



PATIENT PRESENTING CLINICAL SIGNS

Bilby Kline Anorexia for 2 days duration.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed breed

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of echogenic debris is observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

SEX

Male, neutered

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

1/1/2017

The left kidney is normal size (4.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

The right kidney is normal size (5.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.50 cm at caudal pole) (1.74 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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
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The right adrenal gland is normal size (0.88 cm at cranial pole) (0.48 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.

Spleen

HOSPITAL NAME

Flowertown

The spleen is normal in size (0.83 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.

REFERRING VET

Liver

Dr. Magenta Kline

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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

14084

DATE

10/12/22



PATIENT

Gastrointestinal

Bilby Kline

The gastric lumen is moderately to severe fluid distended and hypomotile. 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 segmentally fluid distended (mild). 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.

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Pancreas

The pancreas is diffusely enlarged, particularly the base and right limb with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. There is no obvious evidence of abscessation or cysts. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is observed. A 0.07 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Moderate to severe acute pancreatitis with adjacent peritonitis.
- Gastric ileus.

Secondary Findings:

- Bilateral, chronic age-related renal changes.

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. Trickle feeding should be initiated as soon as the patient will tolerate it as it will help to maintain enterocyte health.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, as pancreatitis can have pleural and pulmonary effects in moderate to severe cases.
- Serial monitoring of the patient's bloodwork is recommended to assess for any declines in metabolic function.
- Ideally, the pancreas would be monitored sonographically each day to assess for the development of abscesses.



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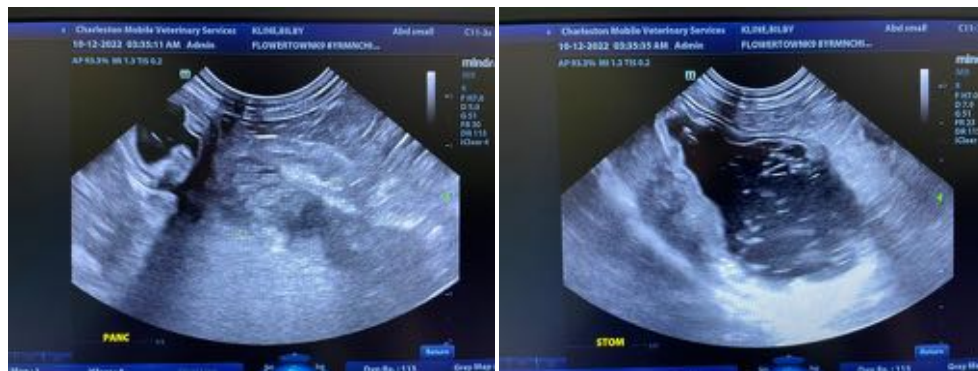
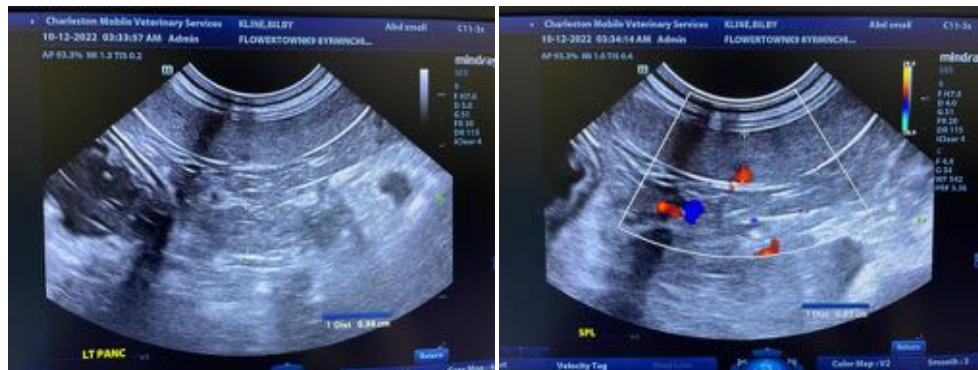
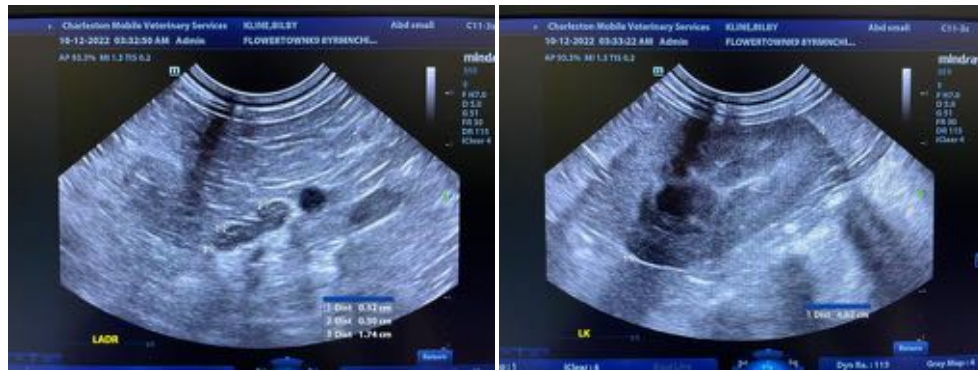
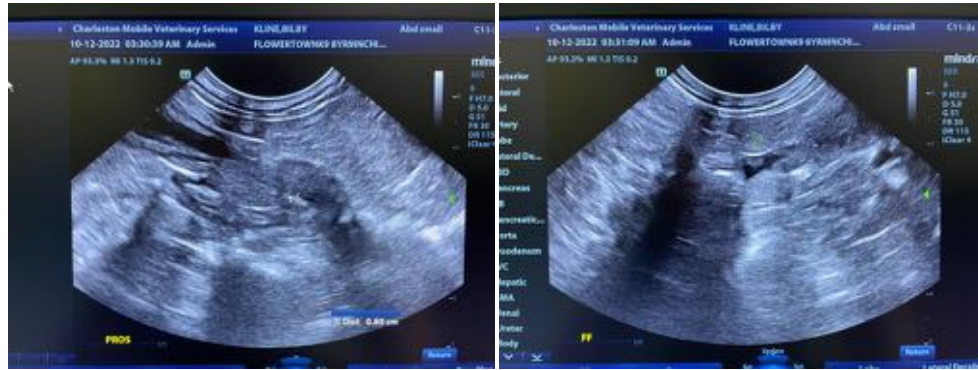
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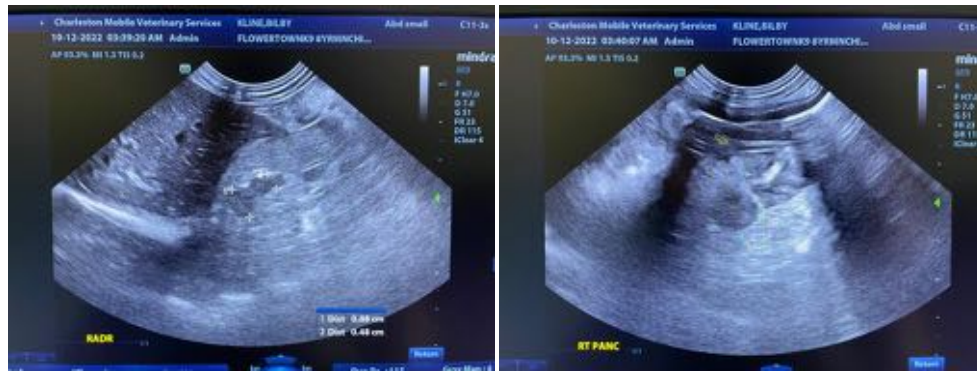
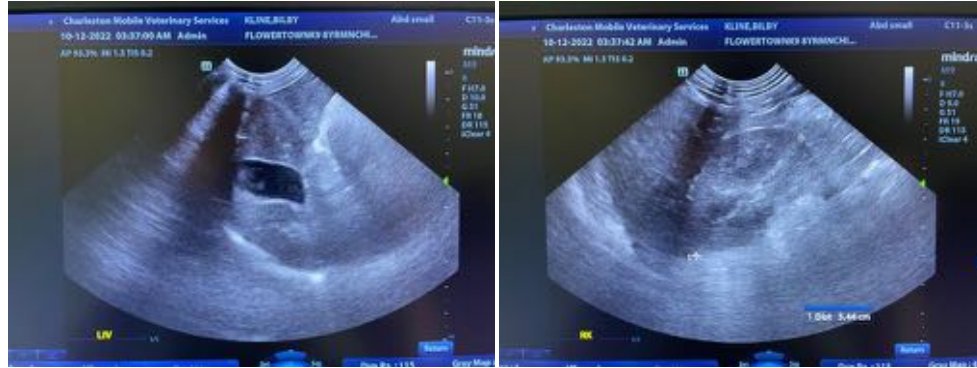
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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