



PATIENT PRESENTING CLINICAL SIGNS

Gracie Montgomery

History: Diagnosed at RDVM in March with Diabetes. History of pancreatitis. Elevated glucose, not eating, lethargic. Was painful, less painful now on higher dose of Methadone. Suspected cranial abdominal mass on rads. Rads showed reduced serosal detail. Treating in hospital for possible DKA, on IVF. CPLi abnormal.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Border Collie X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

SEX

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.6 cm in length.

AGE

10 Years

Adrenal Glands

WEIGHT

16.8 kg

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm in length x 0.77 cm in the caudal pole. The right adrenal gland measured 1.93 cm in x 0.58 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Crystal Hill

Liver

HOSPITAL NAME

Hamilton Regional EC

The liver was mild to moderately enlarged, exhibiting mild primarily uniform increased hepatic parenchyma echogenicity. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Tina

The gallbladder was mildly distended in size with anechoic content with mild to moderate nondependent luminal debris. The debris was nonorganized. No overt evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

INVOICE

Gastrointestinal

15153

The stomach exhibited severe distention with retained anechoic fluid and mild non-shadowing chyme, extending into the area of the pyloric outflow. No overt evidence of mechanical pyloric outflow obstruction.

DATE

5/13/22



PATIENT

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. 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.

SPECIES

Canine

Pancreas

Diffuse enlargement of the pancreas base and right pancreatic limb 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 with strongly suspected pancreatic or peripancreatic omental abscess. The suspected abscess measured approximately 3.3 cm in diameter, located ventral caudal to the area of the pancreas base and right pancreatic limb, as well as the pylorus. The hypoechoic to enlarged right pancreatic limb and pancreas base measured approximately 6.0 cm x 3.5 cm.

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Border Collie X

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Pancreas base and right pancreatic limb severe pancreatitis pattern, including regional peritonitis/steatitis and likely pancreatic or peripancreatic omental abscess/necrosis.
- Secondary severe hypomotile stomach and mild duodenitis
- Diabetic hepatopathy (metabolic, reactive, vacuolar hepatopathy likely)
- Moderate gallbladder debris (non-mucocele)
- Mild Chronic renal changes- no evidence of pyelonephritis

AGE

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Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possibility of pancreatic neoplastic criteria given the severity of the pancreatic changes cannot be definitively excluded yet thought less likely. Assuming normal clotting status, FNA/centesis into the area of the suspected pancreatic to peripancreatic abscess for cytology +/- culture and sensitivity, as well as pancreatic FNA for screening cytology, could be considered. Aggressive medical therapy for severe pancreatitis/peritonitis, including broad spectrum antibiotics, IV fluids, gastric protectants +/- plasma expanders, if clinically indicated, is recommended with ideally, sonographic monitoring of the pancreas and gallbladder. Urine culture and sensitivity on sterile urine sample is suggested given the likelihood of glucosuria. Very guarded prognosis.

IMAGING PERFORMED BY

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REFERRING VET

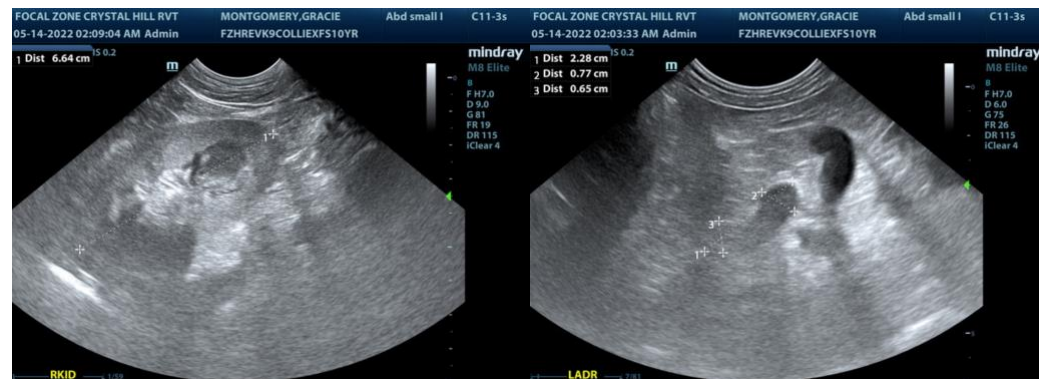
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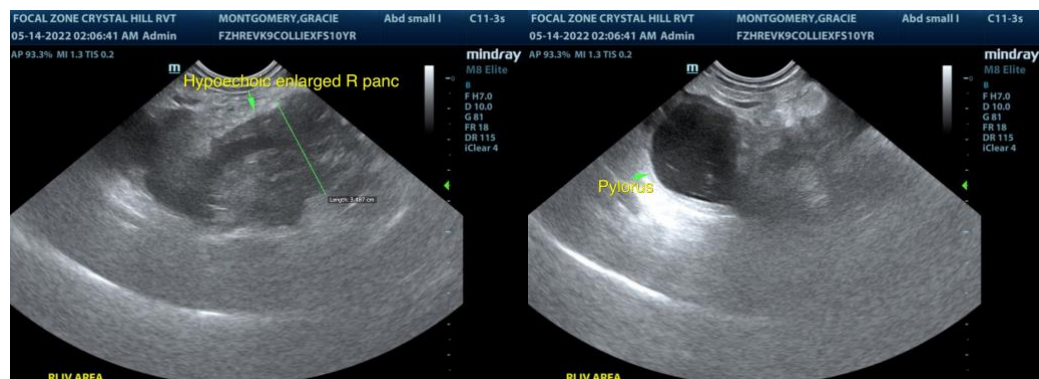
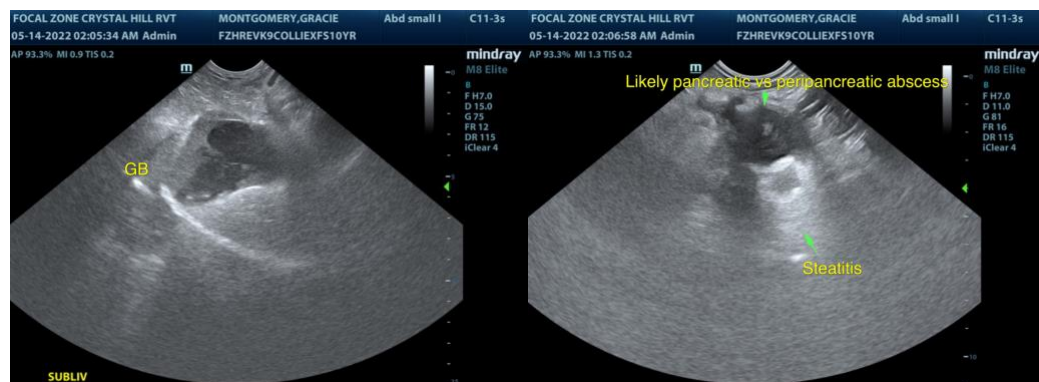
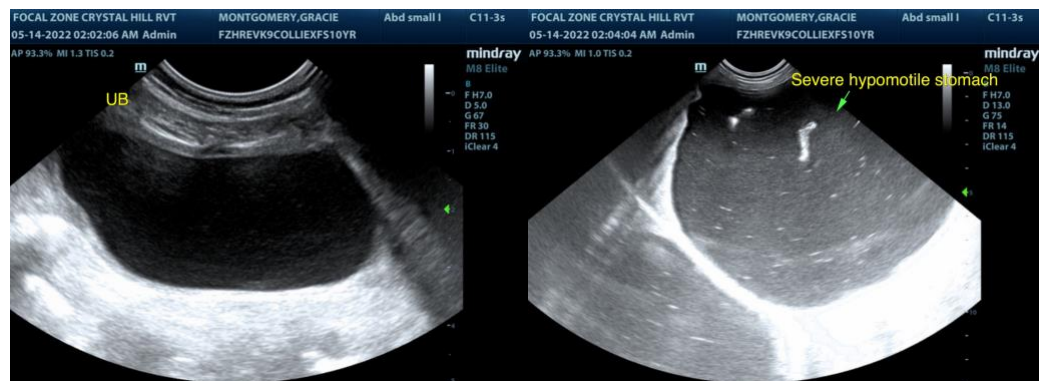
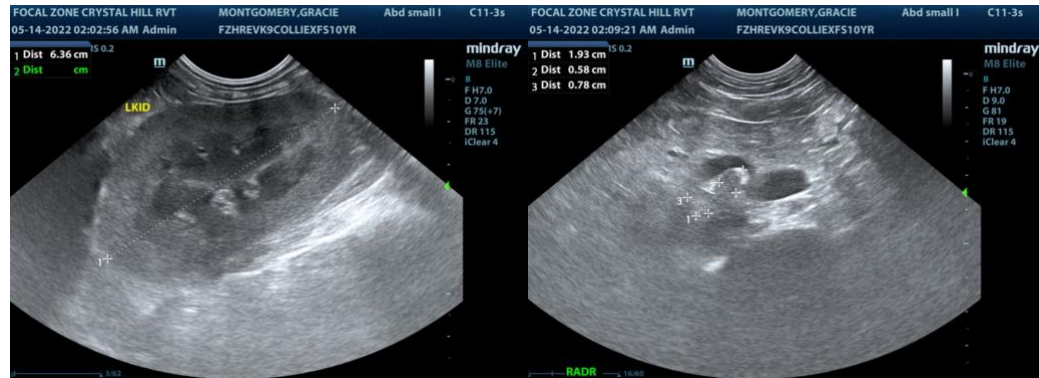
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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