

**DATE**

2/7/22

PRESENTING CLINICAL SIGNS

History: P presented on 02/05/2022 for hyporexia and vomiting. PE largely unremarkable. Bloodwork was sent out and p was treated with SQ fluids and Cerenia.

Current Medications: 02/05/2022:600mL SQ LRS, 32mg Cerenia SQ. 02/06/2022: started on IVF (LRS), 702mg Ampicillin IV BID, 750mg, Metronidazole PO BID, 80mg Cerenia PO SID, 300mg Gabapentin PO BID. Lab Results: Bloodwork results reported on 02/06: Amylase 6174 and PSL 5746, remainder of labs unremarkable (UA pending to complete labs - no current history of urinary issues)

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: IV sedative: Torb.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

PATIENT

Josie Murphy

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

12/6/11

WEIGHT

70.2 lbs

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**

Everhart VH

REFERRING VET

Dr. DelFavero

INVOICE

95846

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (7.19 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (3.08 cm long x 0.72 cm at cranial pole and 0.85 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (4.17 cm long x 0.78 cm at cranial pole and 0.98 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

The left pancreas is prominent in appearance with a parenchyma that is hypoechoic to the surrounding tissue. The visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. Several, small, hyperechoic nodules are noted throughout the lobe. There is mild peri-pancreatic inflammation and no free fluid.

Free Abdomen

Lymph nodes are normal with no observed enlargement. The cranial abdomen primarily the right cranial abdomen revealed a heterogenous area of hyper reactive tissue/mesentery in the area of the right limb of the pancreas. Full complete visualization is impeded by gas and rib artifact, but the inflammation is believed to be peri-pancreatic based on location.

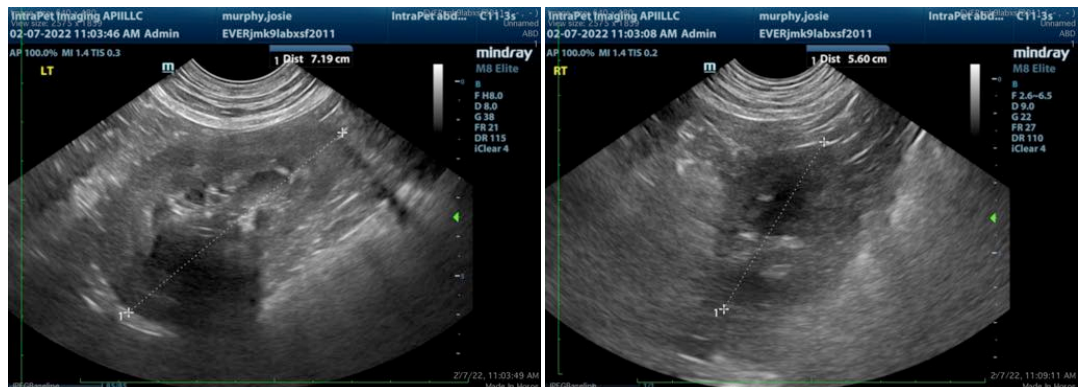
ULTRASONOGRAPHIC FINDINGS

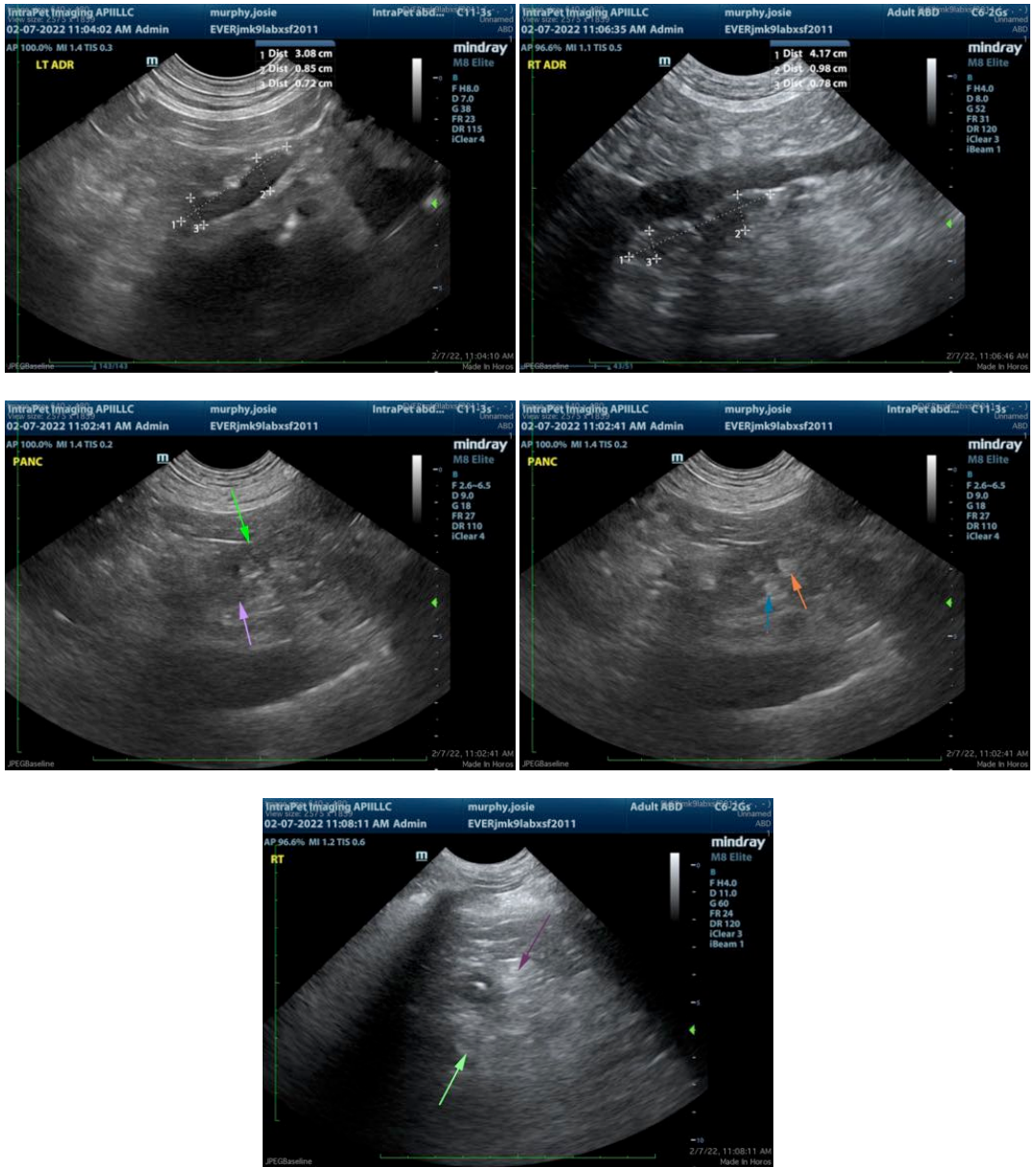
PRIMARY FINDINGS:

- Mild to moderate acute pancreatitis or potentially resolving pancreatitis with evidence of hyperechoic nodules. This is consistent with some chronic aging changes or potentially nodular hyperplasia. Infiltrative neoplasia is considered unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further evaluation of the gastrointestinal tract and pancreas. In the meantime, supportive medical management of clinical signs and acute pancreatitis is recommended in the form of anti-emetics, gastroprotectants, appetite stimulants, broad spectrum antibiotics +/- pain management if necessary. As clinical signs resolve and inflammation improves reimaging of the heterogenous, hyperechoic right cranial abdomen could be considered to rule out progression or possible pathology obscured at this time.





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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com