

**DATE**

9/2/21

PRESENTING CLINICAL SIGNS

High pancreatic enzymes, on and off appetite.

Current Medications: Reconcile 4mg q 24h began on since 6/9/21

For vet visits: gabapentin 100mg, trazodone 50mg, alprazolam 0.25mg PO. Periopowder 1/4 tsp BID.

Welactin 1 scoop BID. Antronex 1 tab SID. CET zen veggiedent chews 1 SID.

RC GI low fat dry 1/8cup BID and wet BID, RC calm dry 1/8 cup BID.

Credelio and interceptor per weight monthly.

Lab Results: elevated pancreatic values - amylase 1655, lipase 1582.

Date of Previous IntraPet Ultrasound: 08/24/2020

Sedation: oral given, further sedation not needed

Stat Report: not requested

PATIENT

Lulu Butts

SPECIES

Canine

BREED

Dachshund Yorkie Mix

SEX

Spayed Female

AGE

2014

WEIGHT

12.8 lbs

INTERPRETED BY

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

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 (4.74 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.

The right kidney has a normal shape and size (4.52 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

Happy Tails VH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.5 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 0.55 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. Calpeno

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

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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 and the jejunum measured as normal (0.25 cm). 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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

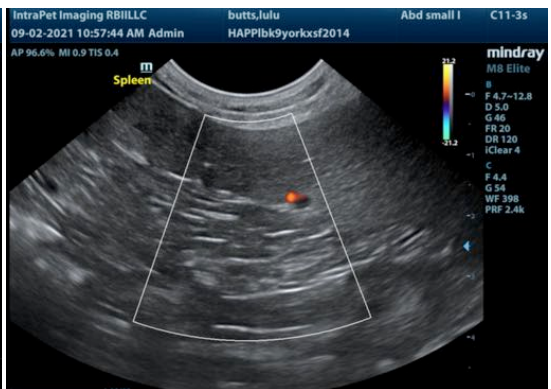
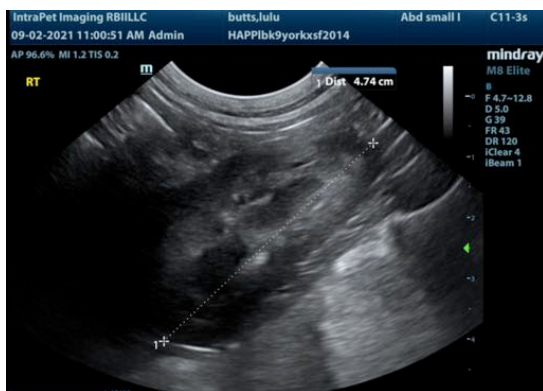
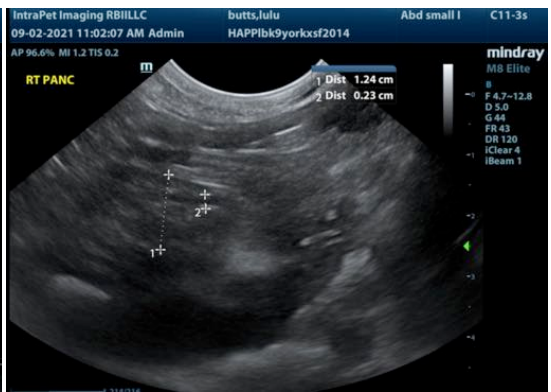
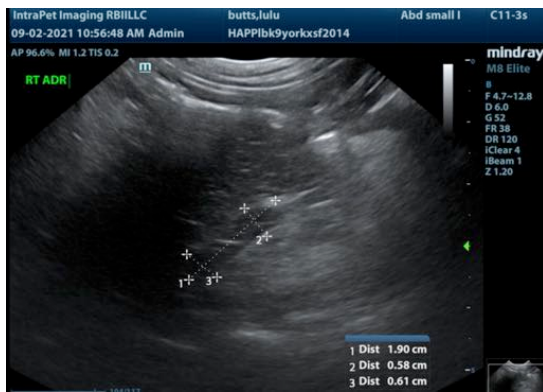
- Prominent, mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

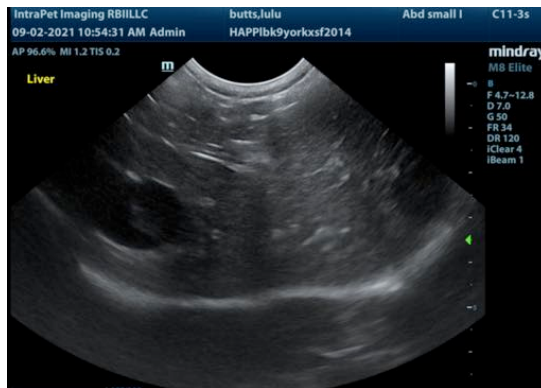
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic changes observed were fairly mild and could be consistent with mild, current inflammation or previous inflammation. I recommend to consider a quantitative PLI with B12 and folate level to obtain more information on the pancreas and small intestinal status. Unfortunately despite a relatively normal looking small intestine there is still the possibility of underlying intestinal disease. If not already done consider metabolic causes based on blood work, ACTH stimulation results and a GI panel. If that appears relatively normal then consider primary GI causes such as GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

In pets with more chronic symptoms I would strongly consider food allergy, IBD and intestinal neoplasia as differentials.

- Recommend diet trial with a novel protein/hydrolyzed prescription diet. You can work with a nutritionist if you would like to try a diet that is both hypoallergenic and low fat, which you can cook at home.
- Recommend Gi panel for evaluation of B12 levels etc.. (start empirical B12 while waiting for results)
- If symptoms are progressing consider obtaining GI biopsies





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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