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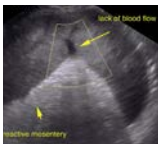
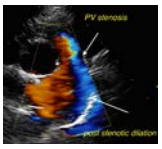
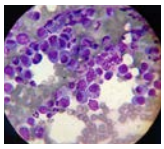
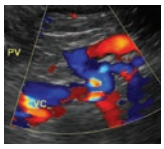

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1-800-838-4268 info@sonopath.com

PATIENT
Choco Baldera

SPECIES
Canine

BREED
Toy Poodle

SEX
Neutered Male

AGE
4 Years

WEIGHT
25.4 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional

REFERRING VET
Dr. Murphy

INVOICE
25972

DATE
9/30/21

PRESENTING CLINICAL SIGNS

Diagnosed on 9/30 a.m. with DKA; presented on 9/29 with vomiting/regurgitation; urine dipstick 3+ glucose/ 3+ keytones. Current meds: Humulin R, Cerenia, famotadine, unasyn, metronidazole, and Buprenex.
Abnormal PE/Chem/CBC/UA Results: WBC: 25.19, neut. 21.31, glucose 391, phos. 6.9, ALT 136, ALP 392, T. bili 1.6, chol. 437, amylase >2500, lipase 4496. U/A (pending): 3+ glucose, 3+ keytones on dipstick.

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 prostate is normal in size (0.79 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.

The left 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 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 (6.05 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.29 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 large size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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.

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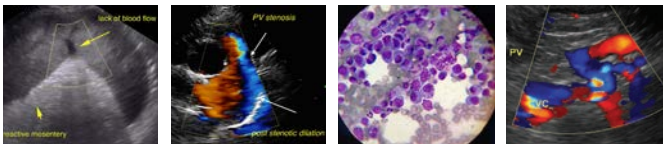

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Gastrointestinal

The stomach is moderately dilated primarily with irregular, hard shadowing material, which could be consistent with ingesta, medication, etc., but could also be consistent with foreign material. The stomach wall 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. There is no evidence of an obstruction, but foreign material/ingesta is evident.

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal at 0.35 cm. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There is a focal section of bowel (likely the duodenum) that appears thickened and corrugated focally. Wall thickness in this area is 0.72 cm. I suspect this is focal enteritis secondary to the pancreatitis, but cannot exclude the possibility of a linear foreign body.

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 severe pancreatitis.

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 increased echogenicity around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic pancreas with surrounding hyperechoic, edematous tissue – The pancreatic changes are most consistent with 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.

- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

- Shadowing material within the gastric lumen – correlate with feeding history. This material could be ingesta or other foreign material. Recommend abdominal radiographs.

- Focally corrugated and thickened small intestine (suspect duodenum) – These changes are most consistent with a focal enteritis likely due to the association with the pancreas. I cannot rule out the possibility of a linear foreign body anchored in the stomach. Recommend radiographs and continued monitoring with radiographs and ultrasound.

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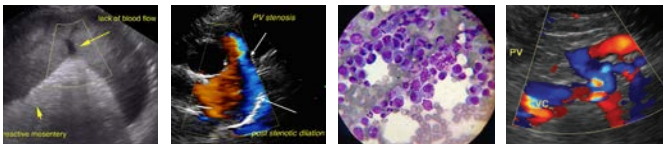

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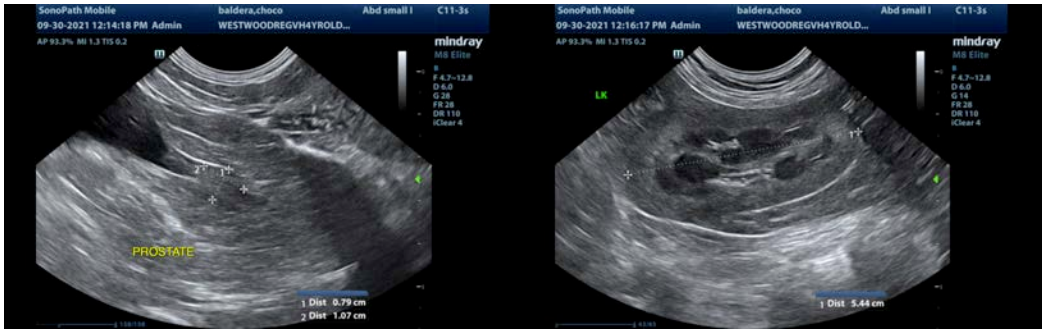
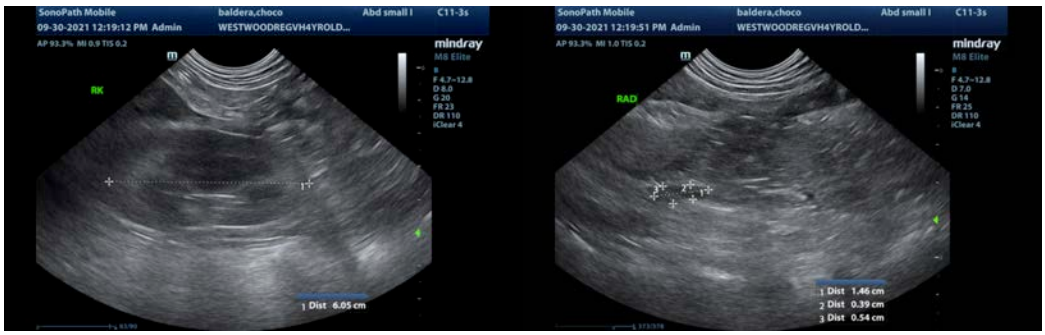
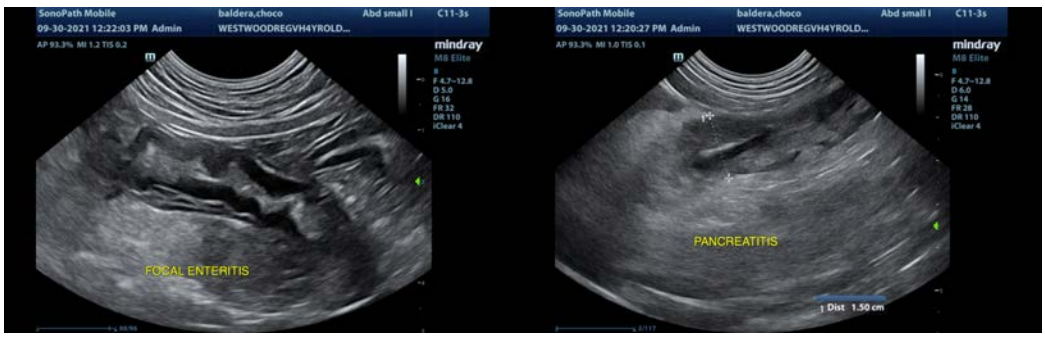
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has severe pancreatitis. Recommend intensive supportive care and possible plasma, pain medications, etc. Additionally, there is some foreign material in the stomach, and the proximal bowel appears thickened and corrugated. I suspect these changes are secondary to the severe pancreatitis, but cannot rule out the possibility of linear foreign material. Recommend recheck ultrasound and radiographs every 24-48 hours depending on how the patient is doing, more frequently if he is not doing well, and less frequently if his condition is improving. Continued monitoring of the pancreas is warranted for the development of a pancreatic abscess.







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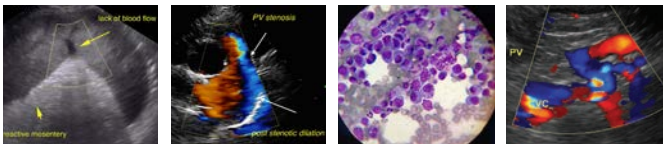

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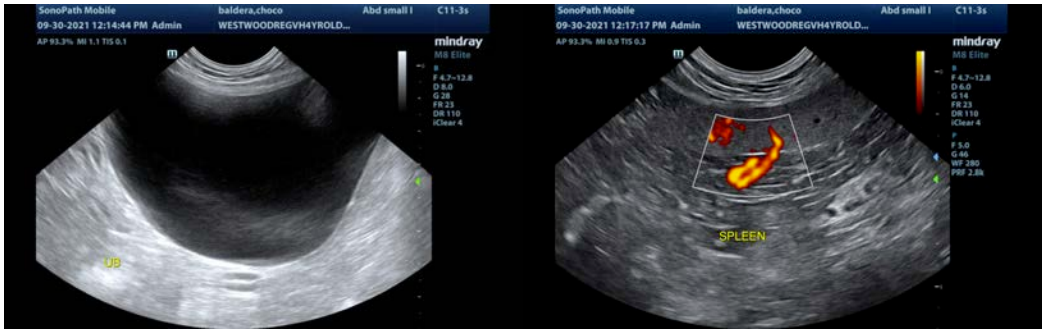

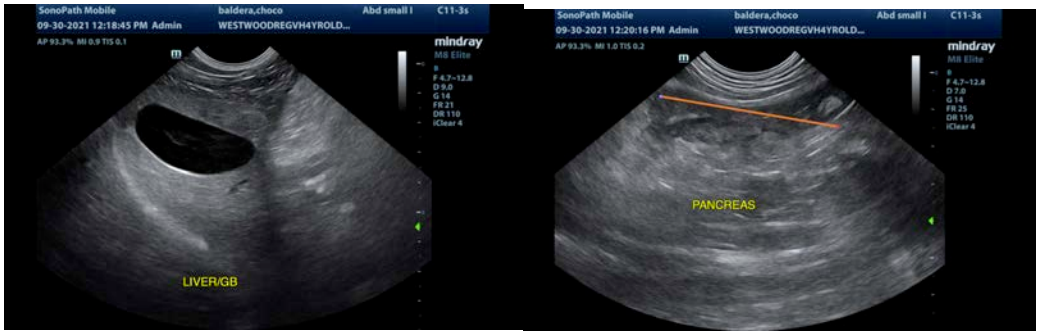

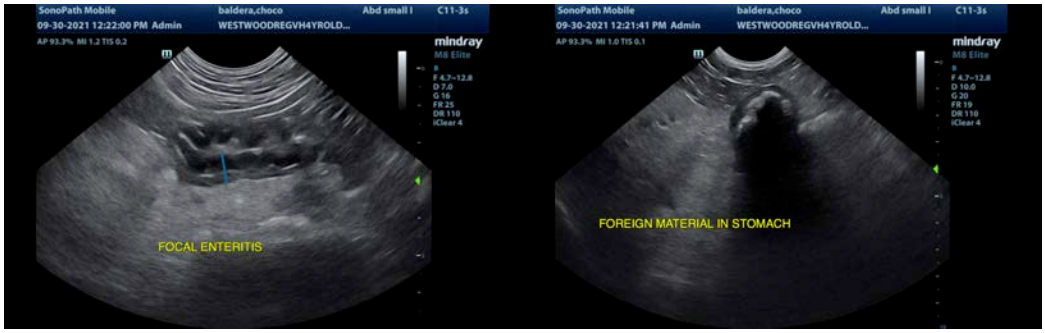

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com