

**DATE**

1/31/2022

PATIENT

Timber Carrigan

SPECIES

Canine

BREEDEnglish Labrador
Retriever**SEX**

Male, neutered

AGE

10/28/2013

WEIGHT

111.9 lbs.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

12927

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting; Restless; Not Eating; Drinking Less; Tremors / Shaking / Trembling. Date: 01-29-2022 Notes: Ate normally yesterday at 330p - around 6p became lethargic - around 11p was noted to be panting, shaking, and would not lay down/pace around - around 2a started vomiting, was his dinner. Since then, has had his tail tucked, is not interested in eating, and seems uncomfortable when he does lay down. Only water intake was from licking snow. Known eater of things - has free roam of farm, known to eat things outside. Assessment: Vomiting; Hyporexia; Trembling. Plan: Discussed ddx: gastroenteritis vs pancreatitis vs obstruction vs kidney disease vs liver disease.

Current Medications: Buprenex, Unasyn, Dextrose 50%. Cerenia, Ondansetron, Enrofloxacin, Pantoprazole. Lab Results: CBC shows suspected band neutrophils. Chemistry: elevated pancreatic enzymes, borderline low glucose at 69 and had repeated low to low normal glucoses.

Radiographs: Mild gassy changes in stomach and intestines No obvious obstruction Decreased serosal detail. Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***Given the dog's body habitus as well as the presence of free fluid and saponified fat, imaging of abdominal organs was limited.

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

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

The left kidney is normal size (8.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.99 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 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely gas distended. 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 right limb of the pancreas is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery surrounding the pancreas is hyperechoic to saponified.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Saponified fat is observed surrounding the right limb of the pancreas. A small to moderate amount of anechoic free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Acute pancreatitis, moderate to severe with regional peritonitis and saponification of fat.

Secondary Findings:

- Minor degenerative 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.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, as pancreatitis can result in pulmonary effects.
- Serial sonographic monitoring (i.e., daily) of the pancreas is recommended to assess for the development of abscesses. Labwork should also be closely monitored to assess organ function.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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