

**DATE PRESENTING CLINICAL SIGNS**

2/17/22 History: decreased appetite, vomiting, icteric.

PATIENT

Current Medications: Cerenia inj., Naxcel inj.

Lab Results: TBIL-8.1mg/dl, ALT-512U/L, WBC-29.86 K/ul

Molly Dallas

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****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.

Goldendoodle

SEX

The right kidney is normal in size (4.69 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.

Spayed Female

AGE

The left kidney is normal in size (5.01 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.

4/3/13

WEIGHT

12 Pounds

Adrenal Glands

The right adrenal gland is normal in size (1.99 cm long x 0.56 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (1.56 cm long x 0.48 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY**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.

Rachel Brilhart RDMS

HOSPITAL NAME

Madonna Vet Clinic

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

REFERRING VET

Dr. Brockett

The gallbladder is moderately to overdistended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. Common bile duct is dilated 0.48 cm.

INVOICE

35724

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is markedly fluid distended. 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 pancreas is diffusely hypoechoic to surrounding tissue. Parenchyma is heterogeneous, composed of irregular hypo- and anechoic areas throughout. Margins are somewhat ill-defined with evidence of edema of the pancreas and surrounding tissues. Blood flow appears decreased. In the right cranial abdomen, there is a more discrete anechoic walled off area, concerning for a cyst or early abscess. Surrounding tissue is ill-defined and hyperechoic.

Free Abdomen

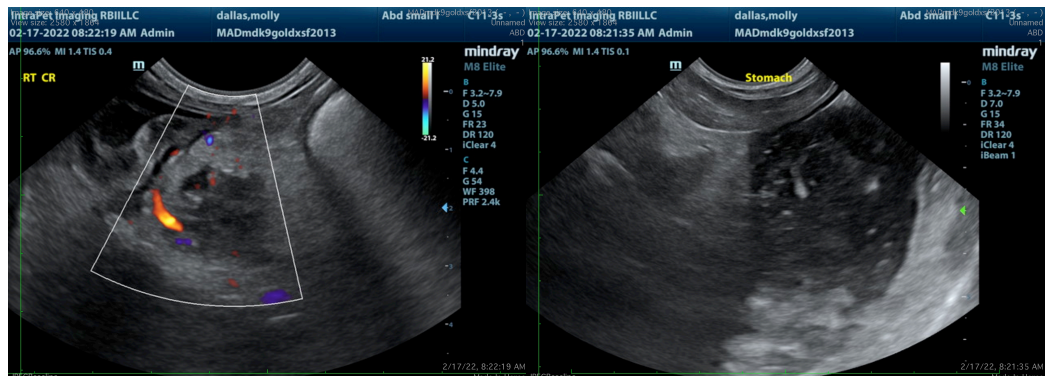
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

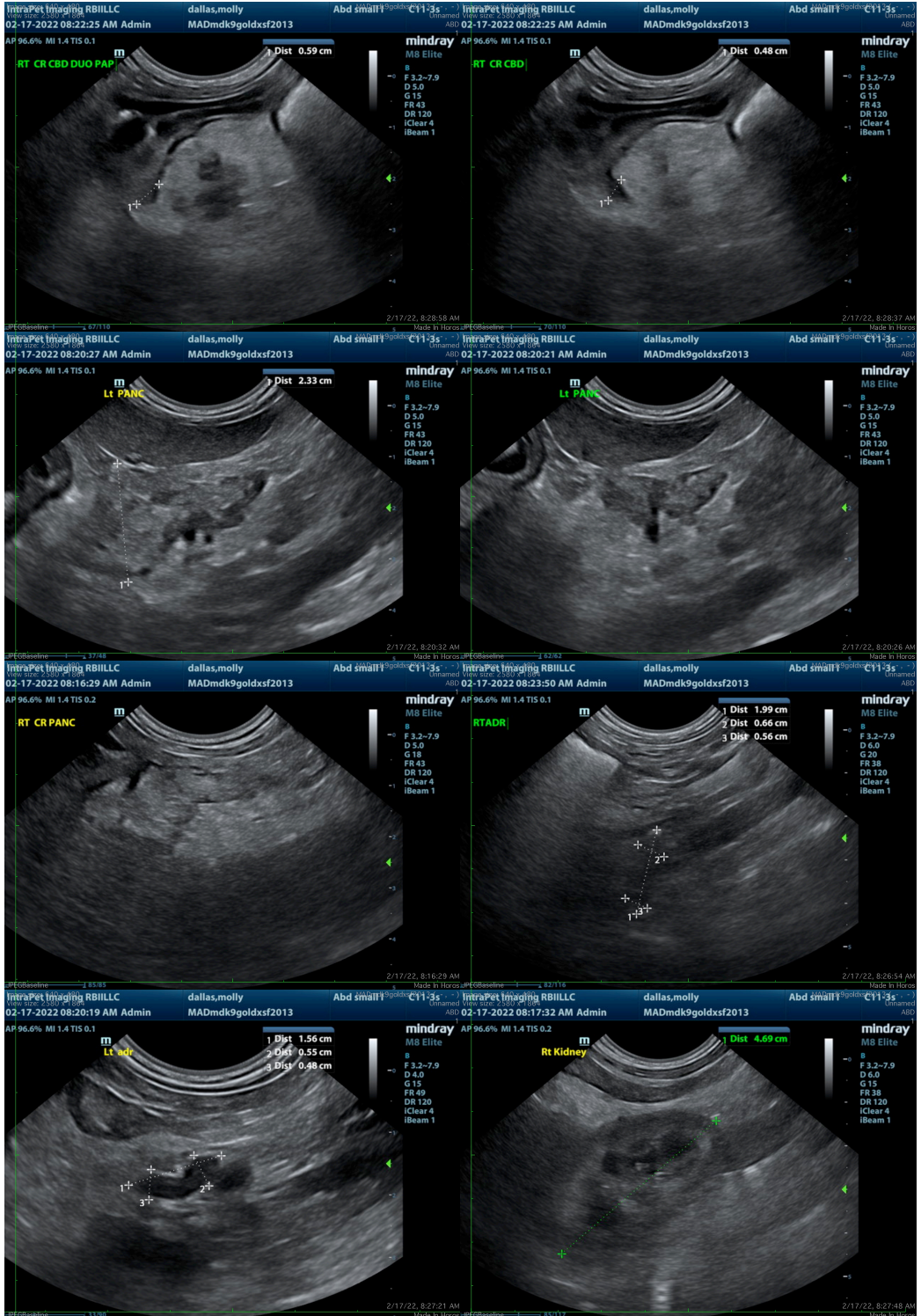
ULTRASONOGRAPHIC FINDINGS

- Severe acute pancreatitis with suspected pancreatic necrosis and potentially early abscess formation with secondary post-hepatic cholestasis and gastric stasis.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include aggressive medical management of pancreatitis with IV fluids, antiemetics, gastroprotectants, appetite stimulants (if necessary), combined with pain management and broad-spectrum antibiotics. If available, fresh frozen plasma and ideally hyperbaric oxygen therapy are also recommended, given the suspicion for decreased blood flow/early necrosis/possible early abscessation. Monitoring of laboratory values including total bilirubin as well as blood flow to the pancreas is recommended throughout treatment to assess improvement versus progression. Proton pump inhibitors such as Pantoprazole, CRI are indicated, given the gastric stasis.







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.

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