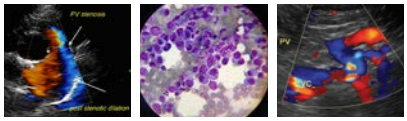
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/3/22

PATIENT

Kricket Lamdin

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

4/1/20

WEIGHT

42 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Kablis

INVOICE

42495

PRESENTING CLINICAL SIGNS

FUO. Temp 104-105.4, vomiting and diarrhea initially on presentation. Not eating as of 11/1 PM.

Current Medications: 10/31- Omeprazole 20mg BID, Cerenia injection, SQ fluids. 11/1- Amoxicillin 400mg BID, Metronidazole 250mg BID. 11/2 IV fluids, Cerenia.
Lab Results: 10/31 Animal Emergency Hospital – BUN 5, Glob 4.8, PCV 36, TS 8.4. 11/1 Jacksonville- WBC 30.4, HCT 35, Neut 25840, Mono 1520, Retic 70200. UA- USG 1.016, WBC 6/hpf, suspect rods/cocci.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (7.33 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.

The left kidney is normal in size (7.41 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.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 2.9 cm long x 0.37 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measures 2.6 cm long x 0.43 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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, most appreciated on the right. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Sublumbar lymphadenopathy is noted with a normal shaped iso- to slightly hypoechoic sublumbar lymph node measuring 4.2 cm long x 0.90 cm thick.

A hypoechoic pancreaticoduodenal lymph node is noted, measuring 1.0 cm x 0.7 cm is noted. Near the enlarged pancreaticoduodenal lymph node, there is another approximately 2.0 cm x 3.0 cm homogeneous, hypoechoic structure believed to also be an enlarged lymph node.

Mesenteric lymph nodes are prominent, hypoechoic, heterogeneous, and partially cavitated.

PRIMARY FINDINGS

- Acute pancreatitis
- **Sublumbar mesenteric and cranial abdominal/pancreaticoduodenal lymphadenopathy** – Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.
- **Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered. **This may be a normal patient variant, given the young age.

SECONDARY FINDINGS

- **Gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient appears to have acute pancreatitis, which could certainly be contributing to the fever and the gastrointestinal signs. However, the degree of heterogeneous lymphadenopathy present is not expected with pancreatitis alone, even in a young patient. Therefore, concurrent infectious disease or potentially even infiltrative neoplastic disease is also suspected.

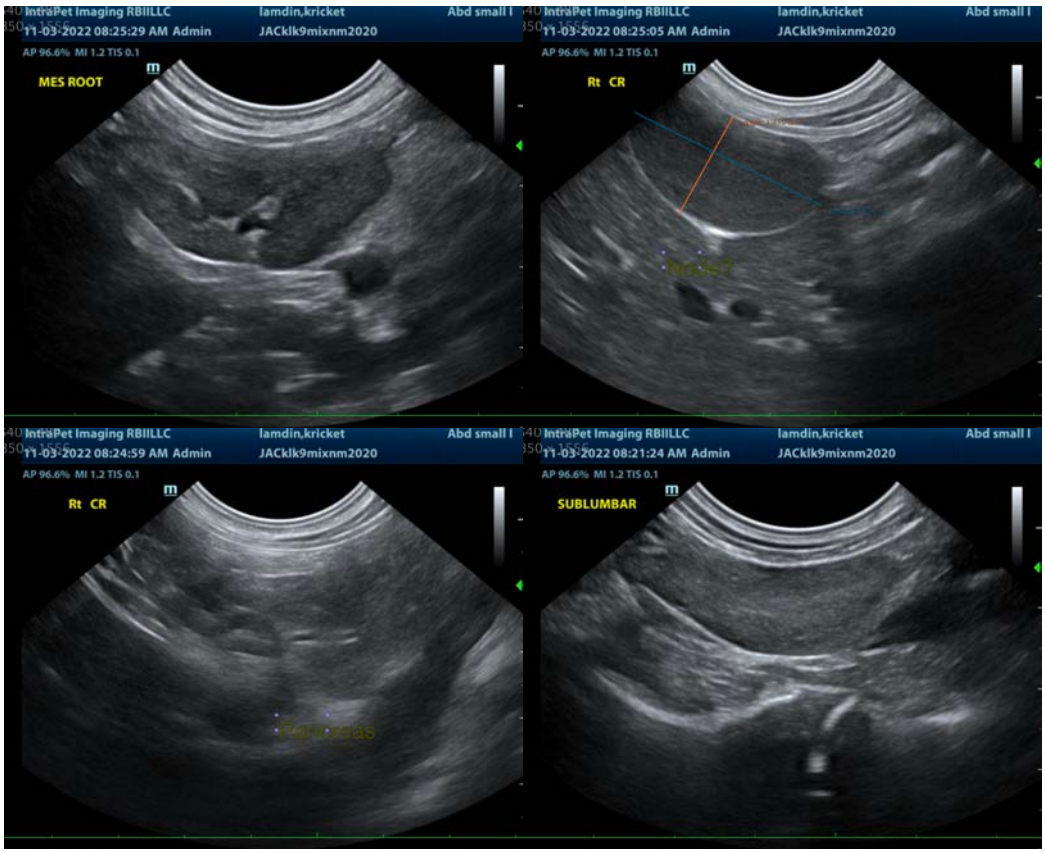
Recommendations include:

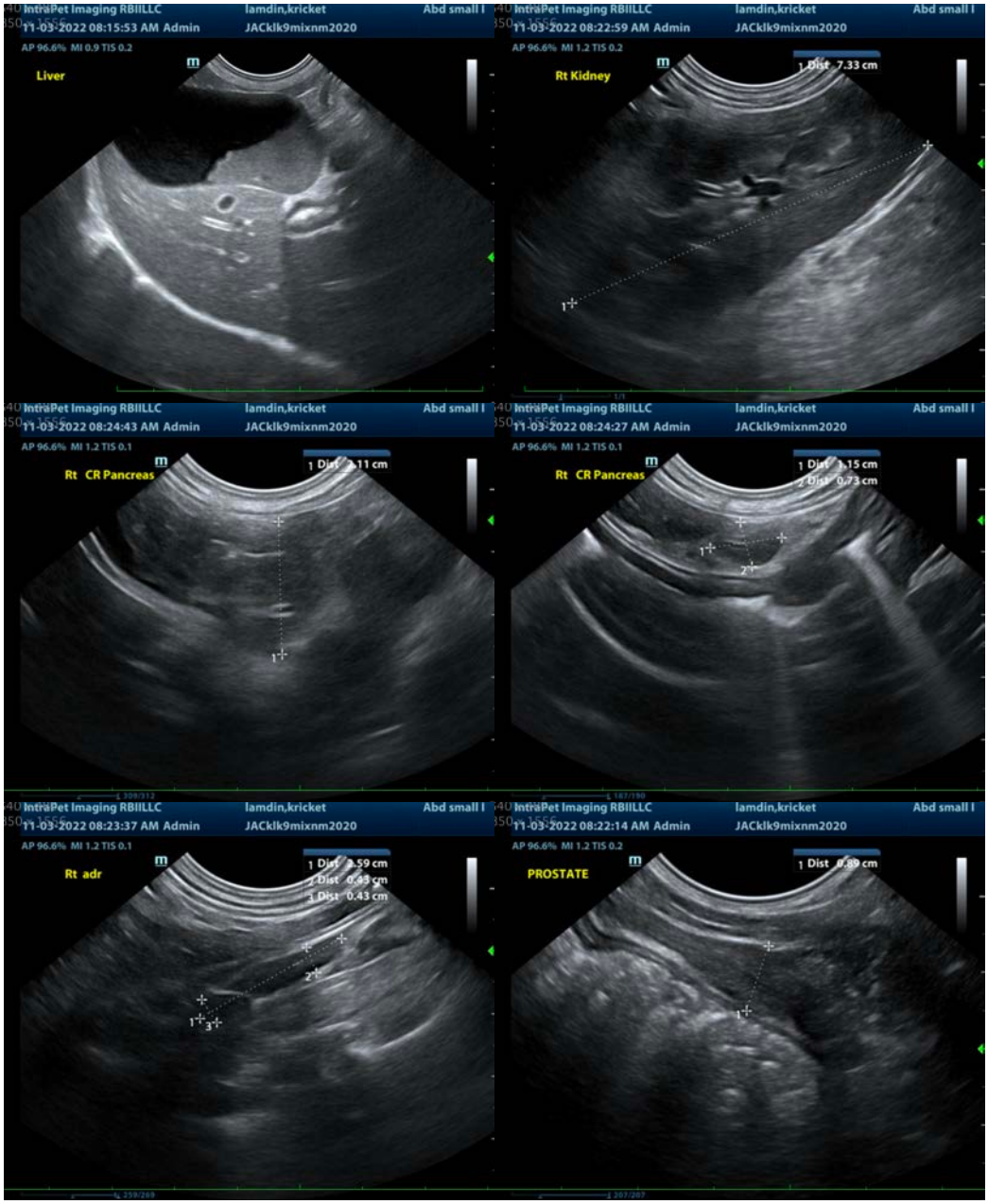
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Hypoadrenocorticism is not suspected, but given the appearance of the adrenal glands, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A fine needle aspirate of the enlarged lymph nodes is recommended if patient's coagulation status is appropriate.

In the meantime, while awaiting cytology results, etc., supportive/symptomatic medical management of acute pancreatitis with antiemetics, gastroprotectants, appetite stimulants, or nutritional support as needed, pain management if indicated, broad-spectrum antibiotics, fluid therapy, etc. is recommended.

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Liver
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Rt Kidney
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Rt CR Pancreas
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Rt adr
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3 Dist 0.43 cm
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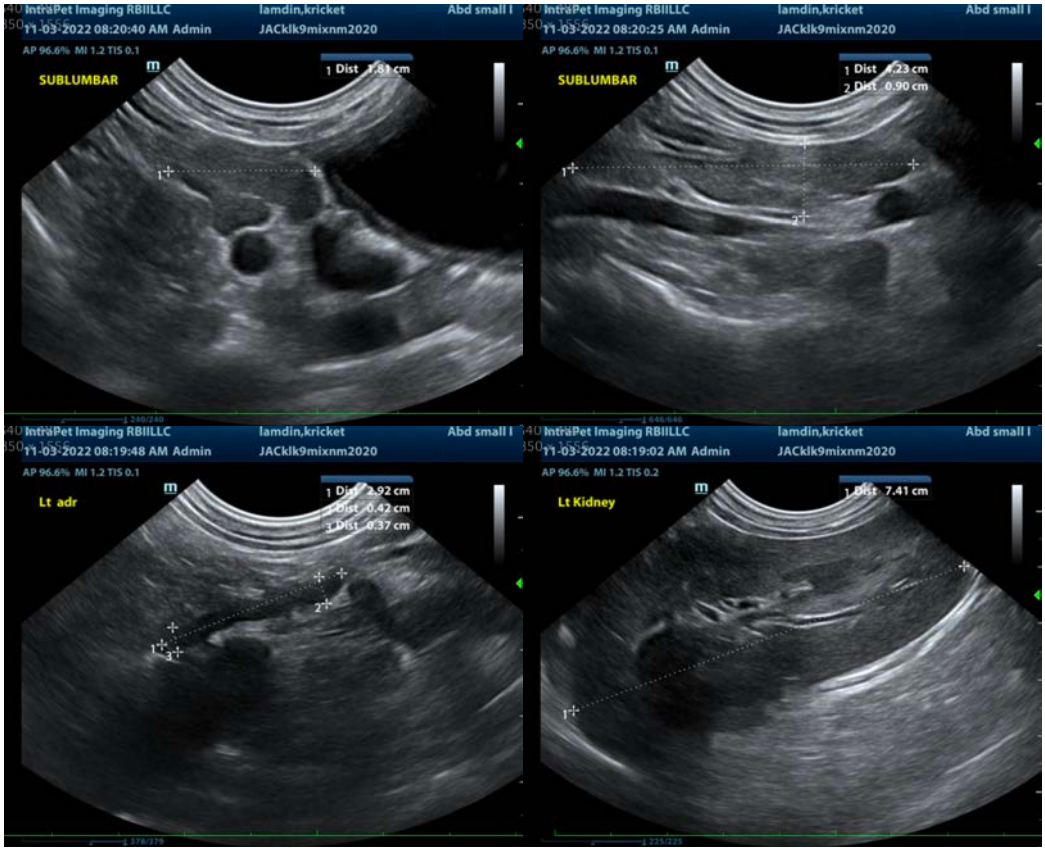
AP 96.6% MI 1.2 TIS 0.2
PROSTATE



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.

Beth Johnson, DVM, DACVIM
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