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Clinical Sonography & Telectology

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**DATE PRESENTING CLINICAL SIGNS**

7/12/22 History of occasional "picky eater" but recently has not eaten in 5 days and has been vomiting. No diarrhea. Went to rDVM yesterday; had IV Cerenia; xrays show no evidence of FB or obstruction, no obvious masses. Still not interested in eating today; referred for AUS and continued care. Bloodwork at rDVM: cPL - Abnormal SDMA - 22 ALKP - 1800 GGT - 56 tBili - 6 Chol - 500

**PATIENT**

Scoutie Tonkovich

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Neutered Male

**AGE**

7/12/12

**WEIGHT**

9.1 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Martinoli

**INVOICE**

39427

Current Medications: Cerenia 24 hours.

Lab Results: cPL - Abnormal SDMA - 22 ALKP - 1800 GGT - 56 t Bili - 6 Chol - 500.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not 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 (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (3.49 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 (3.53 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**

The right adrenal gland is normal in size (1.76 cm long x 0.58 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.34 cm long x 0.45 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**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.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. Enhanced hyperechoic ill-defined surrounding fat is noted. Both medial to the spleen and caudal to the stomach, the pancreas has an almost mass like appearance, slightly more rounded and discrete than expected with acute pancreatitis.

### ***Free Abdomen***

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

There is no apparent lymphadenopathy noted in these images.

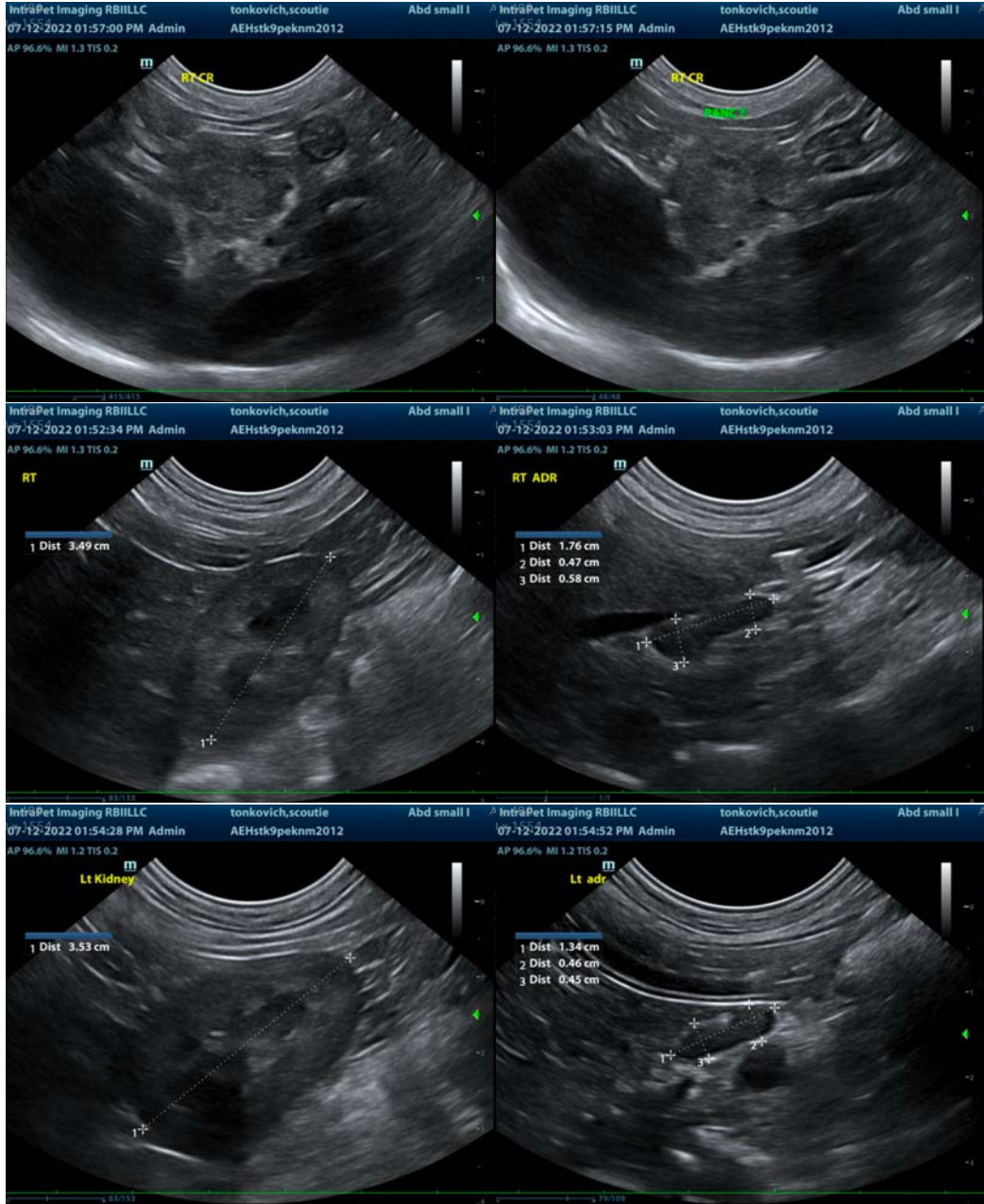
## **ULTRASONOGRAPHIC FINDINGS**

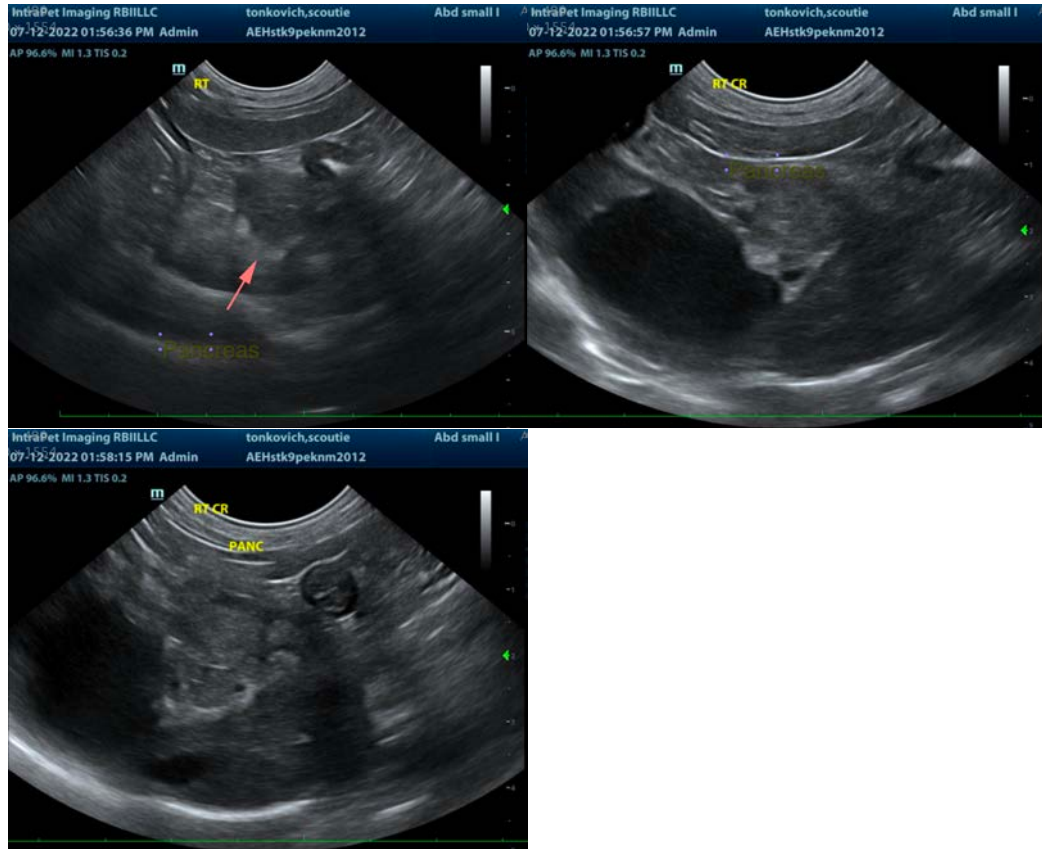
- Acute pancreatitis with an emerging mass like appearance to the pancreas that can be seen with both benign pancreatitis (considered more likely) as well as infiltrative neoplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include:

- 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.
- A quantitative PLI is recommended.
- Following management of the acute pancreatitis with resolution of clinical signs, improvement in laboratory values, etc., recheck ultrasound of the pancreas is recommended, and if a swollen, irregular, mass like appearance is still present, a fine needle aspirate of the pancreas could be considered at that time if coagulation status is appropriate.





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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