not requested

Pomeranian Mix

SEX

Spayed Female

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 moderately 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.

AGE

1/16/10

The left kidney is normal in size (5.04 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 corticomodullary distinction. Hyperechoic, shadowing diverticular foci are visualized. Mild pyelectasia is present and measured 0.21 cm in the longitudinal plane. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

16 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The right kidney is normal in size (5.14 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomodullary distinction. Hyperechoic, shadowing diverticular foci are visualized. A 0.54 cm anechoic cyst is observed at the lateral aspect. The cyst causes slight, capsular expansion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.46 cm at caudal pole) (2.11 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

REFERRING VET

Dr. King

The right adrenal gland is normal in size (0.65 cm at cranial pole) (0.5 cm at caudal pole) (2.28 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

INVOICE

91045

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measured 0.9 cm.

Liver

The liver is subjectively enlarged with rounded, peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely heterogenous with numerous, varying sized, ill-defined, hypoechoic areas. The

parenchyma is bordering on nodular in appearance. The hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen contains hard shadowing material. The gastric wall is normal to moderately thickened measuring up to 0.8 cm with retention of the 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 or overt infiltrative disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular, peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly heterogenous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The surrounding mesentery is hyperechoic. A small amount of peripancreatic effusion is present.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- The pancreatic changes are consistent with moderate to severe pancreatitis. Regional peritonitis is present.
- Diffuse hepatopathy. Differentials include vacuolar hepatopathy, regenerative, nodular hyperplasia, age related remodeling, inflammatory/immune mediated disease, infiltrative neoplasia and/or other hepatopathy.

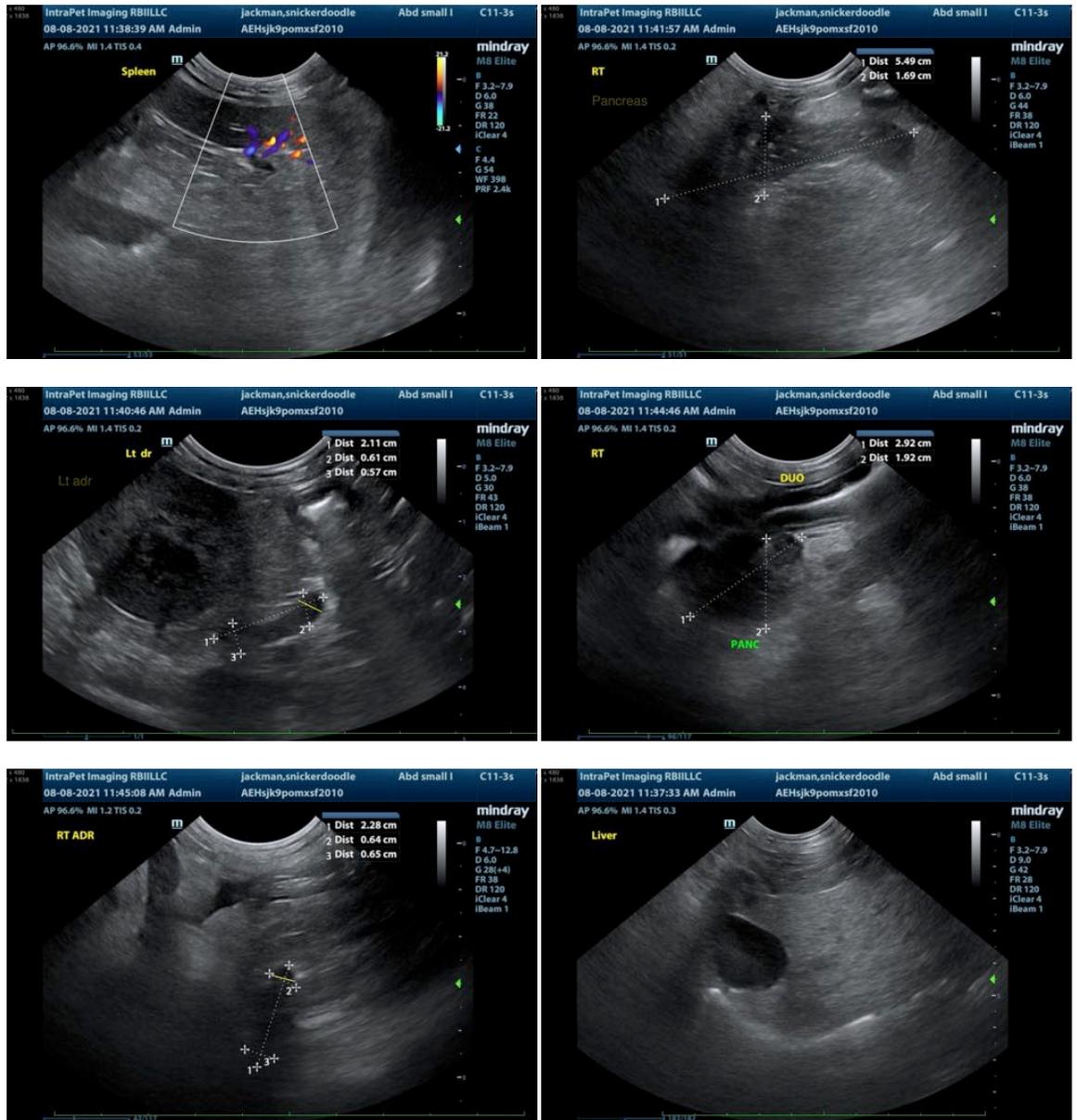
SECONDARY FINDINGS:

- Bilateral age related renal pathology with dystrophic mineralization and left pyelectasia.
- Suspected gastric foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity, preferably on a pre-antibiotic sample is recommended. Consider the addition of a Fluoroquinolone to the treatment regiment as empirical treatment for pyelonephritis.
- Supportive care for diabetic ketoacidosis/pancreatitis/urinary tract infection is recommended including fluid therapy, regular insulin, broad spectrum antibiotics, pain medication, gastroprotectants +/- fresh frozen plasma. Initiation of trickle feeding is recommended as soon as the patient will tolerate it. This will help to maintain enterocyte health.
- Three-view thoracic radiographs are recommended to assess to assess cardiopulmonary status
- Baseline blood pressure measurement is also recommended.

- Consider a FNA of the liver. If clotting status is appropriate a 25-gauge needle should be used.





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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