IMAGING PERFORMED BY

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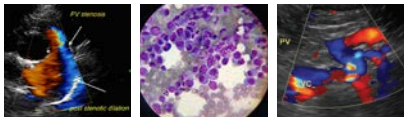

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

10/14/22

PATIENT

Lily Bitner

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

8/7/18

WEIGHT

58.1 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Hicks

INVOICE

42100

PRESENTING CLINICAL SIGNS

Monday (10/10) vomiting between 3-6 pm, then refused to eat her food at 6:30 pm and proceeded to vomit her pm medication. Offered chicken and rice around 9:30 pm and she ate 1⁄4-1⁄2 cup. Tuesday morning (10/11), refused to eat breakfast or take medication. Would drink water, normal u/d in a.m. Force fed medication in am. Seen at rDVM around 2:30 pm and treated with Cerenia. Ate 1⁄4-1⁄2 cup of chicken and rice around 3:30pm but refused dinner and meds at 6:30 pm. Ate medication wrapped in cheese This morning P was not eating food, did take medication (Pheno, Zonisamide, Kepra) wrapped in cheese however per O P spit up twice this morning and is very lethargic. O reports that P has not gotten into trash, no new treats or food No Hx of seizure recently, sees Veterinary Neurology and Imaging of the Chesapeake - Towson (9/8/21 MRI Brain & CSF: Idiopathic or Genetic Epilepsy) Medication Doses per Neuro as of 8/1/2022 -Zonisamide 100mg capsules: continue to give 2 capsules by mouth every 12 hours until otherwise directed. -Phenobarbital 64.8mg tablets: continue to give 1 tablet by mouth every 12 hours -Keppra XR 500mg tablets: continue to give 2 tablets by mouth in the Morning, and 3 tablets by mouth in the Evening until otherwise directed. -Midazolam: continue to give 1.5mL as needed for seizures
-Gabapentin 300mg capsules: continue to give 1 capsule by mouth as needed after the first seizure -Potassium Bromide (compounded)
1250mg capsules: continue to give 1 capsule by mouth every 24 hours until otherwise directed.

Current Medications: Famotidine, Cerenia, Phenobarbital, Zonisamide, Keppra, Potassium Bromide.
Lab Results: See attached.
Radiographs: Stomach-- very thickened ,hazy, ingesta vs fb, repeating film Gas in SI, hypermotile. Xray repeat: stomach improved, realiment
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 urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.82 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is moderately increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.31 cm. Duodenum wall measures 0.42 cm. Visualized peristalsis appears appropriate. There is a prominent loop of bowel in the right cranial abdomen with wall thickening at 0.74 cm and decreased detail of wall layering. This could be focal enteritis associated with the inflamed pancreas or an area of infiltrative disease.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate to severe pancreatitis.

Free Abdomen
There is scant free abdominal fluid. No lymphadenopathy. The omentum is significantly increased around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with moderate to severe pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Moderate dilation of the gastric lumen with fluid/ingesta – Findings are most consistent with delayed gastric emptying secondary to pancreatitis. Alternately, a recent meal or pyloric outflow tract obstruction could be considered.

- Focal area of bowel with wall thickening and reduced detail of wall layering in the right cranial abdomen – Findings could be consistent with inflammation and edema secondary to pancreatitis, or due to infiltrative disease.

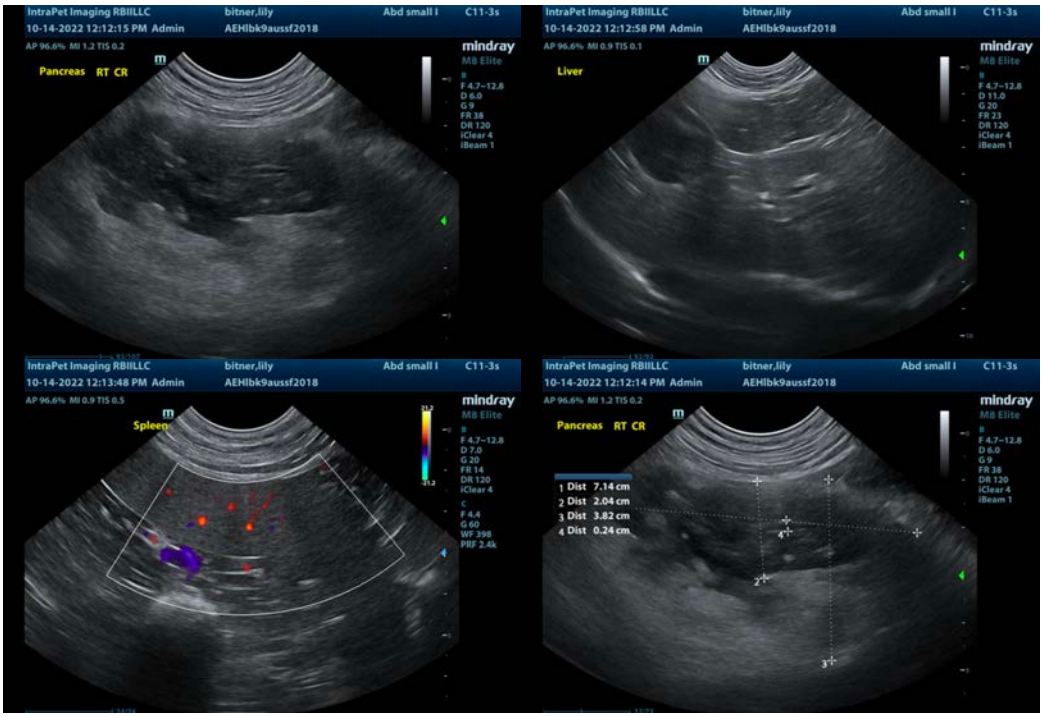
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe pancreatitis present. Recommend in-hospital treatment for pancreatitis and recommend discussing anti-seizure medications with a neurologist to determine if any changes need to be made.

The stomach is significantly dilated with fluid. You could consider passing a nasogastric tube and emptying the stomach and starting prokinetics to aid with motility.

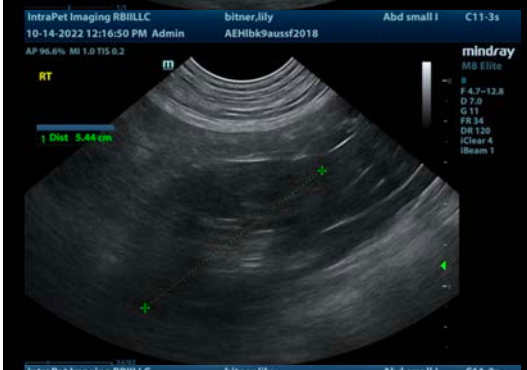
Additionally, there is a section of small bowel in the right cranial abdomen that appears thickened with decreased distinction of wall layering. This could be edema and focal enteritis secondary to the inflamed pancreas or could be a primary bowel lesion. Recommend reevaluation after the pancreatitis has resolved to determine if this lesion persists.

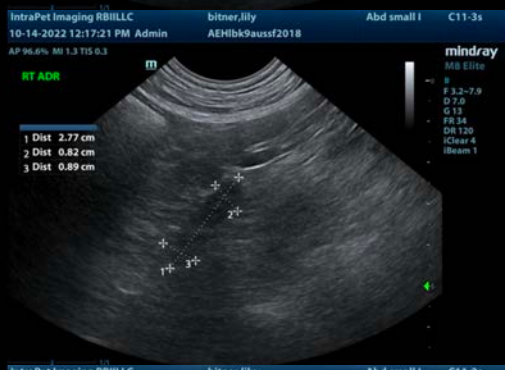
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.




IntraPet Imaging RBIILLC
bitner,lily
Abd small I
C11-3s
10-14-2022 12:14:27 PM Admin
AEHIbk9aussf2018
mindray
Lt Kidney
1 Dist 6.40 cm


IntraPet Imaging RBIILLC
bitner,lily
Abd small I
C11-3s
10-14-2022 12:14:59 PM Admin
AEHIbk9aussf2018
mindray
Lt adr
1 Dist 2.64 cm
2 Dist 0.58 cm
3 Dist 0.54 cm


IntraPet Imaging RBIILLC
bitner,lily
Abd small I
C11-3s
10-14-2022 12:16:50 PM Admin
AEHIbk9aussf2018
mindray
RT
1 Dist 5.44 cm


IntraPet Imaging RBIILLC
bitner,lily
Abd small I
C11-3s
10-14-2022 12:17:21 PM Admin
AEHIbk9aussf2018
mindray
RT ADR
1 Dist 2.77 cm
2 Dist 0.82 cm
3 Dist 0.89 cm


IntraPet Imaging RBIILLC
bitner,lily
Abd small I
C11-3s
10-14-2022 12:12:07 PM Admin
AEHIbk9aussf2018
mindray
Pancreas RT CR
STOMACH-FLUID/INGESTA


IntraPet Imaging RBIILLC
bitner,lily
Abd small I
C11-3s
10-14-2022 12:14:11 PM Admin
AEHIbk9aussf2018
mindray
Spleen
FREE FLUID


IntraPet Imaging RBIILLC
bitner,lily
Abd small I
C11-3s
10-14-2022 12:18:20 PM Admin
AEHIbk9aussf2018
mindray
RT CR
THICK HYPO SI

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
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