

**DATE**

10/6/22

PRESENTING CLINICAL SIGNS

Sadie 8 yr 9m FS Border Collie mix. PC: referral for pancreatitis - vomiting (then stopped), diarrhea, anorexia. Hx DI- people food
rDVM: 10/1 - vomiting few days (started thursday)

PATIENT

Sadie Canelos

1. Xrays - gas / fluid filled intestines. no obvious obstruction.

2. BW: Amylase 1990, Lipase 2022, CPL abnormal, CBC - PCV 62.9%

3. Gave SQ fluids, Cerenia SQ 4. Dispensed- Cerenia 60 mg tablets, Metronidazole 250 mg, Pepcid to give at home. 5. Recommend feeding low fat diet. 10/4 recheck- anorexia 1. IVC, started IVF

SPECIES

Canine

2. Diarrhea, no further vomiting 3. O gave cerenia 4. Recheck BW: PCV 54%, Phos 2.1, Amylase 177, Albumin 2.8, Globulin 2.7

5. Repeat X-rays - small stomach, gas in colon. Gas and fluid in intestines.

Treatment:Famotidine & Nexel. Admitted to hospital 10/4: Initially temp 102.7. PCV/TP: 48/6 --> 47/6.6,

IVF, Ampicillin, maropitant, protonix, entice, Buprenorphine --> gabapentin. Update: initially not eating, now ate once after entyce 12pm

BREED

Collie Mix

Current Medications: See above.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SEX

Spayed female

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

12/20/13

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

53.1 lbs

Left kidney is normal is size (6.25 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Right kidney is normal is size (5.97 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

Left adrenal gland is normal in size (2.7 cm long, 0.58 at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Saubier

Right adrenal gland is normal in size (2.7 cm long, 0.74 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INVOICE

39953

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 0.7 cm, non-capsular disrupting, hypoechoic nodule was noted on the tail of the spleen. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

A scant amount of anechoic free fluid was noted.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- **Acute pancreatitis** with a scant amount of anechoic free fluid noted.
- **Reactive mesenteric lymphadenopathy.**
- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

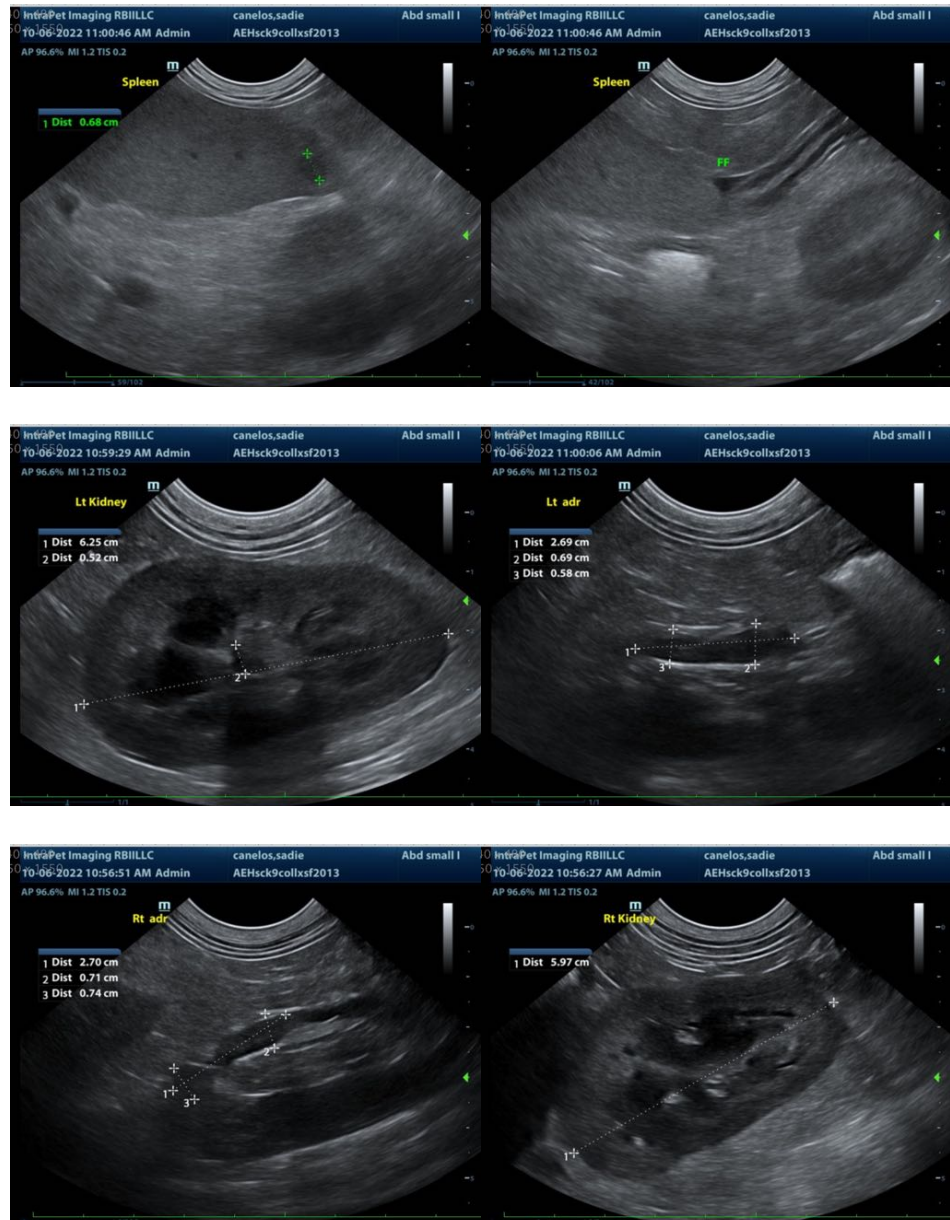
Secondary Findings

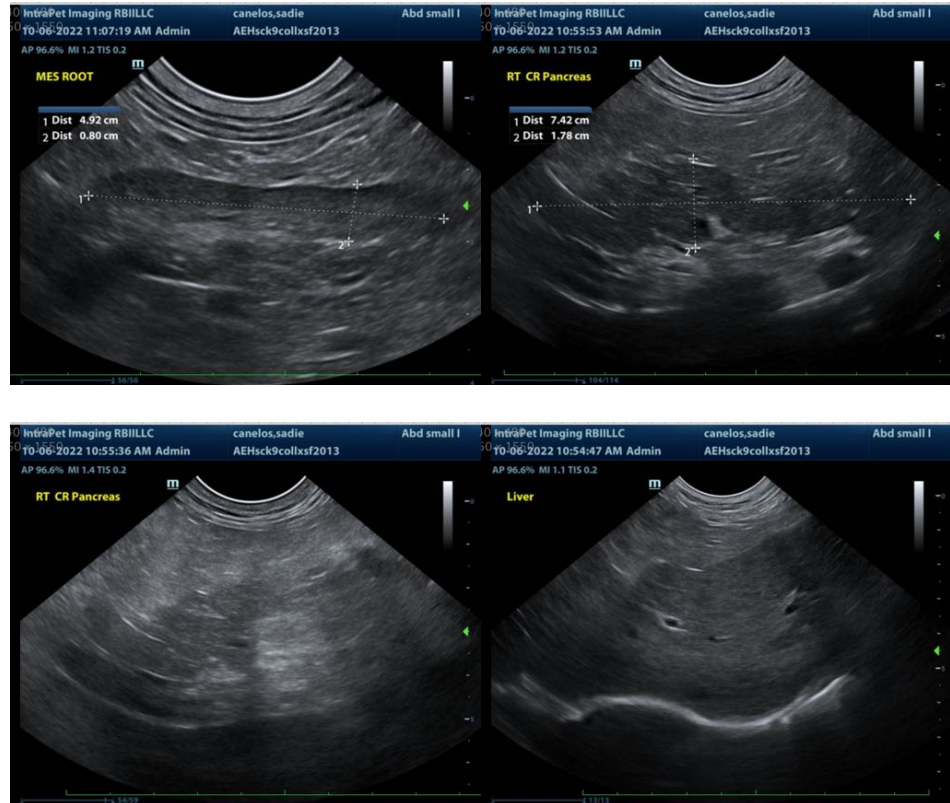
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial.

Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.





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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