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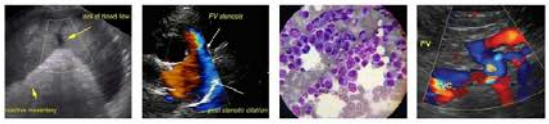


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rasta Nakawatase

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.58 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Lakeside

REFERRING VET

Dr. Brad Amorati

INVOICE

44228

DATE

7/20/23

PRESENTING CLINICAL SIGNS

Recent history of acute onset jaundice several weeks following a dental procedure. Lab screening in June pre op largely NSF, however, a chem panel on 7/11 showed a T. Bili ~9. PCV at that time was WNL. History of decreased appetite in the day leading up to owners noticing the jaundice. Since then we have slowly improved and seem to be largely back to normal as of 7/15 or so. Treated . Initial labs NSF, chem from 7/11 shows marked increases in T bili and ALT, no read on ALP at that time. Chem/cbc from 7/18 attached. Denamarin q24h, entye PRN and will start analgesics today

Abnormal PE/Chem/CBC/UA Results: 3 sets of LABs attached- Most current Lab from 7/19: AST 193, ALT `1247, ALKPHOS 9799, Total Bili 2.2, PHOS 7.1, CHOL 989. LABS from June 2, 2023- only elevated values was Alk Phosphatase 338

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 (2.96 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 (3.11 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 0.46 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.

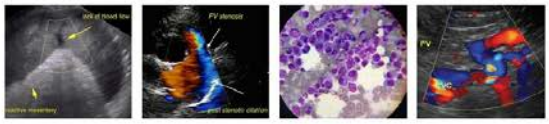
The right adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



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portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is significantly distended with a moderate amount of debris. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. There is mild to moderate dilation of the common bile duct, measuring approximately 0.29 cm at the level of the duodenal papilla at 0.41 cm caudal to the liver with some mild intraluminal debris.

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers 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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. The duodenum visualized adjacent to the pancreas appears somewhat thickened and edematous, measuring at 0.50 cm.

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

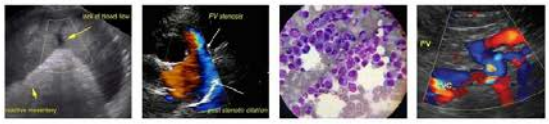
The pancreas is large and hypoechoic to surrounding mesentery, particularly in the right cranial limb. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. There is severely reactive mesentery in the right cranial abdomen in the region of the right limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, mottled right limb of the pancreas with significant surrounding reactive mesentery – The pancreatic changes are most consistent with moderate 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.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Distended gallbladder with a moderate amount of intraluminal debris and moderate bile duct dilation – Findings are concerning for possible cholecystitis and a post-hepatic biliary obstruction (pancreatitis).



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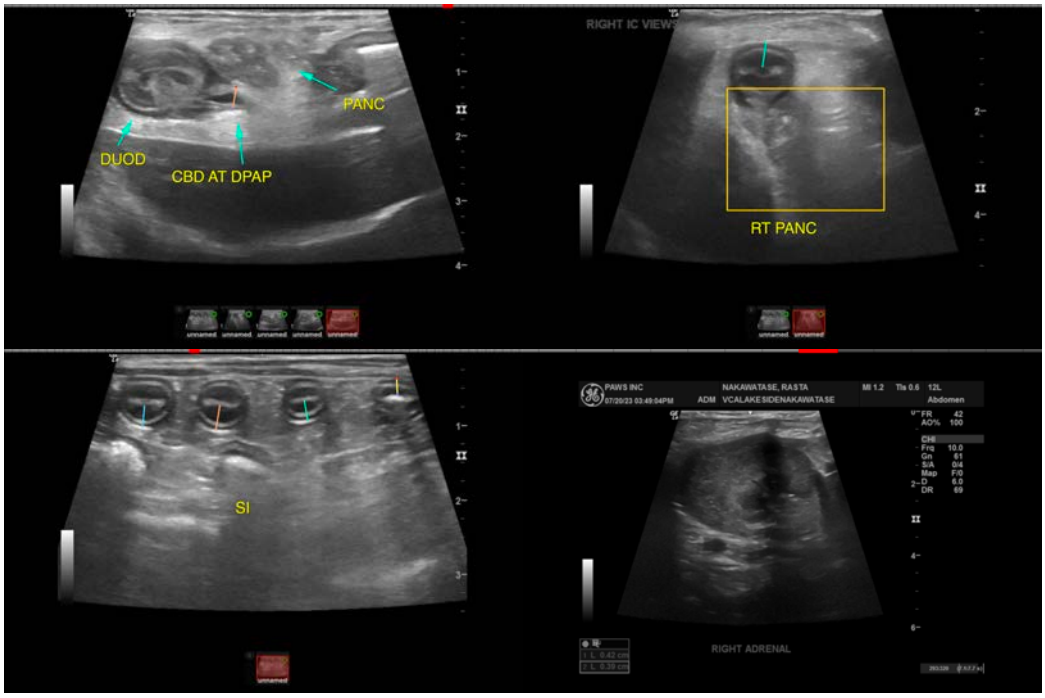
- Mild small intestinal thickening with focal thickening in the region of the pancreas – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). The focal duodenal thickening is likely reactive to the focal pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right cranial abdomen appears significantly inflamed, and there is hypoechoic irregular pancreas in this area. These findings are likely consistent with pancreatitis or possibly improving pancreatitis, as the pancreatic changes appear less severe than the surrounding inflammation. Additionally, the bile duct in this region appears somewhat prominent and mildly to moderately distended. I'm hoping this is consistent with a post-hepatic biliary obstruction due to pancreatitis that is improving, as the bile duct dilation is not severe at this time.

Consider aggressive treatment for pancreatitis as well as cholecystitis with Ursodiol +/- antibiotics (if antibiotics are utilized, recommend concurrent probiotic therapy spaced two hours apart). If symptoms are not improving with treatment for pancreatitis and a post-hepatic biliary obstruction, recommend repeat evaluation of imaging to ensure that things appear to be improving and that complications aren't arising or that a concurrent primary hepatopathy is noted present.



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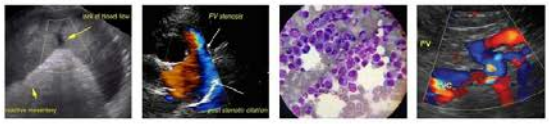

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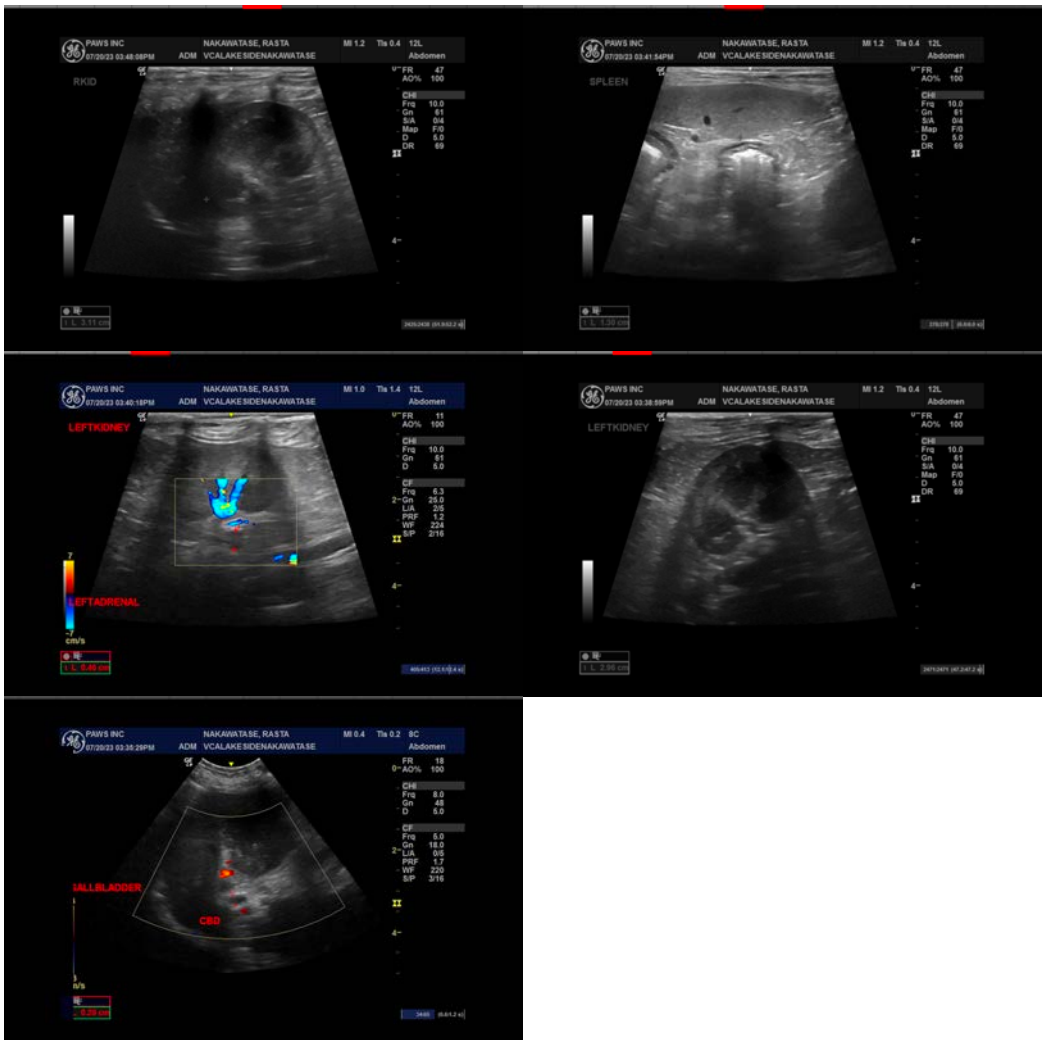

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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