



PATIENT PRESENTING CLINICAL SIGNS

Cricket Watson
SPECIES DT from Dr. Reyes for azotemia, suspected pancreatitis
 Canine CBC: rbc 5.26, hct 32.5, wbc 19.46, neut 16.36, baso 0.1.3
 Chem 17: cre 7.0, bun 82, phos 13.9, na 136, cl 94, TP 9.0, globulin 5.2, alkp 282, chol 434, amyl >2500,
 lipase 5741
 cPLI: abnormal

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Miniature Pinscher

Urinary System

SEX The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra.

Female, spayed

AGE The left kidney is normal size (3.66 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is slightly thickened and isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

3/1/2013

WEIGHT The right kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is slightly thickened and isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

4.4 kg.

INTERPRETED BY Adrenal Glands

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

The left adrenal gland is mildly enlarged (0.63 cm at cranial pole) (0.73 cm at caudal pole); 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.

IMAGING PERFORMED BY

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

The right adrenal gland is mildly enlarged (0.95 cm at cranial pole) (0.71 cm at caudal pole); 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.

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Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several small irregular hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

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Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen. A few small ill-defined hyperechoic nodules are observed on the right side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. 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.

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Gastrointestinal

Cricket Watson

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.

SPECIES

Canine

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Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

SEX

Female, spayed

Free Abdomen

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

AGE

3/1/2013

Other

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

WEIGHT

4.4 kg.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Moderate to severe acute pancreatitis with adjacent peritonitis.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with non-obstructive nephrocalcinosis.

Secondary Findings:

- Suspected benign diffuse hepatopathy. Differentials include vacuolar hepatopathy (i.e., endocrine, idiopathic) and/or regenerative nodular hyperplasia. Inflammatory disease and infiltrative neoplasia are possible but are considered less likely.
- Mild bilateral adrenomegaly.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of neoplasia (i.e., mast cell disease).

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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. Serial sonographic monitoring (i.e., daily) of the pancreas is recommended to assess for the development of abscessation and common bile duct obstruction. Close monitoring of the patient's organ functions is also recommended.
- Given the azotemia, consider the following:

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1. Urine culture and sensitivity
2. UPC (if proteinuria is present in the absence of infection)

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3. Baseline blood pressure measurement
4. IV fluid diuresis

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5. Thoracic radiographs (to assess cardiopulmonary status) prior to IV fluid diuresis.

SEX

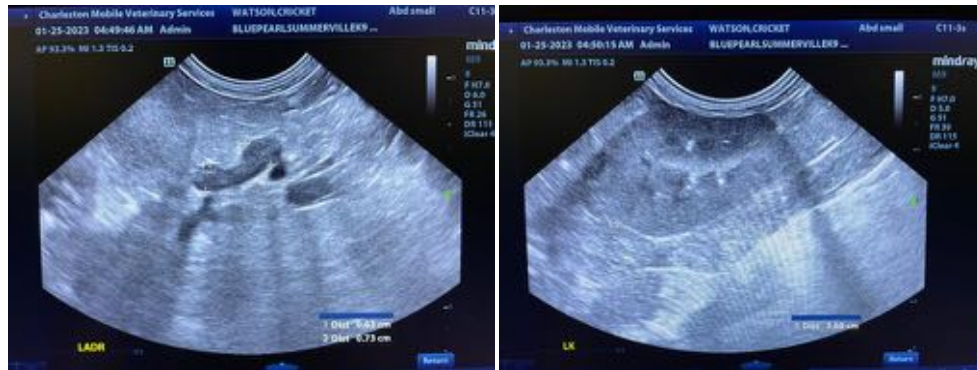
Female, spayed

AGE

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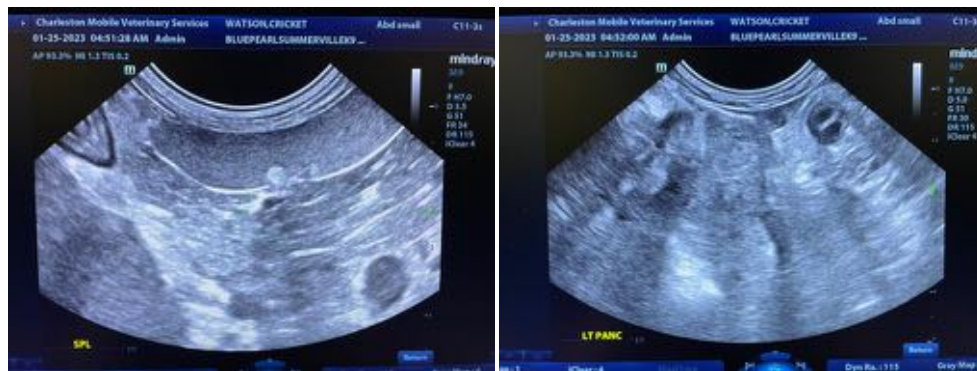
WEIGHT

4.4 kg.



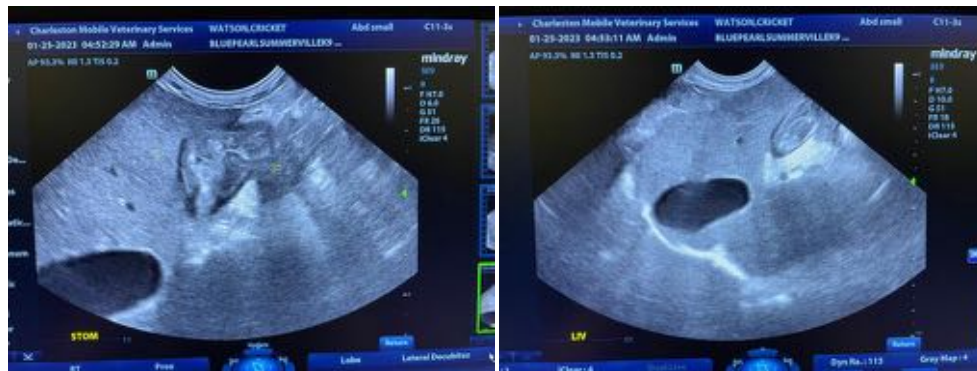
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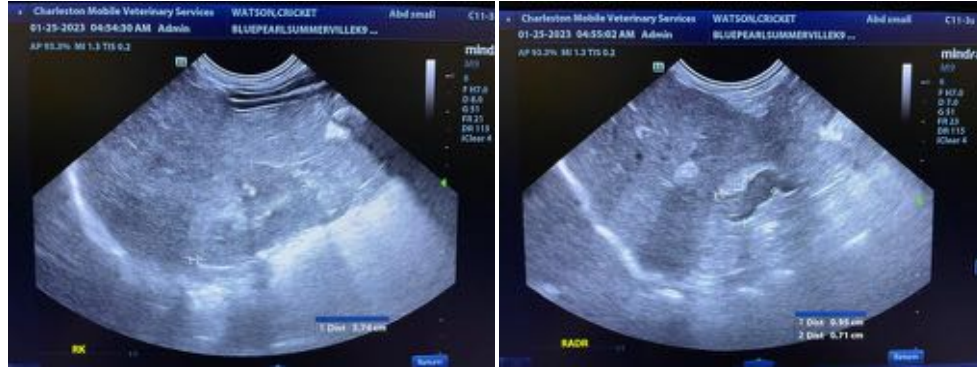
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SEX

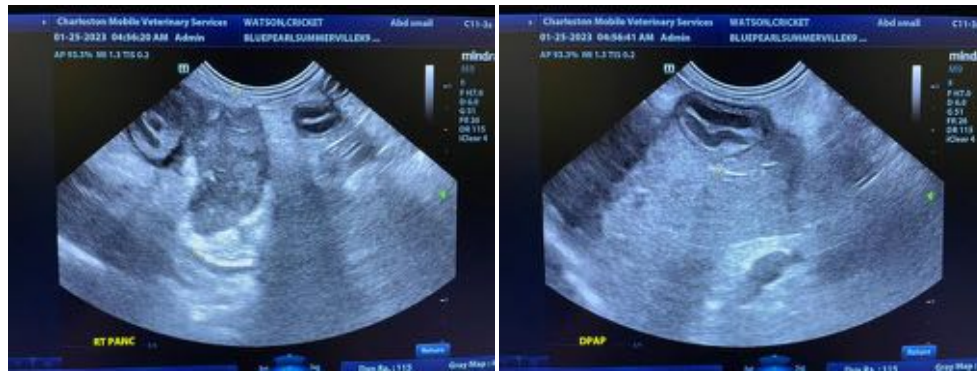
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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