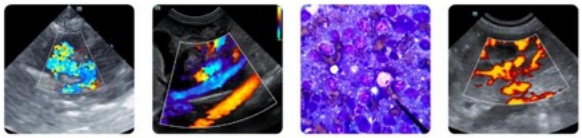

PATIENT

Drew Phillips

SPECIES

Canine

BREED

Schnauzer

SEX

Male, neutered

AGE

5/1/2015

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Mount Pleasant

REFERRING VET

Dr. Bizzaro

INVOICE

13382

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Pt was recently diagnosed with DKA by referring vet, was hospitalized until ketosis resolved and was sent home on Vetsulin. Pt developed a decreased appetite and there was concern for possible recurrence of diabetic ketoacidosis. Had a mild fever at some point prior to presentation to Blue Pearl.

CBC: MCG 24.6 pg **H**, RDW 20.1 % **H**, PLT 82 K/u: **L**
BG: 402 @11AM
BG @ 2PM: 333 mg/dL
CHEM: ALKP 479 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.63 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.37 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and 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 in size (0.47 cm at cranial pole) (0.48 cm at caudal pole) with a normal shape and 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 (1.43 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 to slightly prominent in size with smooth peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen and slightly mottled in appearance. 1-2 small hyperechoic nodules are visualized, one of the nodules measuring 0.99 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is minimally to mildly distended with ingesta and a small amount of shadowing material. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The Ileocecocolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The mesentery effacing the serosal surface of the right limb is slightly hyperechoic. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic effusion.

Lymph nodes

A 1.90 x 0.61 cm mesenteric lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are suggestive of mild pancreatitis (acute or chronic). Mild pancreatic parenchymal remodeling is also present.

Secondary Findings:

- The hepatic parenchymal changes are most consistent with benign age-related parenchymal remodeling and/or regenerative nodular hyperplasia with a lower possibility of other hepatopathies (i.e., inflammatory disease, fibrosis, infiltrative neoplasia). The hyperechoic hepatic nodules trend toward the benign (i.e., regenerative nodules, meylolipomas) with a lower possibility of more insidious hepatic pathology.
- Bilateral non-specific age-related renal changes.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider empirical treatment for mild pancreatitis along with diabetes management.

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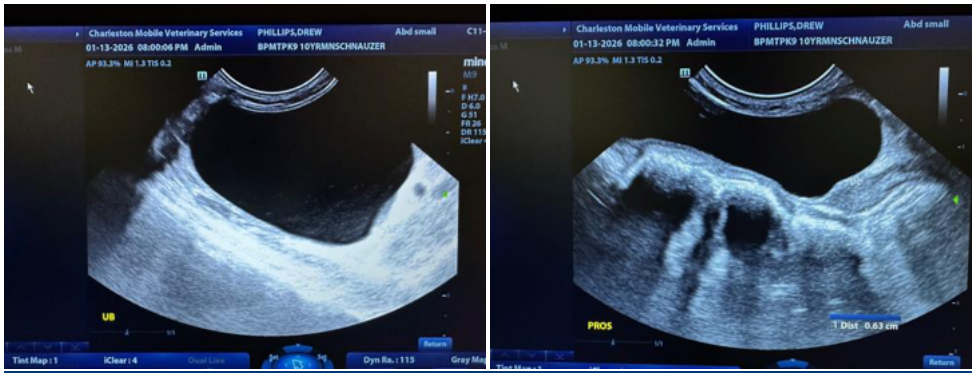

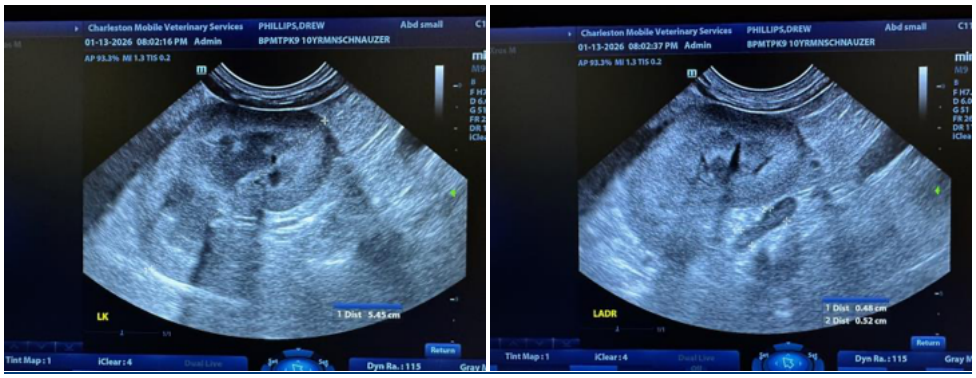

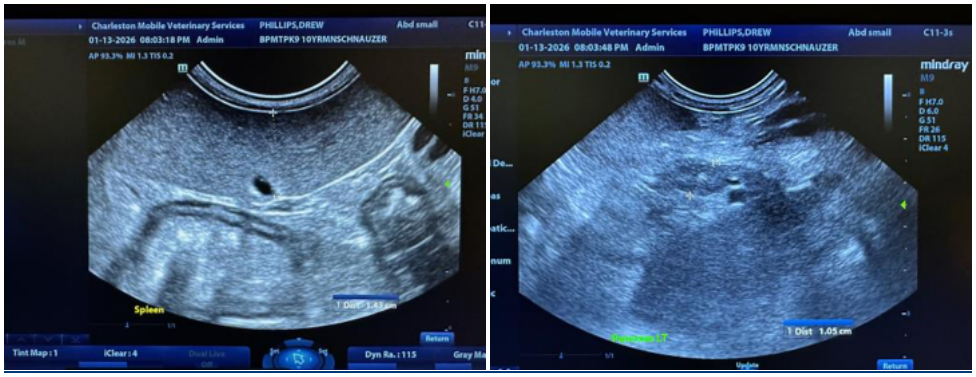

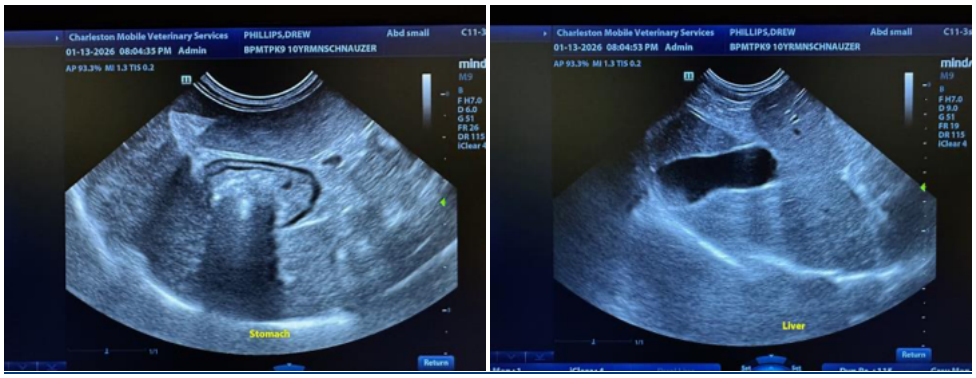

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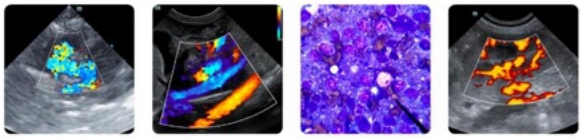

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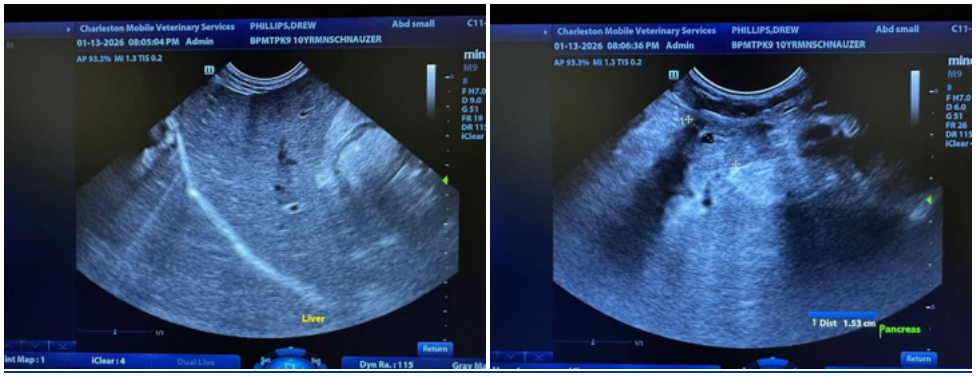

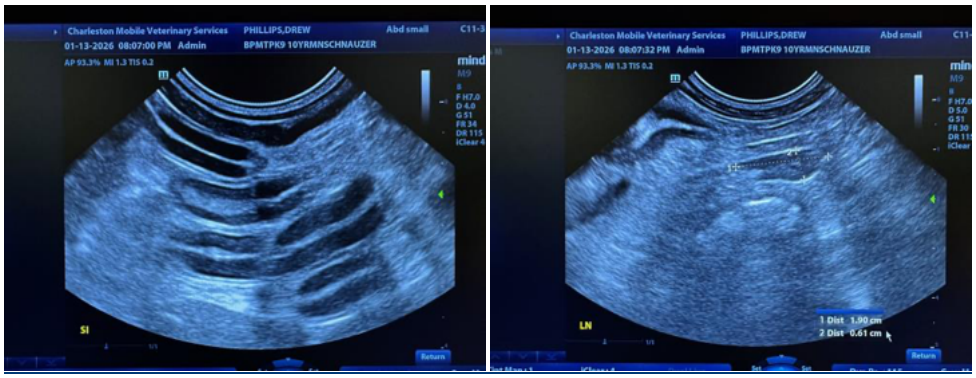

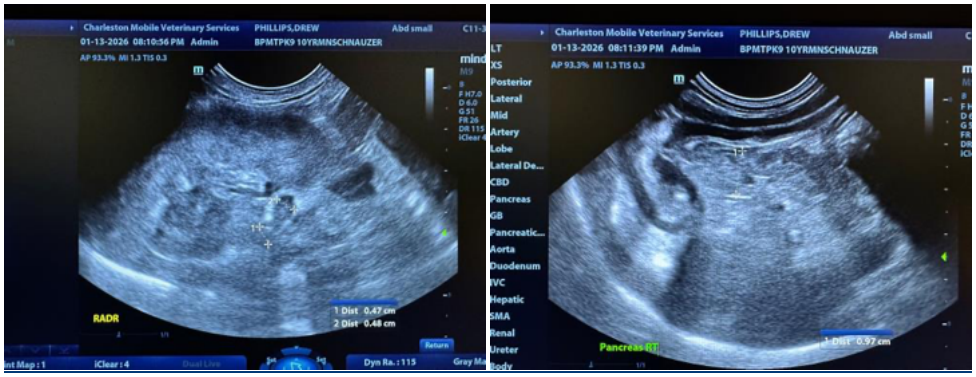

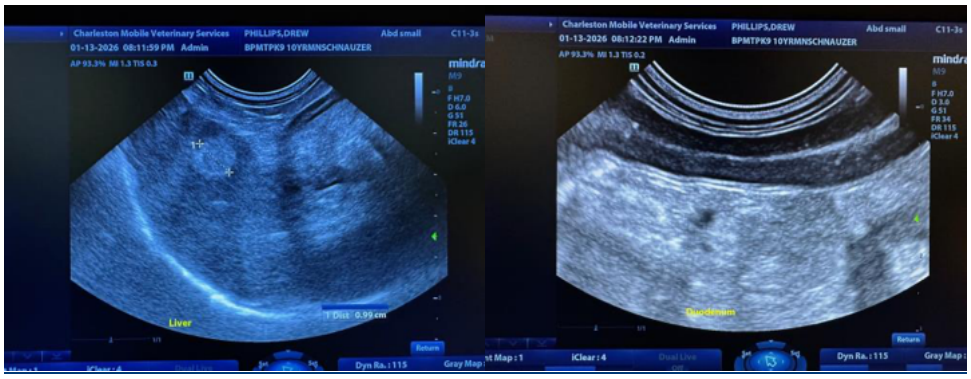

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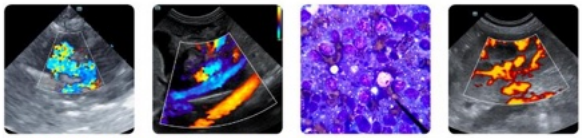

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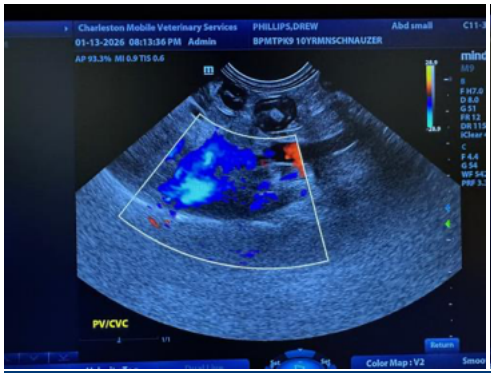

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com