



PATIENT

Milo Stewart

SPECIES

Canine

BREED

Papillon

SEX

Neutered Male

AGE

1 Year

WEIGHT

5.66 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Mychajlonka

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

36483

DATE

3/26/22

PRESENTING CLINICAL SIGNS

Vomiting since 3/24/22 PM. Not eating and drinking. Continued vomiting overnight through Cerenia. Painful abdomen. Lethargic. Concerned for gastric foreign body vs. pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Lab work 3/25/22 RBC 9.16+ (5.50-8.50 $10^{12}/l$) HGB 20.9+ (12.0-18.0 g/dl) HCT 62.18+ (37.00-55.00 %) ALT 169 (10-118 U/L) GLU 123 (60-110 mg/dL) GLOB 2 (2.3-5.2 g/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney is within normal limits in size for the patient's weight (3.12 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia.

The right kidney is within normal limits in size for the patient's weight (3.28 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia.

Adrenal Glands

The left adrenal gland measures 0.32 cm at both poles x 1.2 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.33 cm at both poles x 1.0 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels.

The gall bladder is mildly dilated, which is most likely due to the fact that Milo is fasted or anorexic.

Gastrointestinal

The stomach is not thickened and wall definition is preserved, yet exaggerated, in that they appear edematous. A moderate amount of gas and fluid are present in the lumen, and peristalsis is decreased. The surrounding mesentery is hyperechoic. An obvious foreign body is not identified within the stomach.



PATIENT	Some of the small intestines have fogging of the mucosa. An obvious foreign body is not observed within the small intestinal tract.
Milo Stewart	
	Pancreas
SPECIES	The left limb is diffusely hypoechoic. The surrounding mesenteric fat is severely hyperechoic, suggestive of saponification. These findings are highly suggestive of pancreatitis. There are no overt signs of neoplasia.
Canine	
BREED	The right limb is enlarged and diffusely hypoechoic, consistent with edema. The right limb is more severely affected compared to the left. The surrounding mesenteric fat is markedly hyperechoic, suggestive of saponification. These findings are highly suggestive of pancreatitis. There are no overt signs of neoplasia.
Papillon	
SEX	Other
Neutered Male	The lymph nodes surrounding the right limb of the pancreas are not necessarily severely enlarged, but are hypoechoic compared to what is considered normal, and the surrounding mesentery is hyperechoic. This, with the hypoechoic right limb of the pancreas that is also enlarged and edematous, are consistent with a diagnosis of pancreatitis.
AGE	Abdominal effusion is not visualized.
1 Year	
WEIGHT	
5.66 Pounds	<ul style="list-style-type: none"> The abnormalities observed on Milo's abdominal ultrasound are highly suggestive of pancreatitis, as well as edema of the stomach wall and ileus of the stomach. The changes observed with the lymph nodes are most likely due to reactive hyperplasia. An obvious foreign body is not identified, however, they can be difficult to identify, particularly in a gas filled stomach. If there is a strong suspicion for a foreign body, baseline abdominal radiographs are recommended to follow the gas pattern and ensure the gas pattern changes over time (hours).
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Mychajlonka	Aggressive fluid therapy to correct the dehydration noted on his blood work is recommended (see previous email for details).
HOSPITAL NAME	Analgesics are required to control Milo's pain and accelerate his recovery.
Craig Road AH	If maropitant (Cerenia) is not effective in controlling Milo's vomiting, then it can be combined with metoclopramide, the latter should be administered as a constant rate infusion.
REFERRING VET	Another option, although more expensive, is to administer ondansetron (Zofran).
Dr. Galanti	A low-fat, easily digestible, moderately restrictive fiber diet, is recommended once Milo will be re-fed to avoid flatulence, bloating and discomfort.
INVOICE	Please refer to the email sent on Saturday, March 26, 2022 for additional details.
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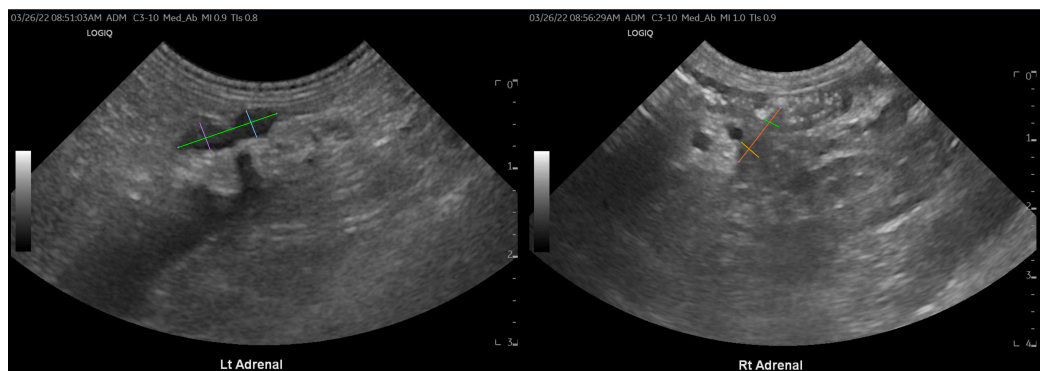
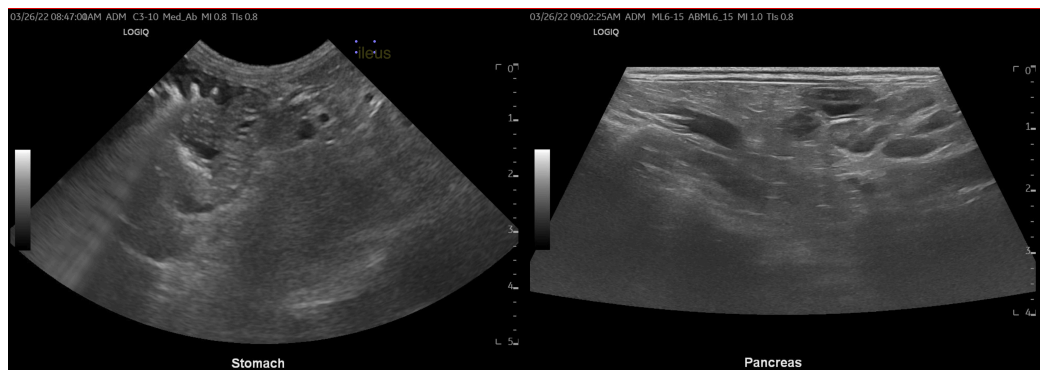
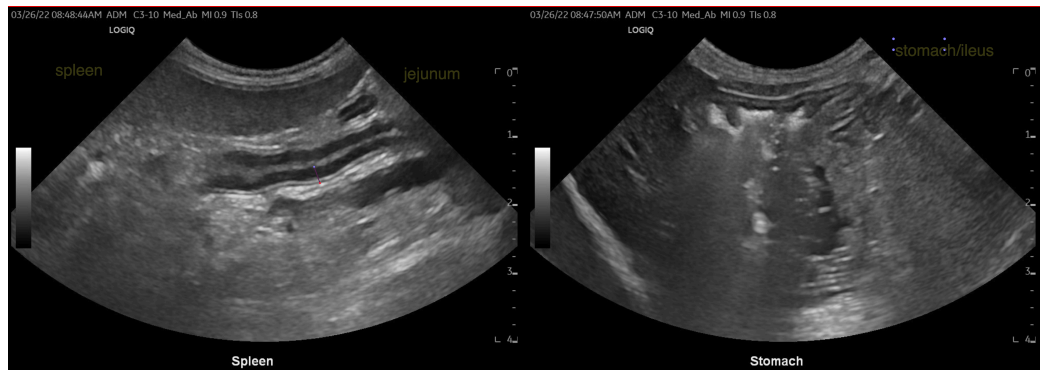
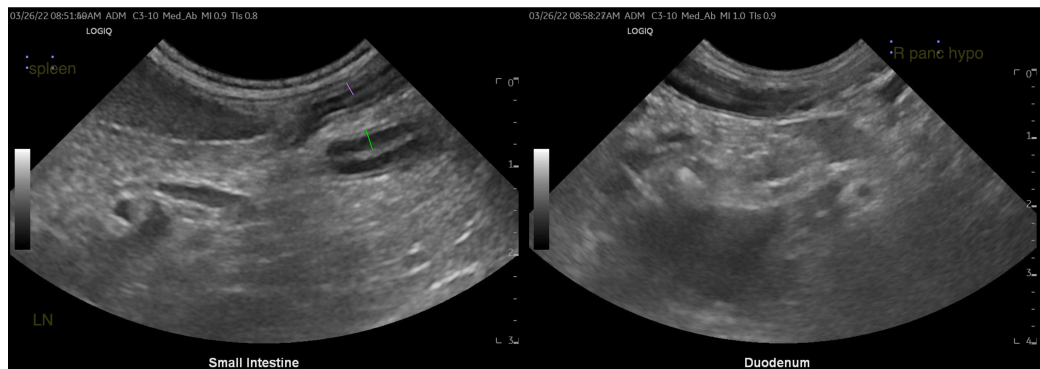
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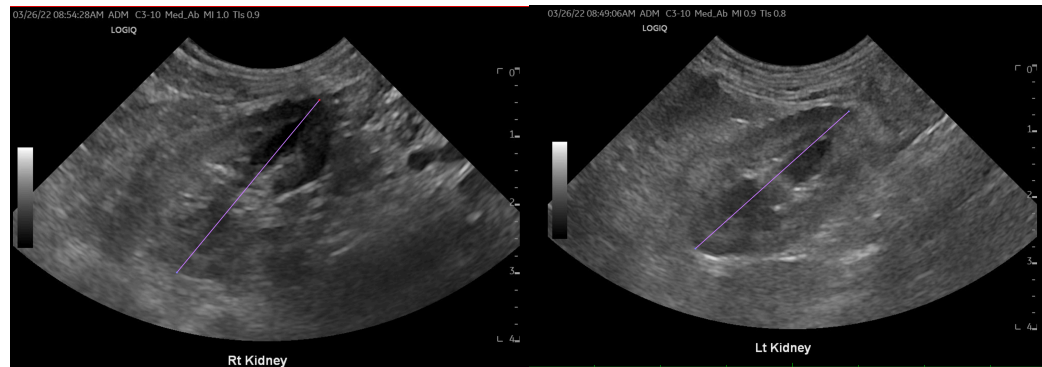
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com

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