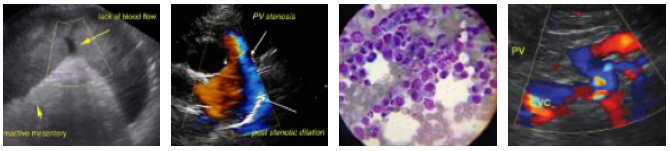

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1-800-838-4268 info@sonopath.com

PATIENT

Romey Jeffocat

SPECIES

Canine

BREED

Schnauzer

SEX

Male, neutered

AGE

4 yrs.

WEIGHT

6.8 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Baker

INVOICE

12023

DATE

9/6/21

PRESENTING CLINICAL SIGNS

History: S: Ate a rawhide yesterday, painful abdomen, vomited food yesterday and then water this morning, panting. Meds: topical advantage, owner gave Pepto Bismol this morning. Tends to have a picky appetite. Diet: Nutro chicken and rice and Stella and Chewy raw food yesterday. No c/s/pu/pd. Diarrhea that resolved last week.
Abnormal PE/Chem/CBC/UA Results: Very tender/splinting abdomen; BCS 6/9; dehyd est 7% Extremely lipemic serum CBC: Mild thrombocytosis Chem panel: BG: 503 Mild BUN elevation 28 Moderate ALKP elevation: 555 Cholesterol elevation 456 Amylase elevation >2500 Lipase elevation >5192 High normal phosphorus 6.8 Hypochloridemia 104 Snap cPL: abnormal BP: 122 Urine: USG >1.050 (Glucose 1000), Ket 15, prot 500, no bacteria, quiet sed

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. A moderate amount of suspended echogenic debris, some of which is aggregated, is observed within the lumen. 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 (1.17 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 (5.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A thin hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A thin hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.57 cm at caudal pole)(1.94 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.

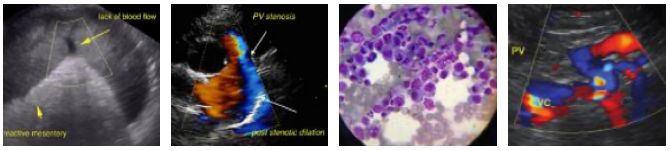
The caudal pole of the right adrenal gland is visualized and is normal in size (0.47 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.01 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris, most of which is



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gravity dependent and some of which is suspended 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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is edematous and heterogeneous in appearance. In the region of the right limb, 2 irregular fluid pockets with suspended echogenic material are observed, one measuring 0.93 x 0.93 cm and the other measuring 1.30 x 0.26 cm. The mesentery surrounding the pancreas is hyperechoic to saponified.

Free Abdomen

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Severe pancreatitis with questionable early abscess formation in the right limb. Regional peritonitis with suspected saponification of fat is present.

Secondary Findings:

- Renal changes consistent with diabetic nephropathy.
- The hepatic parenchymal changes are most consistent with vacuolar hepatopathy secondary to endocrinopathy. However other hepatic pathology (i.e., regenerative nodular hyperplasia, age-related remodeling) is also possible.
- Urinary bladder debris.

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 useful in reducing pancreatic inflammation. Supportive care for diabetic ketoacidosis is also recommended. Trickle feeding is recommended as soon as the patient will tolerate it to help maintain enterocyte health.
- Serial sonographic monitoring of the pancreas is recommended to assess for progression of the pancreatitis, particularly the right limb, where early abscess formation may be occurring.
- Serial monitoring of the patient's organ function is recommended as multi-organ failure can occur with severe pancreatitis.
- Three-view thoracic radiographs should also be considered to assess for cardiopulmonary disease.

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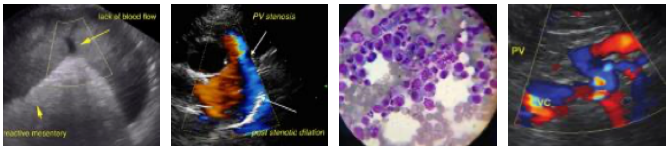

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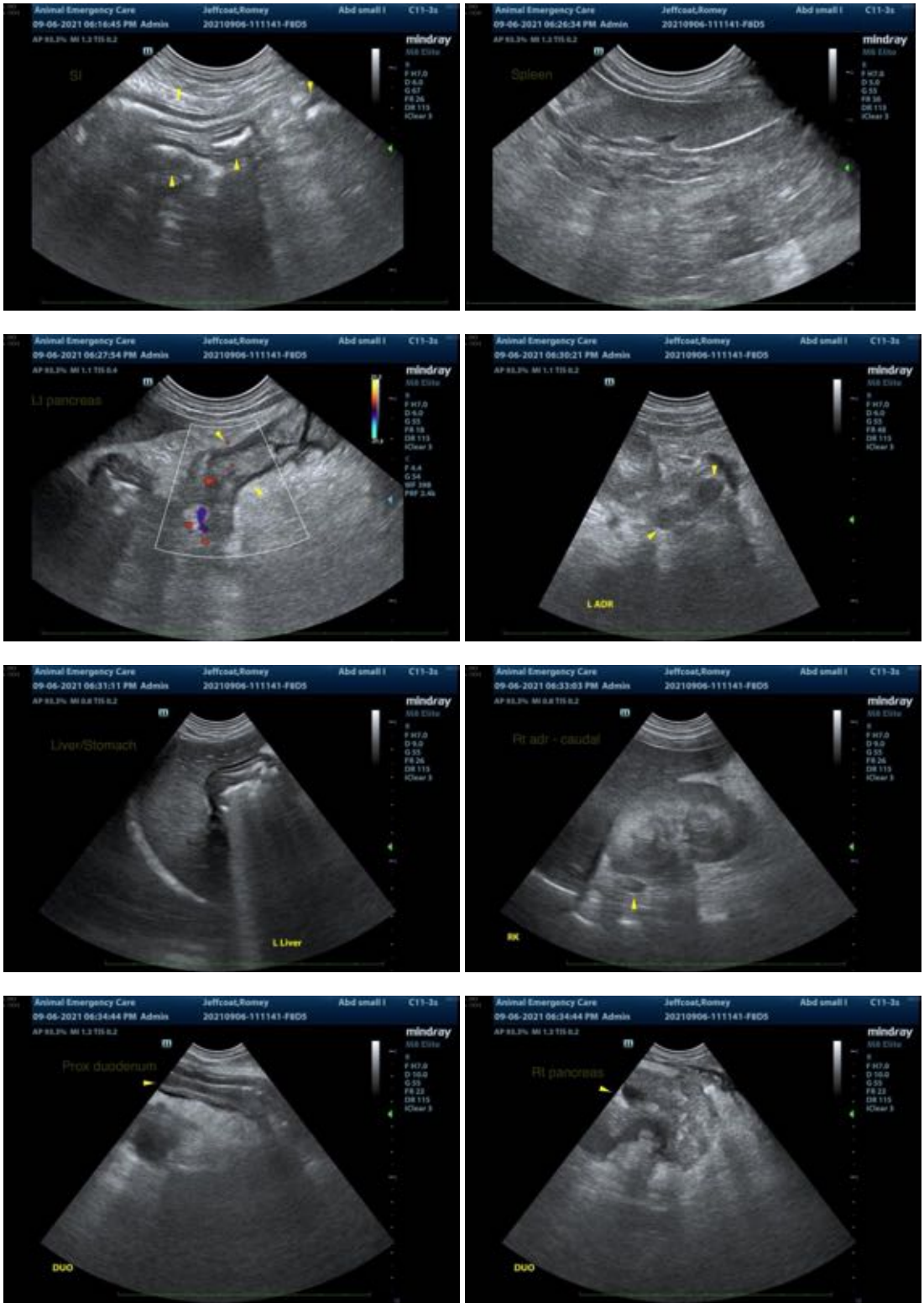

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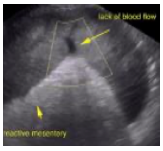
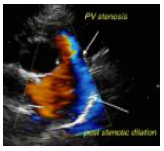
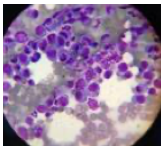
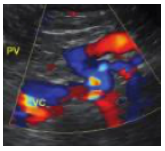

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

Andrea.nicastro@sonopath.com