

PATIENT PRESENTING CLINICAL SIGNS

Momo Leblanc History: About 2 days ago Momo had 3 small episodes of vomiting, mostly containing yellow bile and foam. Mild to moderate abdominal tenseness and discomfort on exam/palpation. Highly suspect for underlying etiologies +/- IBS +/- pancreatitis. Has been on Gabapentin and Cerenia.

SPECIES Abnormal PE/Chem/CBC/UA Results: N/A

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Maltese

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is normal size (4.64 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

AGE

9 Yrs.

The right kidney is normal size (5.55 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.4 kg.

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.53 cm at caudal pole) (2.08 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.

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

The right adrenal gland is normal size (0.85 cm at cranial pole) (0.49 cm at caudal pole) (1.37 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

Crystal Hill

Spleen

HOSPITAL NAME

Grand River VH

The spleen is normal in size (1.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

REFERRING VET

Dr. Chu

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct 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 amount of gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

DATE

12/20/22


PATIENT

Momo Leblanc

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

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. A 2.78 x 1.66 cm hypoechoic mass effect is observed in the left limb. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

BREED

Maltese

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. A few lymph nodes are observed in the cranial abdomen, the largest measuring 0.88 cm in length. See *Other*.

SEX

Female, spayed

Other
AGE

9 Yrs.

A 2.28 cm hypoechoic mass is observed in the left cranial quadrant in the region of the left limb of the pancreas. Surrounding mesentery is hyperechoic.

WEIGHT

6.4 kg.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The diffuse pancreatic changes are most consistent with severe pancreatitis. However, the mass effect in the region of the left limb is very concerning for neoplasia (i.e., adenocarcinoma). It should be noted that an area of excessive inflammation cannot be completely excluded.
- The origin of the 2.28 cm mass in the left cranial quadrant is unclear. It may be arising from pancreas, lymph node, mesentery, other. Again, neoplasia is suspected.

Secondary Findings:

- The hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine or idiopathic). However, inflammatory disease or infiltrative neoplasia cannot be completely excluded. Correlation with the patient's liver values is recommended.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization.

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 Medicine*)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the pancreatic mass and adjacent lesion in the left cranial quadrant are recommended, if clotting status is appropriate. 25 gauge needles should be used. In the meantime, aggressive supportive care for acute pancreatitis is recommended including fluid therapy, gastric protectants, antiemetics, pain medication +/- fresh frozen plasma.

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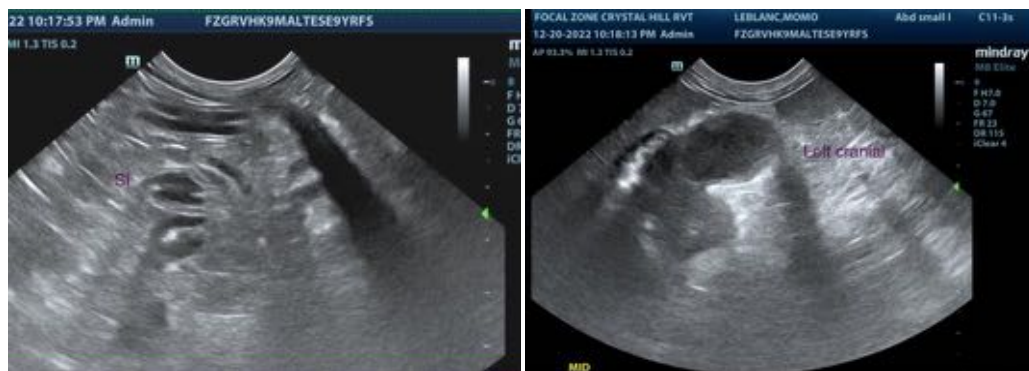
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



PATIENT

in the image/video clips provided.

Momo Leblanc

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.

SPECIES

Canine

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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