

**DATE PRESENTING CLINICAL SIGNS**

9/10/21 Initially diagnosed with pancreatitis and on 7/30/21, had a recheck ultrasound at Animal Emergency Hospital on 8/6/21. Loki was seen for a follow-up appointment on 8/13/21 and is doing great at home. Finishing up the Enrofloxacin.

**PATIENT**

Loki Taylor Current Medications: Enrofloxacin 68mg 1 PO q 24hours 8/1-14/21.

Omeprazole 10mg 1 PO q 24 hours 8/1-7/21.

Cerenia 16mg 1 PO q 24 hours 7/30/21-8/4/21.

**SPECIES**

Gabapentin 50mg 1 PO q 8-12 hours from 8/1-7/21.

Canine

Lab Results: No addition or new labwork

Date of Previous IntraPet Ultrasound: 7/30/2021 and 08/06/2021

**BREED**

Sedation: not needed

Stat Report: not requested

Yorkshire Terrier X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX****Urinary System**

Neutered Male

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.

**AGE**

2018

The prostate is normal in size (0.87 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**WEIGHT**

19 Pounds

The left kidney has a normal shape and size (4.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (4.97 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Bel Air VH

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.63 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.

**REFERRING VET**

Dr. Young

The right adrenal gland is normal in size measuring 0.65 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.

**INVOICE**

25331

**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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***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 is a section just at the junction of the pylorus and proximal duodenum that remains mildly thickened with reduced detail of layering at 0.65 cm. This is a transition area, so sometimes it can appear slightly irregular. This is markedly improved from previous scans, but still slightly thickened. Previous measurements from 8/6/21 measure this area at 3.2 cm. Today it measures at 0.65 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. There is marked improvement in the appearance of the pancreas, but it does remain irregular.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy in the area of the pancreas at 0.41 cm. The omentum is of normal uniform echogenicity.

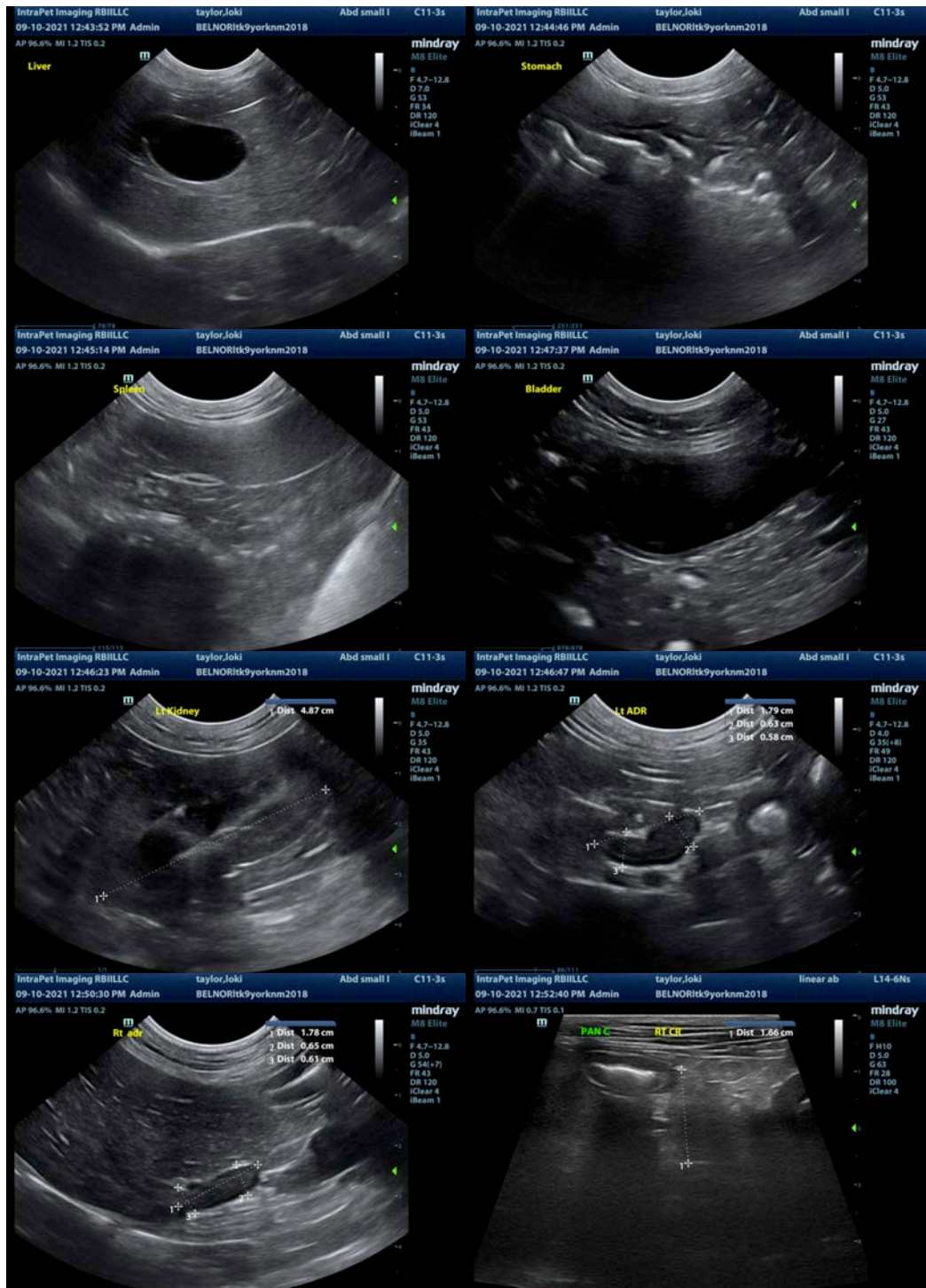
## **ULTRASONOGRAPHIC FINDINGS**

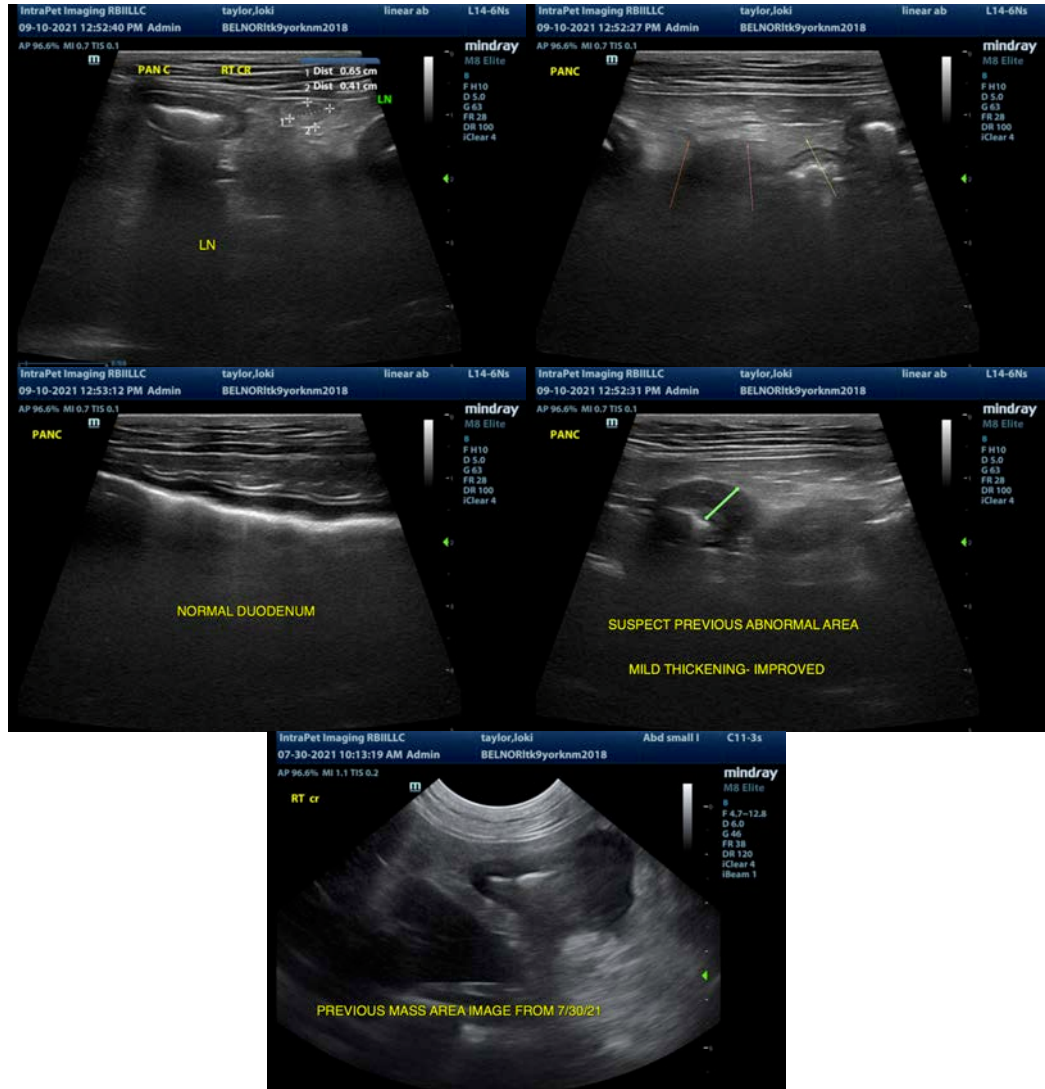
- Prominent, mottled pancreas – The pancreatic changes are most consistent with resolving pancreatitis.
- Mild thickening at the gastroduodenal junction – This appears persistently mildly thickened, but is drastically improved. Suspect continued remodeling and improvement.
- Mild mesenteric lymphadenopathy – There is a prominent lymph node that remains in the area of the pancreas, but it is improving.

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

This scan looks markedly improved. You have done an excellent job caring for this pet. There is still some mild thickening at the gastroduodenal junction, but when compared to the original scan, the improvement is dramatic. Options moving forward are likely lifelong low-fat diet, snacks, etc., and continued monitoring for GI signs. Recheck ultrasound if vomiting develops or if you want to check the gastroduodenal junction one

last time. It is possible that this pancreas may never look completely normal on ultrasound, but it continues to improve. I am so pleased with his improvement.





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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