PATIENT

Mercedes McGee

SPECIES

Canine

BREED

Poodle mix

SEX

Female, spayed

AGE

10/20/2011

WEIGHT

22 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

Ashley Pines AH

REFERRING VET

Dr. Lavallee

INVOICE

13650

DATE
4/14/26

PRESENTING CLINICAL SIGNS

Acute onset of vomiting and diarrhea over the weekend. Inappetent.

Problem List:

Pancreatitis
-- cranial abdominal pain
-- lethargy
-- dehydration
-- anorexia
-- loss of serosal detail cranial abdomen on radiographs
-- vomiting
-- diarrhea
-- elevated PLI
Cranial abdominal possible mass(es) / summation effect
Inflammation within lung fields -- normal aging change vs pathologic
Possible organophosphate ingestion

Assessment:
Pt was QAR for examination. Pt was very painful and tense throughout abdominal palpation, with cranial palpation producing the most severe pain response. Two days ago O reports pesticide application throughout the home and has since seen pt licking paws a lot and is worried about ingestion. Pt did have a few mild ulcerations throughout the oral mucosa. Abdominal radiographs revealed loss of serosal detail in the cranial portion of the abdomen and some areas that appear mass like with some disposition of the abdominal contents surrounding them. In house blood work revealed mild elevation in PLI (230), ALP (318) and leukopenia (4.1) primarily associated from neutropenia (1.5). Informed O that we can treat for pancreatitis but unable to definitively say if that is the primary issue or not. Informed O that panoquell is labeled to give for 3 consecutive days. AcutePet has panoquell and can administer next dose tomorrow since our clinic is closed and can return on Monday for final injection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

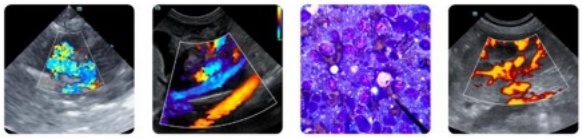
Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (RkAN cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.33 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands



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The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.58 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) (0.61 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 (1.14 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 in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 0.56 cm cortical cyst is observed on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to 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 gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

The uterine stump is visible (0.53 cm in width). No obvious abnormalities are seen.

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

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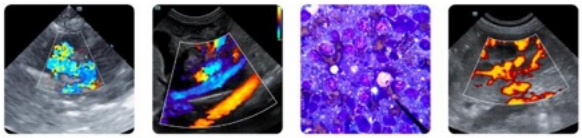

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes could be consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or resolving or chronic pancreatitis.

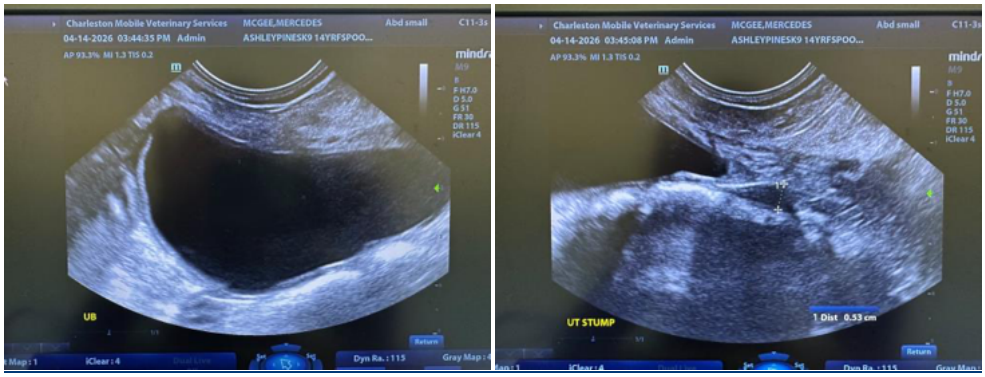
Secondary Findings:

- Bilateral nonspecific, age-related renal changes with left cortical cysts and right pyelectasia. The pyelectasia may be secondary to age-related remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Minor geriatric hepatic parenchymal changes with a parenchymal cyst on the right side.
- Gallbladder debris/sand, non-mucocele.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Chronic or resolving pancreatitis are possibilities. Other considerations include gastroenteritis, infectious/parasitic disease, toxicity, underlying metabolic issue, food allergy/intolerance, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a fecal evaluation for ova and Giardia if not already performed.
2. Continued supportive care for acute gastroenteritis/pancreatitis is recommended. If clinical signs persist despite medical management, further GI workup may be indicated.
3. Regarding the renal changes, consider a urinalysis +/- culture and sensitivity.



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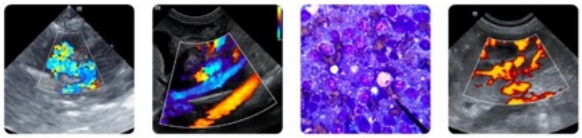

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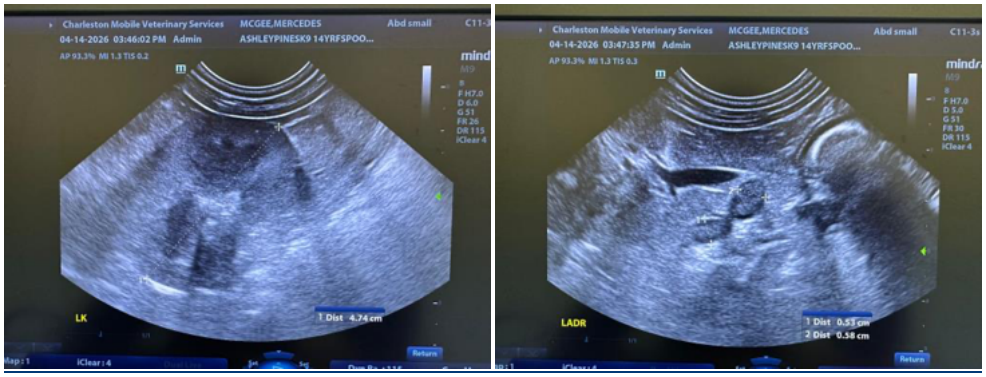

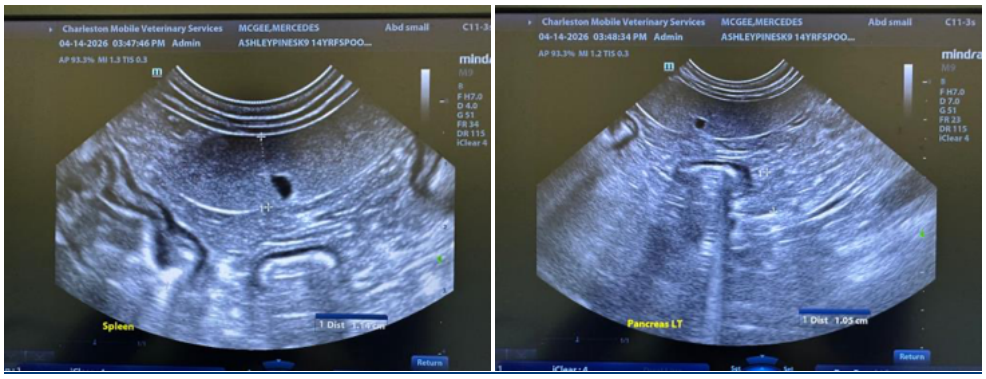

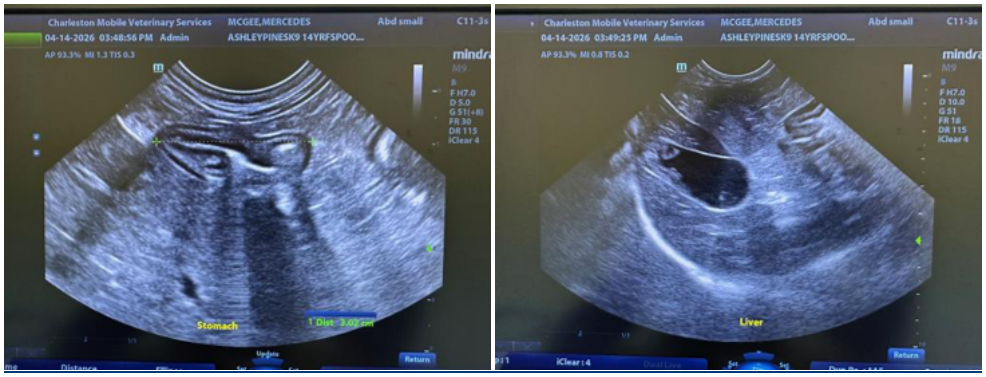

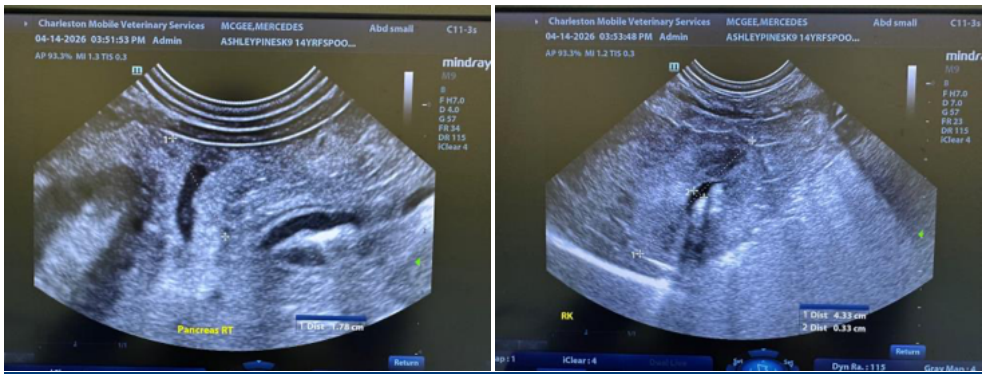

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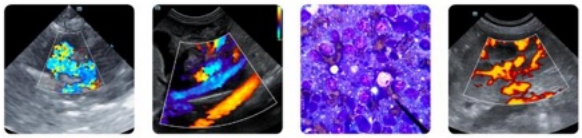

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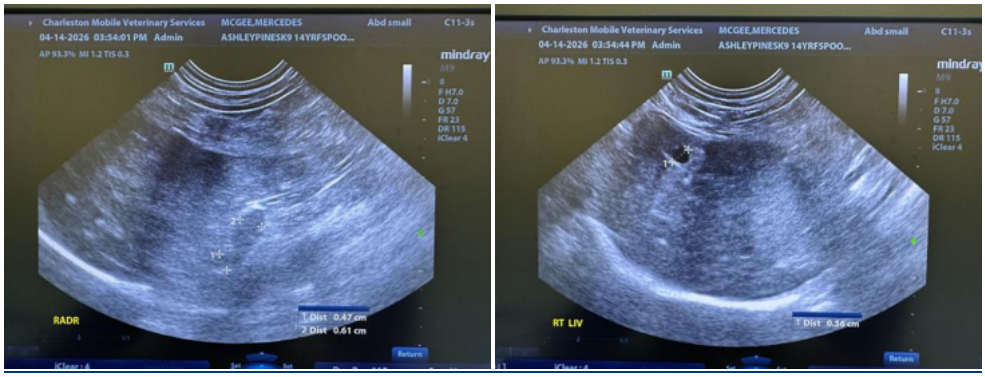

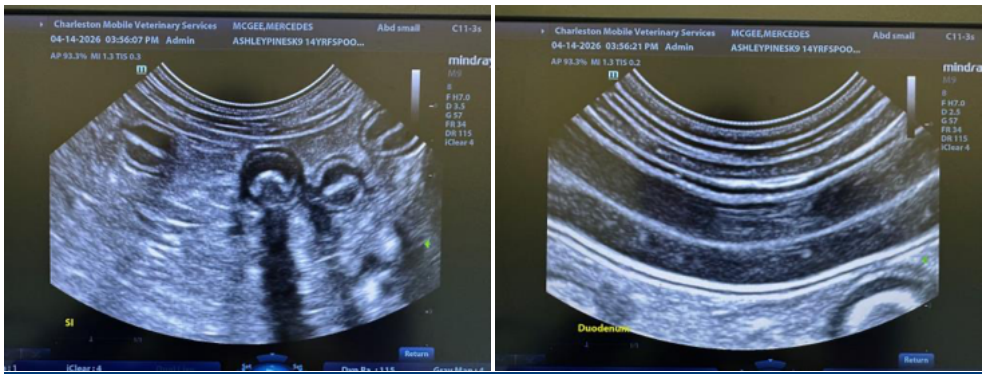

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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