

**DATE**

8/24/21

PRESENTING CLINICAL SIGNS

History: Vomiting, diarrhea, not eating. Date: 08-22-2021 Notes: About 1 month ago had dental procedure and some extractions. Owner doesn't think bloodwork was done prior. After procedure was sent home on Amoxicillin but after 2 days she vomited/had diarrhea/GI upset so discontinued. Since then she has had intermittent vomiting episodes and yesterday/today had loose stool/diarrhea as well. Owner feels her appetite is decreased overall over past few weeks.

PATIENT

Emmy Bradds

Current Medications: baytril, maropitant, buprenorphine

SPECIES

Canine

Date of Previous IntraPet Ultrasound: no previous.

Sedation: not needed

Stat Report: not requested / declined.

BREED

Fox Terrier

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.79 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia was noted and measured 0.2 cm and small, non-obstructive nephroliths. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

AGE

2009

WEIGHT

12.4 lbs

The right kidney has a normal shape and size (4.22 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Rare, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 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.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.5 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.

REFERRING VET

Dr. Martinoli

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.

INVOICE

91463

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 significantly distended. The wall of the gallbladder appears thickened. The large volume of primarily echogenic, suspended luminal debris. The

common bile duct is dilated and tortuous with surrounding, hyperechoic mesentery that measured up to 0.61 cm. The findings are most consistent with a post hepatic biliary obstruction due to pancreatitis.

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. This is consistent with moderate/severe pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenomegaly present (there are two large, hypoechoic ovoid structures adjacent to the inflamed pancreas and measured 1.0 cm and 0.73 cm). These are most consistent with enlarged, regional lymph nodes or could be echogenic cysts. The omentum is of increased echogenicity particularly around the pancreas and common bile duct.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

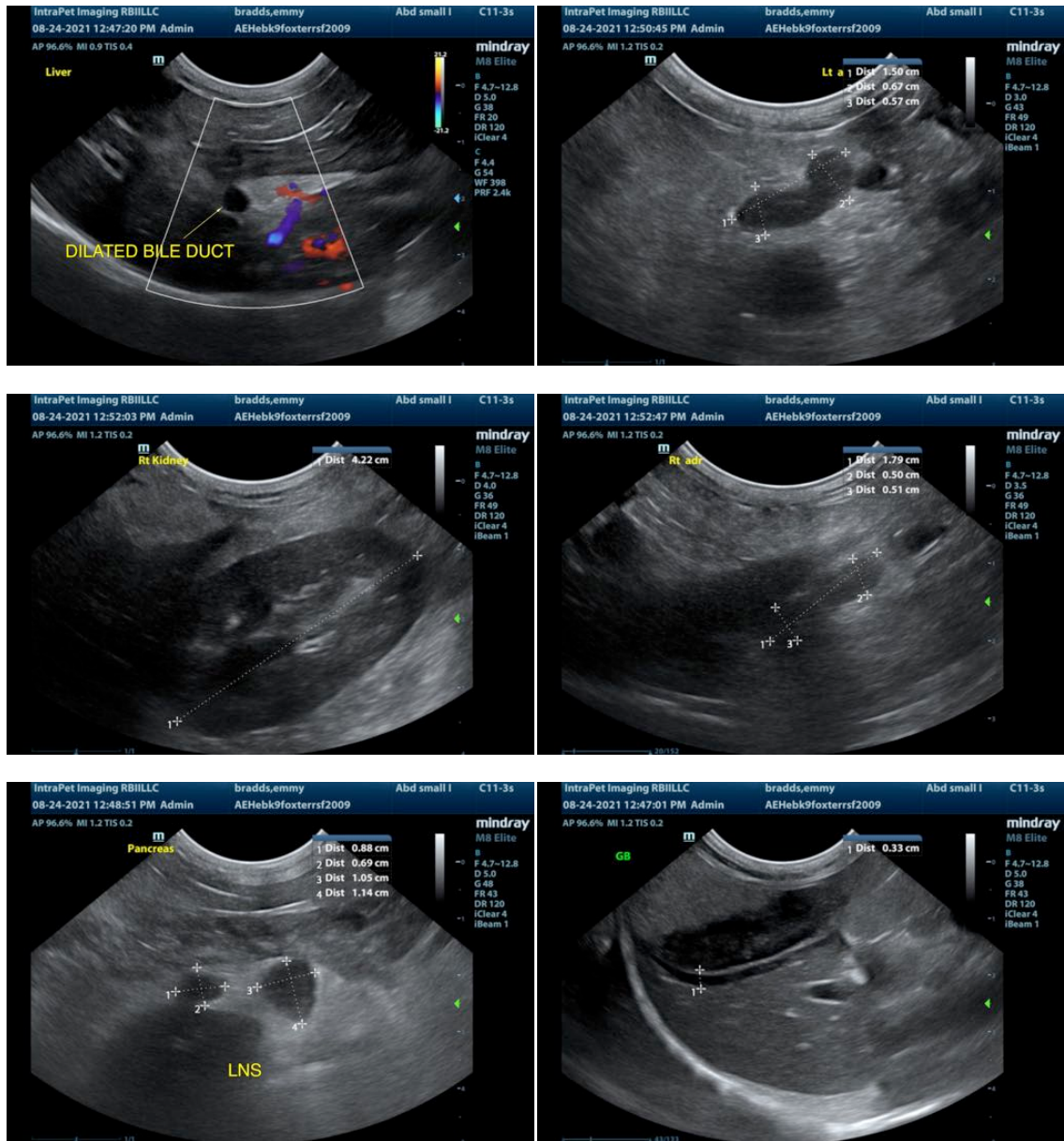
- Large, prominent, hypoechoic pancreas surrounded by hyperechoic mesentery. The pancreatic changes are most consistent with severe pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.
- Dilated common bile duct and gallbladder with regional inflammation/cholecystitis. The findings are most consistent with an extrahepatic biliary obstruction due to pancreatitis with secondary cholecystitis.
- Regional pancreatic lymphadenomegaly (possible pancreatic cysts?). I recommend FNA/drainage to obtain more information and for therapeutic purposes.

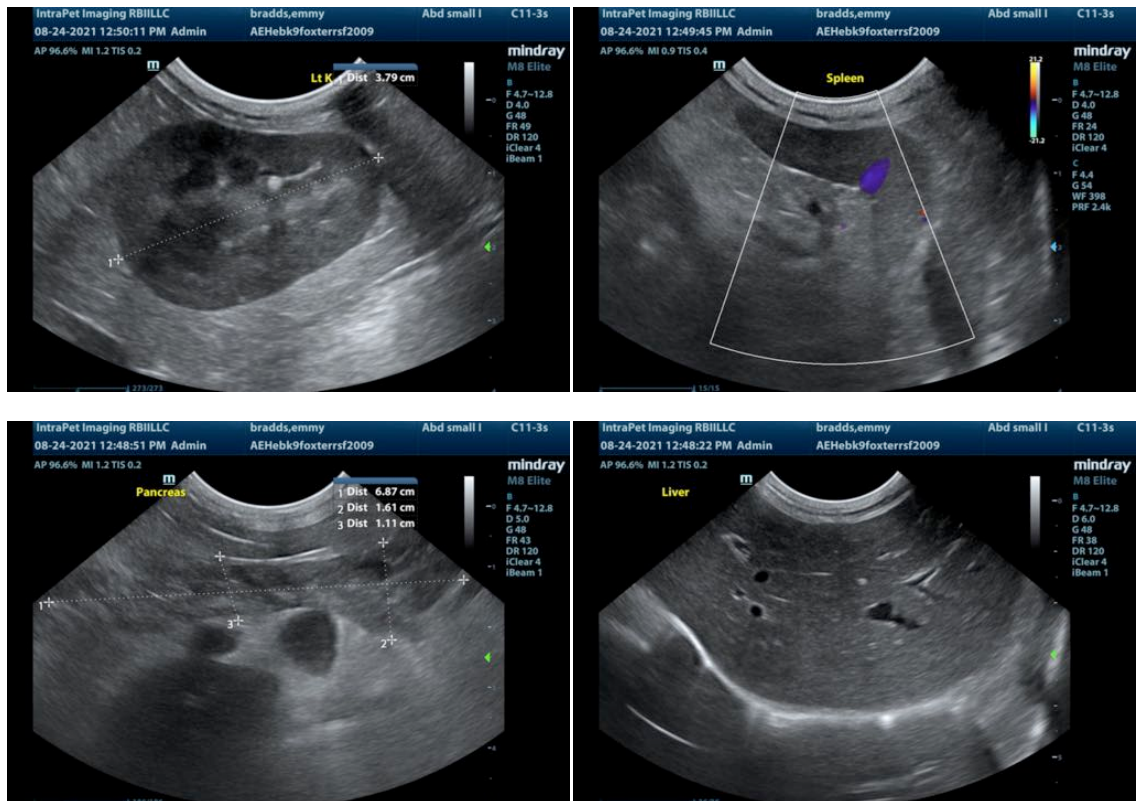
SECONDARY FINDINGS:

- Decreased corticomedullary distinction in both kidneys with mild, non-obstructive nephroliths. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Heterogenous liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears severely inflamed and there appears to be a secondary biliary obstruction and inflammation in the area. I recommend aggressive therapy for pancreatitis in addition to antibiotics for cholecystitis, pain medications, nausea medications and IV fluids, etc. There are two large, hypochoic structures adjacent to the pancreas. It is unclear if these are somewhat echogenic cysts or if they are hypochoic lymph nodes. Consider FNA/drainage of these structures (fluid filled). If able to get a sample I recommend fluid analysis, cytology and culture. I recommend to continue close monitoring of the pancreas and these parapancreatic structures to look for development of a pancreatic abscess. I recommend quantitative PLI in order to obtain a baseline for further follow-up.





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.

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