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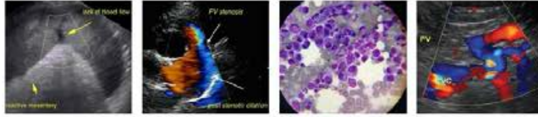


PAWS
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tucker Polk

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered Male

AGE

6 Years 6 Months

WEIGHT

37.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Bridget Landon

INVOICE

25985

DATE

9/30/21

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~ concern for severe pancreatitis, possible cushings dz preventing regulation of diabetes p. was on antibiotics for 1 week from 9/15 to 9/22 and symptoms returned (pain/panting) within 24 hours of d/c antibiotics and pain meds, didn't respond to pain management when that was restarted, responded somewhat when antibiotics were restarted (amoxiclav) Relevant Medical History and Physical Exam findings: ~ p. presented to the emergency center ~ 2 weeks ago for pain and panting, was diagnosed w/ diabetes mellitus p. has been started on a strict diet w/ w/d and no treats Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~~ 9/15 alt 221, tbili 1.8 9/22 alt 320, tbili 1.2 9/23 abnormal CPL Current medications (include full name, dosage and frequency): ~~ Vetsulin 0.25 U/kg sc bid 4 u bid freestyle sensor applied yesterday, readings not taken yet Relevant Radiograph Findings(email radiographs if available): ~ none fast u/s scan at emergency center: ~9/15 T-FAST: negative. A-FAST: negative (0/4). Bilateral renal cysts noted, some as large as 3.6cm. renal values on bw have been normal

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 (0.68 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 (5.52 cm). Overall echogenicity is slightly hyperechoic with mildly decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Numerous pinpoint non-obstructive nephroliths are present and rare small cortical cysts. Additionally there is a large cortical cyst visualized at 3.41 cm x 3.56 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.89 cm). Overall echogenicity is slightly hyperechoic with mildly decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Rare pinpoint non-obstructive nephroliths are present and a large cortical cyst at 1.57 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

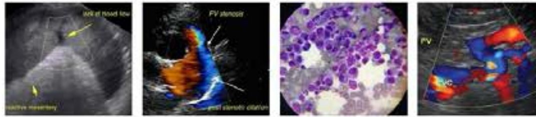
Adrenal Glands

The left adrenal gland is normal in size measuring 0.70 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.

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.



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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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 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, prominent and hypoechoic with surrounding hyperechoic mesentery. There is large hypoechoic mass like lesion in the left cranial quadrant of the abdomen measuring 2.77 cm x 3.17 cm. This appears associated with the pancreas and in some views appears to have a thin walled capsule most consistent with a pancreatic abscess or cyst. The findings are consistent with severe pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, no significant 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

- Severe pancreatitis with suspected pancreatic abscess/cyst – The pancreatic changes are most consistent with severe pancreatitis/pancreatic inflammation. Recommend a quantitative PLI and continued monitoring of the pancreatic abscess/cyst observed. Recommend FNA.

- Mildly decreased corticomedullary distinction in both kidneys with large cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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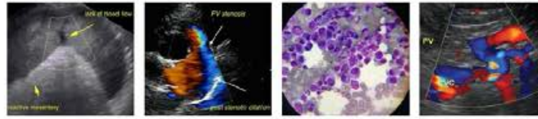

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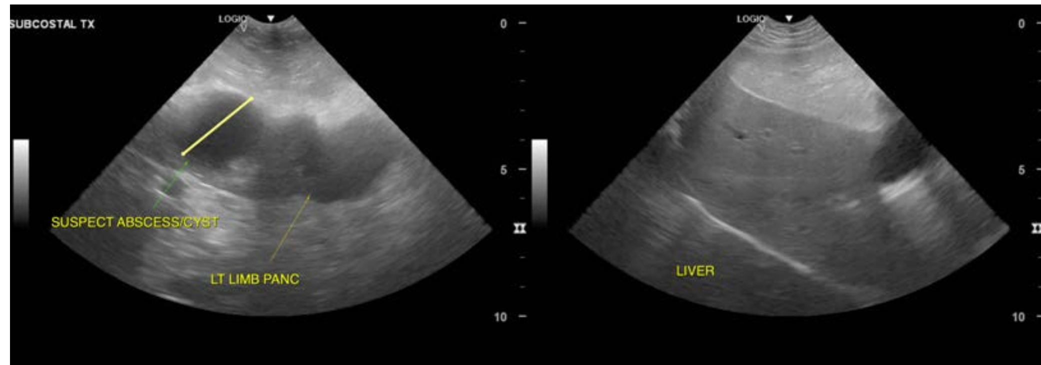
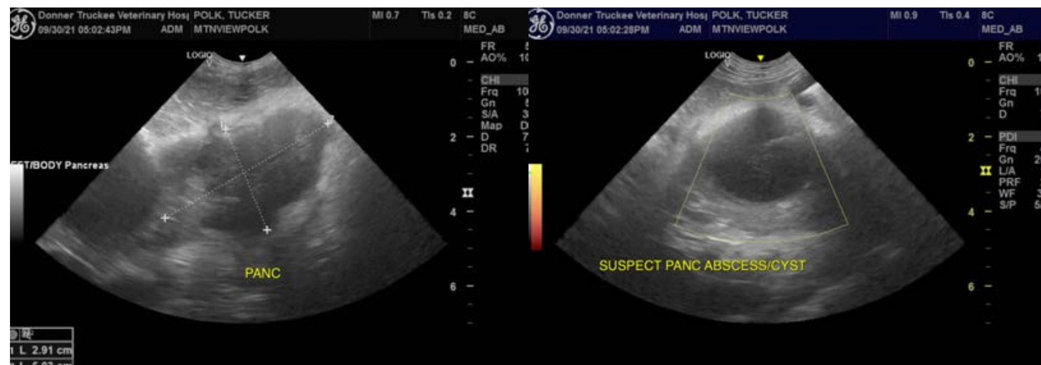
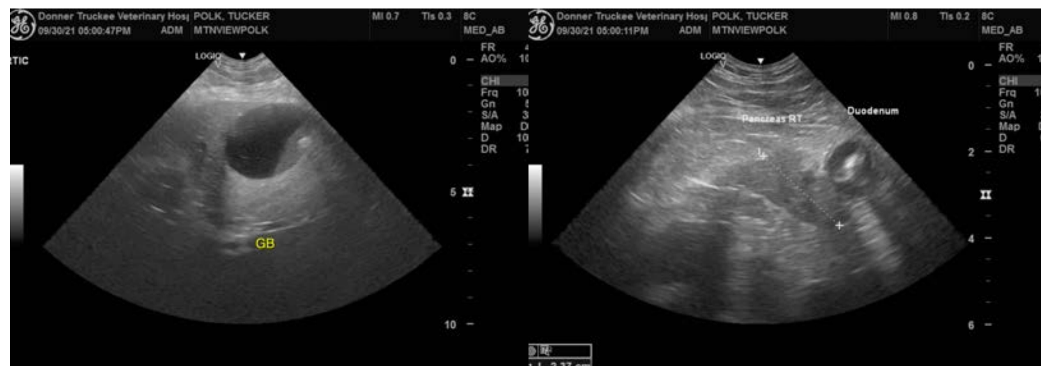
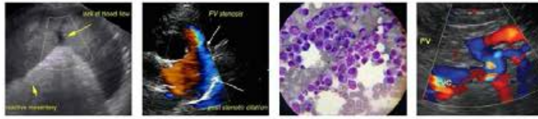
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hypoechoic, somewhat fluid-filled structure visualized in the left cranial abdomen, which appears to be associated with a very large, hypoechoic pancreas. This could be consistent with a pancreatic mass, but some areas appear fluid-filled, so an abscess or cyst seems most likely. Recommend drainage of this lesion for culture, fluid analysis and cytology. Depending on suspicion for a true infectious abscess (rather than sterile abscess) you could also consider instilling Baytril into the lesion at the time of drainage. This dog should be treated aggressively for pancreatitis, and the pancreas and pancreatic lesions should be monitored every 24-72 hours as needed, as some of these lesions will require surgery and omentalization.









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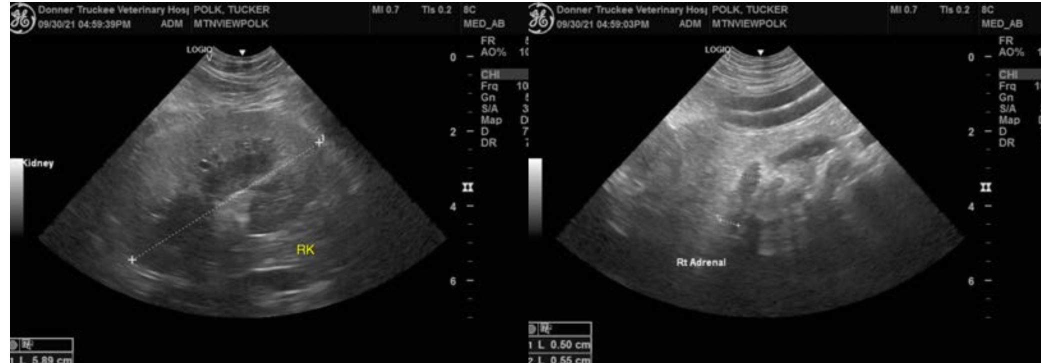

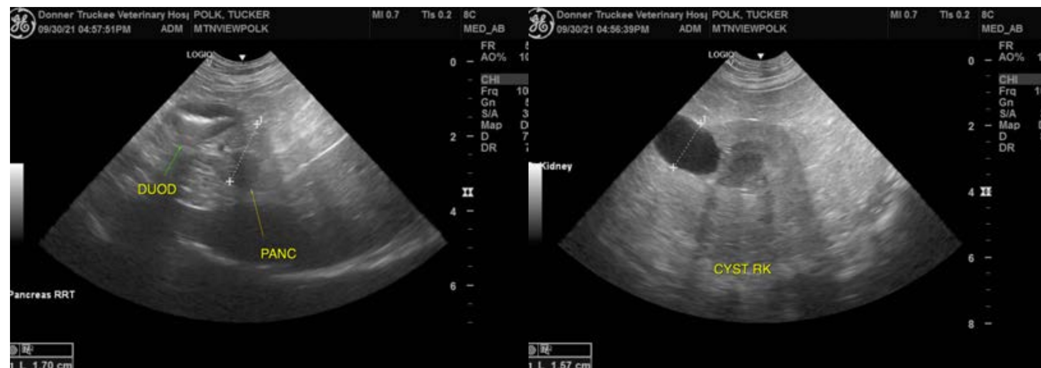

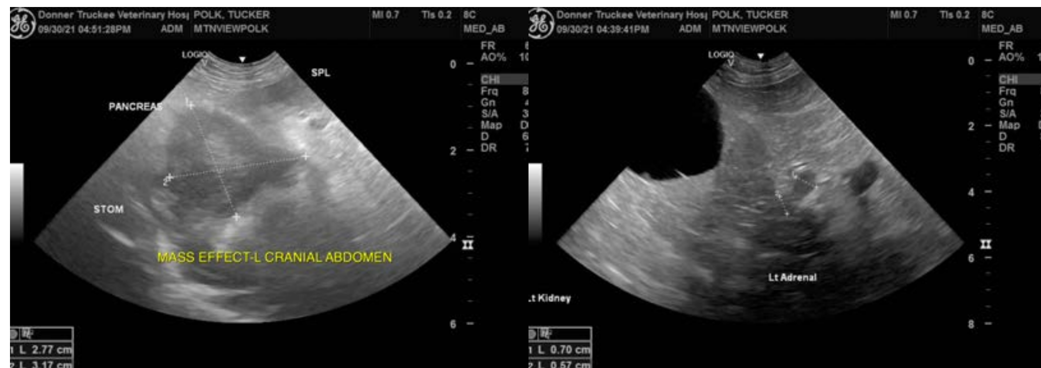

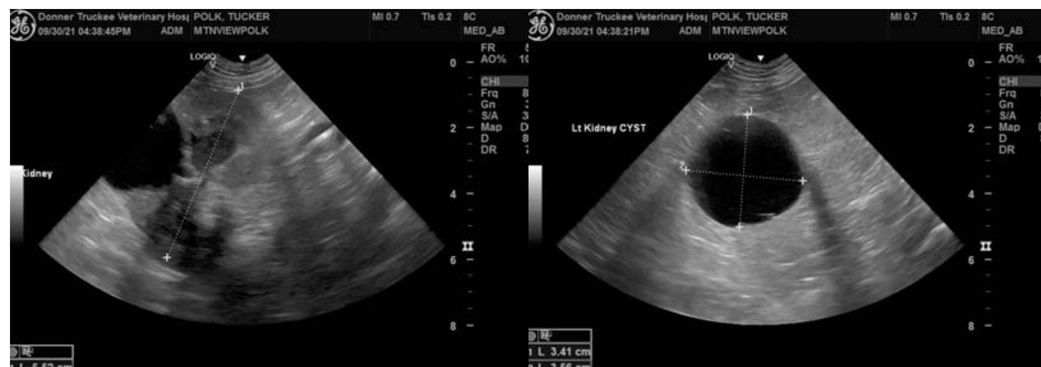

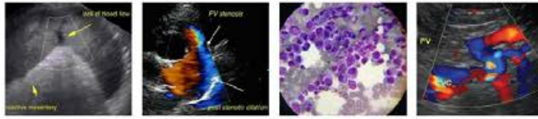

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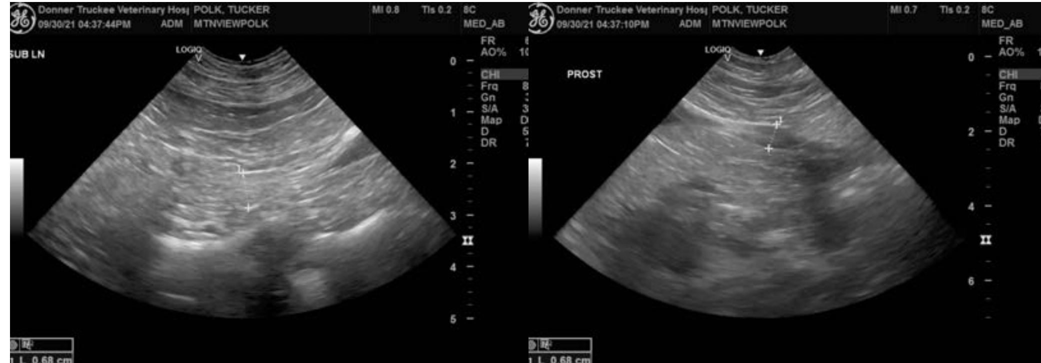

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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