

PATIENT PRESENTING CLINICAL SIGNS

Chewie Jabbari History: Chronic pancreatitis. metronidazole 50 mg q12hrs fortiflora q24 hrs
Abnormal PE/Chem/CBC/UA Results: cpL 1139 lipase 1556

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

BREED The urinary bladder is moderately distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. In one video clip, a 0.21 cm hyperechoic to mineralized shadowing structure is observed in the region of the cystourethral junction. This structure is not seen in the remaining videos of the urinary bladder. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX The prostate is not definitively visualized due to its pelvic location.

Male, neutered

AGE The left kidney is normal in size (3.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

6 Yrs.

WEIGHT The right kidney is normal size (3.71 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

8.2 kg.

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal size (0.31 cm at cranial pole) (0.49 cm at caudal pole) (1.38 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 (0.82 cm at cranial pole) (0.44 cm at caudal pole) (2.02 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

The spleen is normal in size (1.26 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.

Dundas AH

REFERRING VET *Liver*

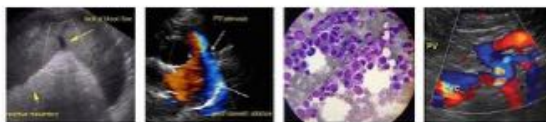
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

Dr. Middleton

Gastrointestinal

DATE

7/12/22



PATIENT

Chewie Jabbari

SPECIES

Canine

BREED

Peke a poo

SEX

Male, neutered

AGE

6 Yrs.

WEIGHT

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly gas 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.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

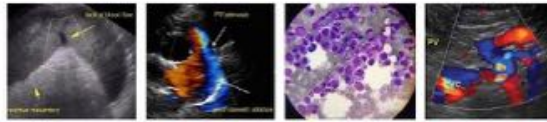
ULTRASONOGRAPHIC FINDINGS

- Bilateral, chronic age-related renal changes with dystrophic mineralization.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Correlation with the patient's liver values is recommended.
- Questionable cystic calculus vs imaging artifact.

*There is no obvious evidence of active pancreatitis at the time of this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the questionable cystic calculus, consider an abdominal radiograph to further evaluate if a stone is present.
- Consider a repeat ultrasound when the patient is symptomatic for pancreatitis to try and confirm the diagnosis.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to further assess for pancreatitis and concurrent gastrointestinal disease.



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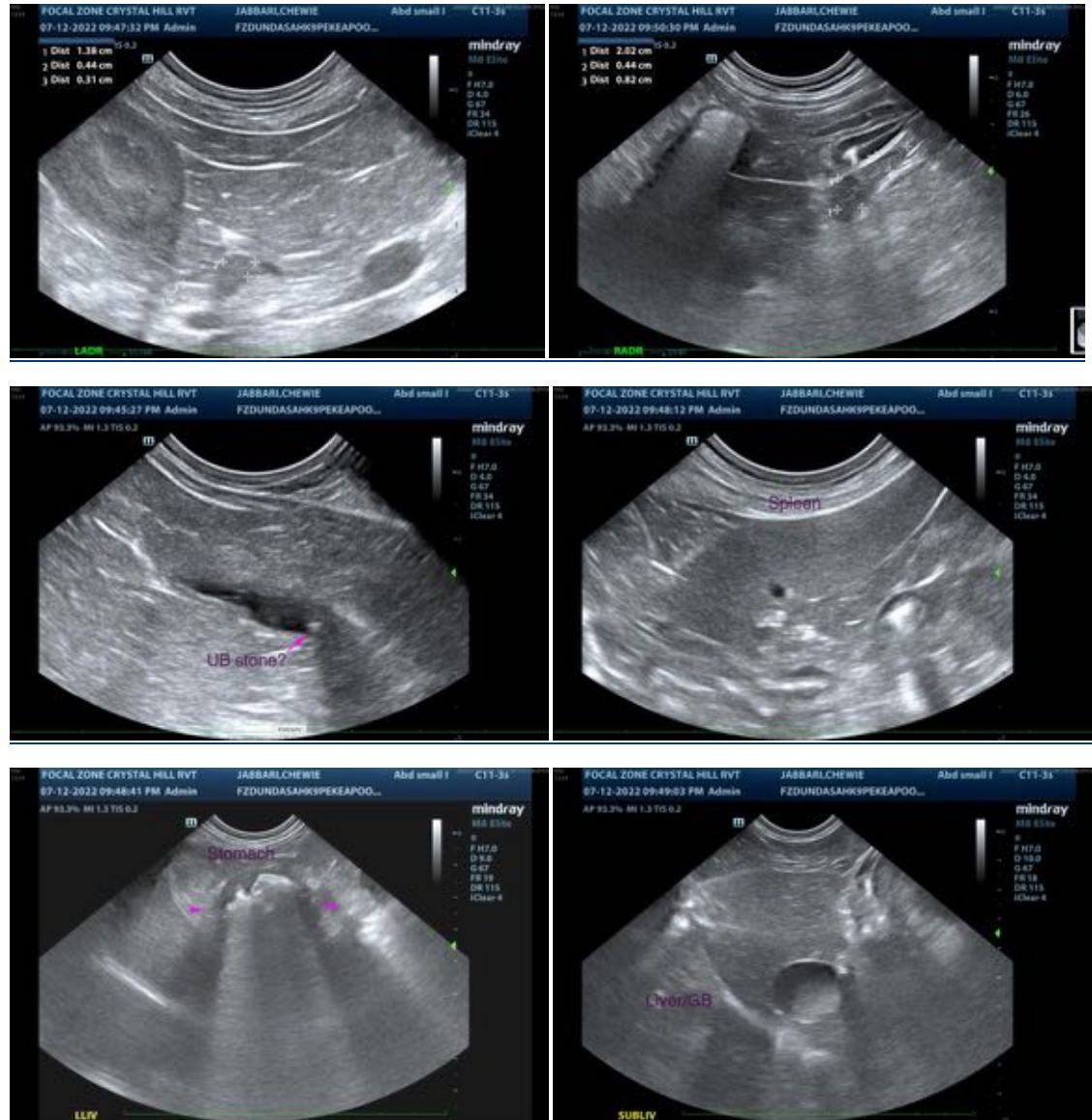
Crystal Hill

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REFERRING VET

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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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com

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