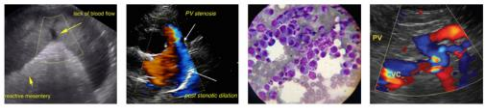


PATIENT

Brinkley Romano

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

9yr

WEIGHT

40lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River Animal Hospital

REFERRING VET

Dr. Plunkett

INVOICE

12884ag

DATE

02/04/2023

PRESENTING CLINICAL SIGNS

Presented for pancreatitis after eating a large amount of peanut butter. Abnormalities seen on blood work relating to pancreatitis (elevated amylase, lipase), but also had increased liver values thought to be related to the pancreatitis. Patient responded well to treatment (Cerenia, Proviable, Unasyn, IV fluids) and amlase/lipase returned to WNL. ALP is also decreasing (now 1818) but ALT is elevating (now 245). Was previously screened for suspected Cushing's last year due to elevated liver values. Not PU/PD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with a small non-obstructive cystic calculus measuring 0.66 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.8 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

Symmetrical left adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.78 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

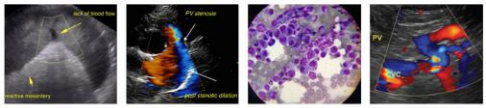
The spleen exhibited mild enlargement with generalized mild parenchyma heterogeneity and intermittent mildly expansive non-homogenous nodules. An example of a nodule measured 1.3 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver was enlarged with rounded symmetrical contour and generalized non-uniform hyperechoic parenchyma. Parenchymal remodeling and very discrete nodular changes were seen. No hepatic masses notes. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size with concurrent cystic bile duct dilation. Primarily anechoic luminal content with non-dependent to congealed hyperechoic luminal debris was present extending into the cystic biliary duct.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.



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The small intestine presented intact wall layering with prominent duodenum wall layering and concurrent duodenal corrugation. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

Free Abdomen

Intermittent scant pocket of peri intestinal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

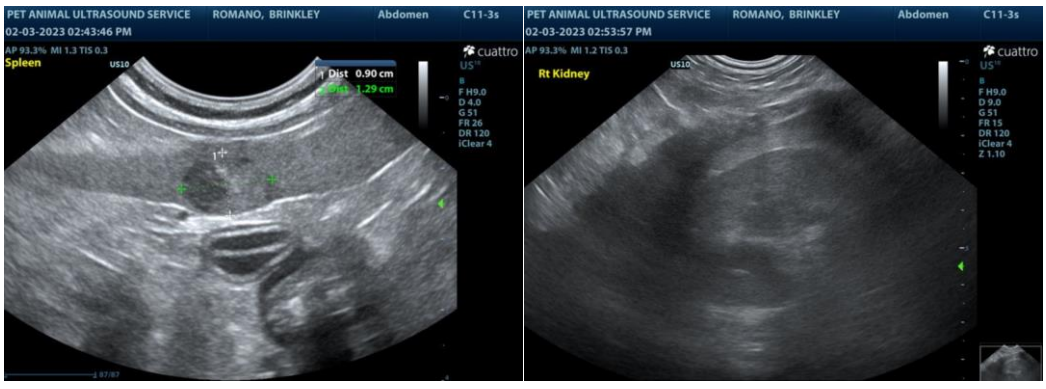
- Hepatomegaly with non-uniform hyperechoic parenchyma
- Moderate dependent to congealed gallbladder debris-possible mucocele
- Left adrenomegaly-no adrenal tumor
- Non-specific mildly expansive splenic nodules
- Persistent active pancreatitis with regional peritonitis
- Moderate chronic renal changes with pinpoint medullary mineral
- Gastroduodenitis
- Small non-obstructive cystic calculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic nodule FNA for screening cytology is warranted for further assessment. The possibility of emerging pancreatic neoplastic criteria which may present similarly to active inflammation cannot be definitively excluded. If hepatosplenic FNA is elected, concurrent pancreatic FNA would be recommended.

If clinical signs consistent with Cushing's syndrome are present, a recheck adrenal work up with ACTH stim given concurrent comorbidities could be considered.

Empirically continued therapy for active pancreatitis with as needed hepatic and GI support and ideally sonographic monitoring of the pancreas for evidence of resolution/persistence is recommended.



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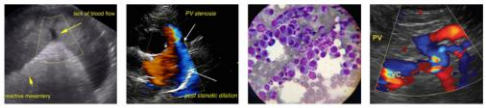

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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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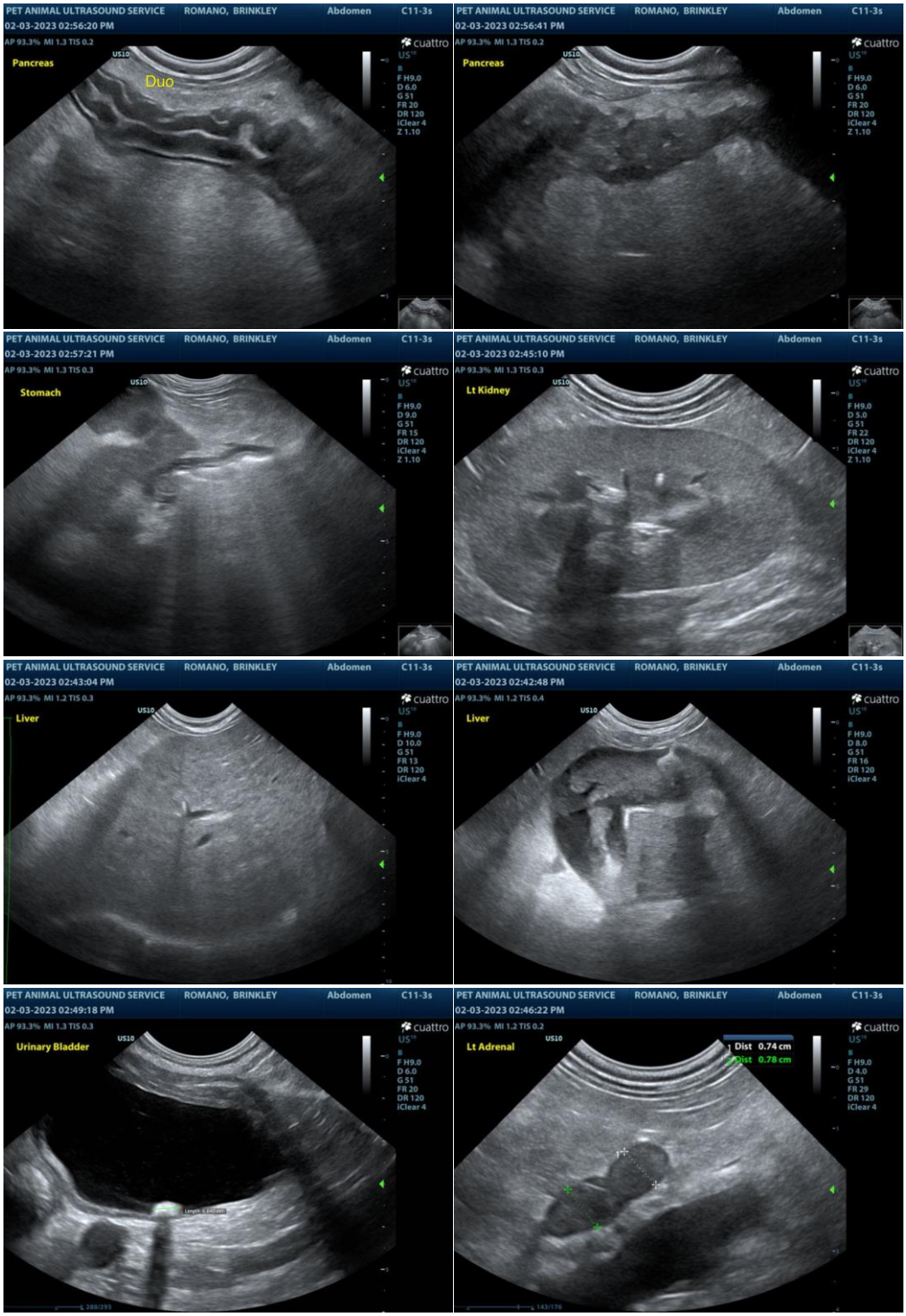
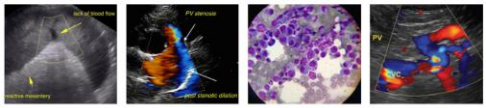


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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