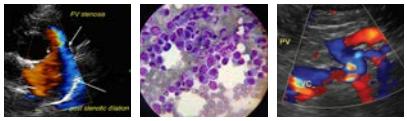
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

7/27/23

PATIENT

Sweetie Pie Lewis

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

7/25/13

WEIGHT

6.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

44408

PRESENTING CLINICAL SIGNS

Referral - seen rDVM 7/24 P started V+ and D+ last night. 7/23/23 PM: -vomited 3 times with 30 minutes in between. then D+ 2 times 7/24/23 AM: -D+ @ 5am, 6am, _11:45 am O notes p has had labored breathing, since last visit on 7/7 when got a biopsy of a chest mass. Biopsy results - Most consistent with granulomatous panniculitis/steatitis Current diet: Royal Canin dry and little Ceasar's wet, Does get Beggin strips as treats. Liquid stool yesterday - today soft Did eat small amount of chicken this morning BW CBC
WBC 37K PLT 772 Slide reviewed microscopically. No parasites seen Neutrophils appear slightly toxic. Dohle bodies seen. Reactive lymphocytes present. Smudge cells present. CHEM ALB 1.2 AMYL 13562 AST 72 Ca 5.4 Chloride 125 BUN/UREA 6 mg CREA 0.4 Sodium 153 LIPASE >1800 SPEC cPL 2000 ug/L H 4Dx - Negative TX SQ fluids & Cerenia injection (7/24) Prescribed - Diagel, Fortiflora, Metronidazole, Ondansetron

Current Medications: Buprenorphine, Ampicillin, Metronidazole, Cerenia, Protonix.
Lab Results: See attached.
Radiographs: Lateral and VD abdomen - hazy loss of detail, fluid evident. Fluid dilated bowel loops. Large full urinary bladder
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

The right kidney is normal in size (3.67 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 (3.29 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 (0.59 cm at the cranial pole and 0.58 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 (0.48 cm at the cranial pole and 0.62 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
Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. An edematous "halo sign" appearance to the wall is noted. 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 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. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen
There is a trace amount of anechoic free fluid in the cranial abdomen as well as diffusely enhanced hyperechoic cranial abdominal mesenteric fat.

There is no apparent lymphadenopathy noted in these images.

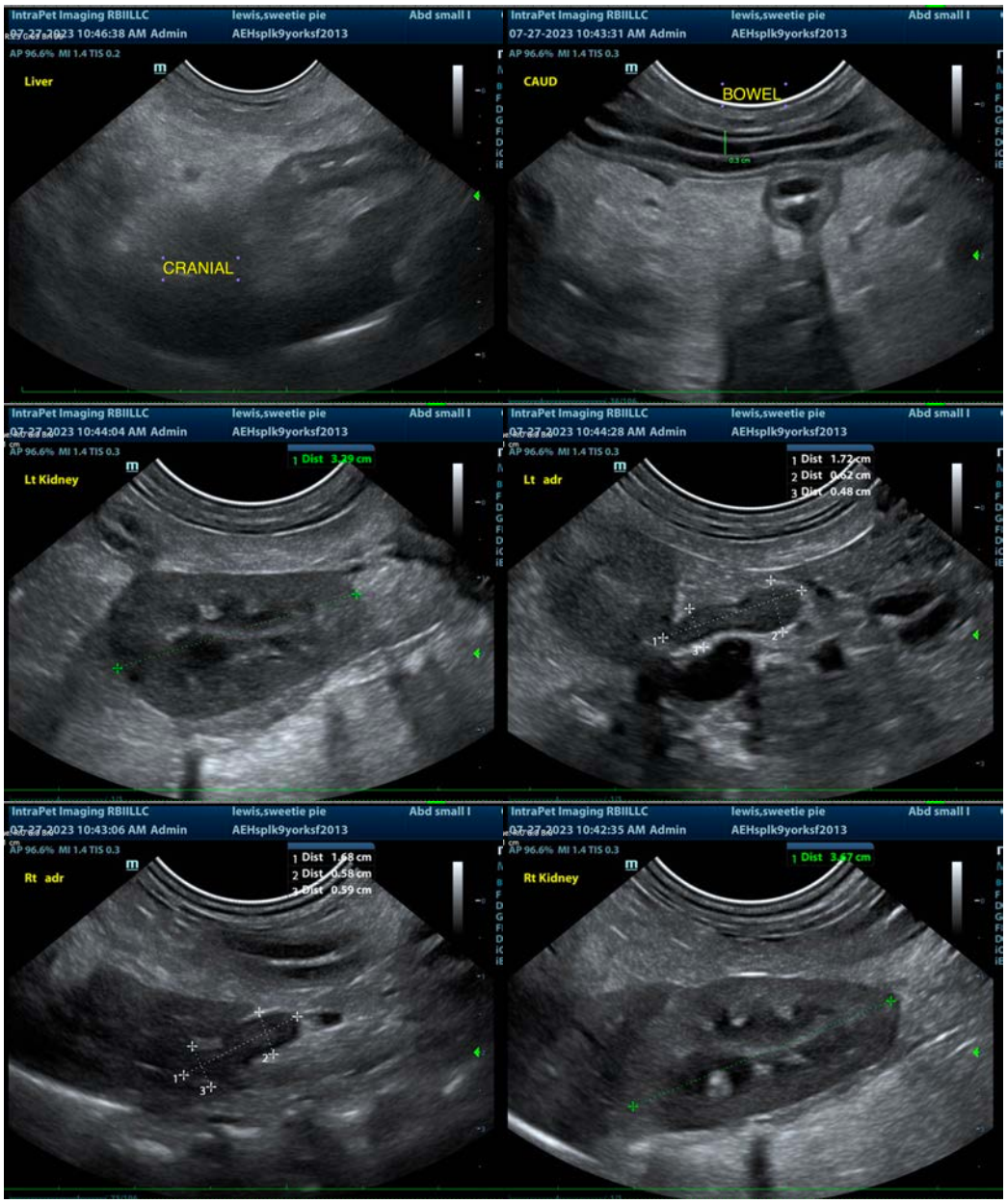
ULTRASONOGRAPHIC FINDINGS

- Moderate to severe acute pancreatitis with trace fluid likely secondary to the pancreatitis and an edematous gallbladder wall likely secondary to the pancreatitis.

- Hyperechoic hepatomegaly - This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but 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.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lewis,sweetie pie
Abd small I
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AEHsplk9yorksf2013
AP 96.6% MI 1.4 TIS 0.2
Liver
CRANIAL
IntraPet Imaging RBIILLC
lewis,sweetie pie
Abd small I
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AEHsplk9yorksf2013
AP 96.6% MI 1.4 TIS 0.3
CAUD
BOWEL
IntraPet Imaging RBIILLC
lewis,sweetie pie
Abd small I
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AEHsplk9yorksf2013
AP 96.6% MI 1.4 TIS 0.3
Lt Kidney
1 Dist 3.29 cm
IntraPet Imaging RBIILLC
lewis,sweetie pie
Abd small I
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AEHsplk9yorksf2013
AP 96.6% MI 1.4 TIS 0.3
Lt adr
1 Dist 1.72 cm
2 Dist 0.62 cm
3 Dist 0.48 cm
IntraPet Imaging RBIILLC
lewis,sweetie pie
Abd small I
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AP 96.6% MI 1.4 TIS 0.3
Rt adr
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3 Dist 0.59 cm
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lewis,sweetie pie
Abd small I
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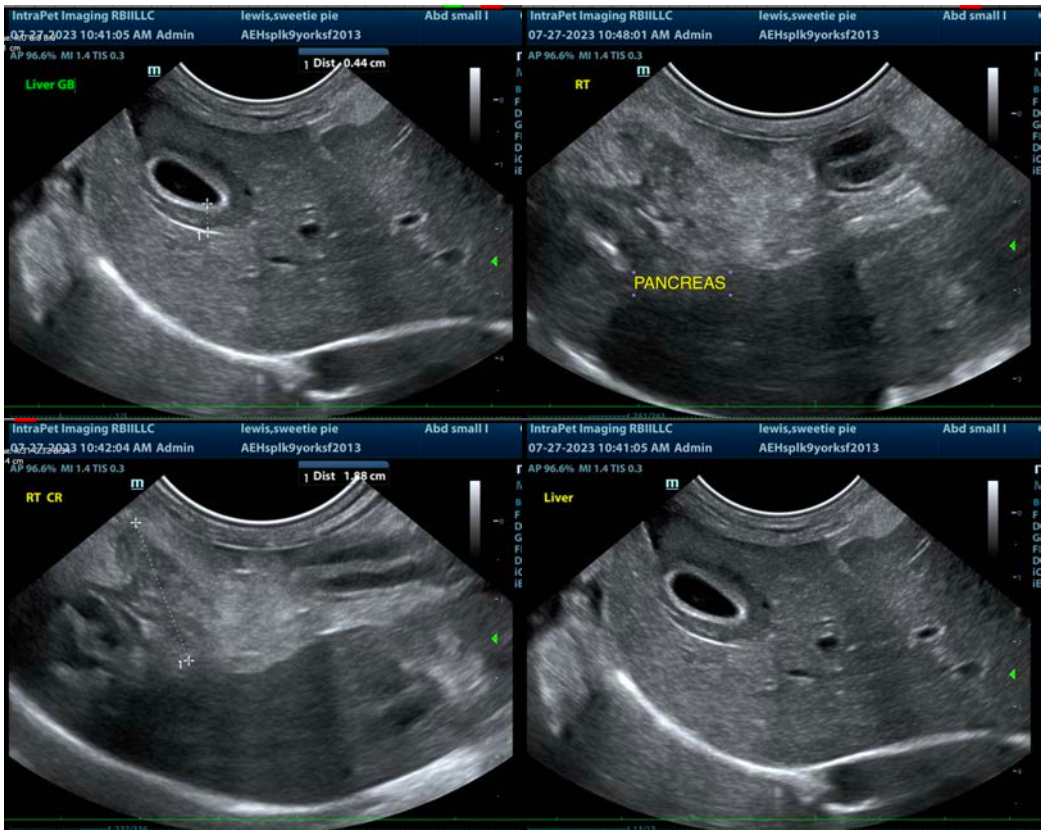
AP 96.6% MI 1.4 TIS 0.3
Rt Kidney
1 Dist 3.67 cm



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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