



PATIENT

Daisy Hens

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

PRESENTING CLINICAL SIGNS

soft stool starting 1 week ago which is not D, vomiting starting this morning. Given glendex to help firm stool which hasn't work over the past week. O is not aware of anything she could have gotten into. Has hx of pancreatitis; last flare up December 15th. Didn't need to hospitalize but was treated through rdvm. O attempted to give her Cerenia this AM but she vomited it up. almost immediately. Ate normal yesterday, no signs of loss of appetite. Not a dog that eats foreign objects. -SS She had 3 dental surgeries over the summer, which proved difficult for Daisy (slow recoveries). Following the surgeries, she was switched to Hill's I/D. She did very well thereafter. The Glandex was added to assist with firm bowel movements. Initially, the Glandex seemed to work. She is due for blood work (ALT, ALP, etc)-- ~ 6 months ago. ALT has historically been elevated. Patient has had intermittent episodes of pancreatitis for 8 years. No AUS has ever been performed.
Abnormal PE/Chem/CBC/UA Results: Physical: ~ 5% dehydrated. Lenticular sclerosis OU. Cranial abdominal pain. Normal temp. Blood work: 1.) CBC: Mild lymphopenia, 950/uL (1050-5100), otherwise WNL HCT: 57.6% 2.) CHEM SDMA slightly increased; 15 U/L (0-14) ALT: 213 U/L (0-125) AMYL: >2500 U/L (500-1500) LIPA: 5224 U/L (200-1800) 3.) cPL: Abnormal Treated with SQF, Cerenia, Methadone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

9 Years

WEIGHT

5.1 kg

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney is normal in size (4.41 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.41 cm cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Patti Mayfield, DVM

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.56 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (1.03 cm at cranial pole) (0.61 cm at caudal pole) (1.87 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Patty Mayfield, DVM

Spleen

The spleen is normal in size (1.30 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypochoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The mesentery effacing the serosal surface is hyperechoic. There is trace peripancreatic effusion.

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Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes could be consistent with severe pancreatitis. Alternatively, a neoplastic process (i.e., adenocarcinoma) cannot be excluded. Regional peritonitis is present.
- Gastric ileus, likely secondary to pancreatitis.
- Mild right-sided age related renal changes with dystrophic mineralization.

WEIGHT

5.1 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the pancreas is recommended to assess for pancreatic neoplasia. 3-view thoracic radiographs are also recommended, as severe pancreatitis can cause systemic effects including pleural effusion. A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended to assess for concurrent gastrointestinal disease.

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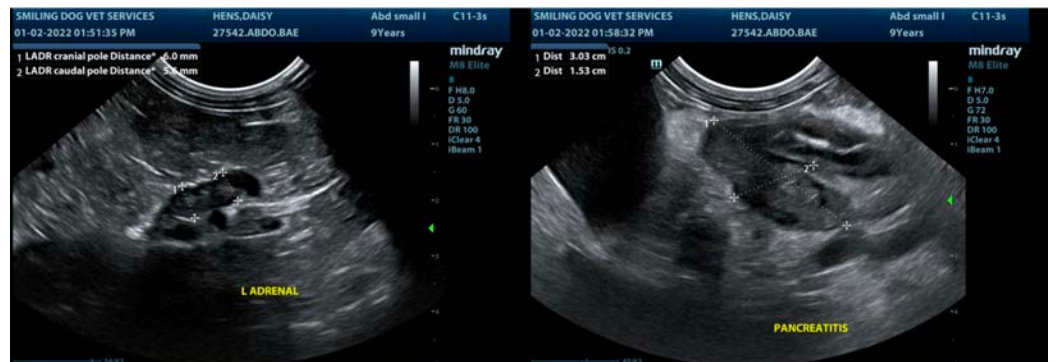
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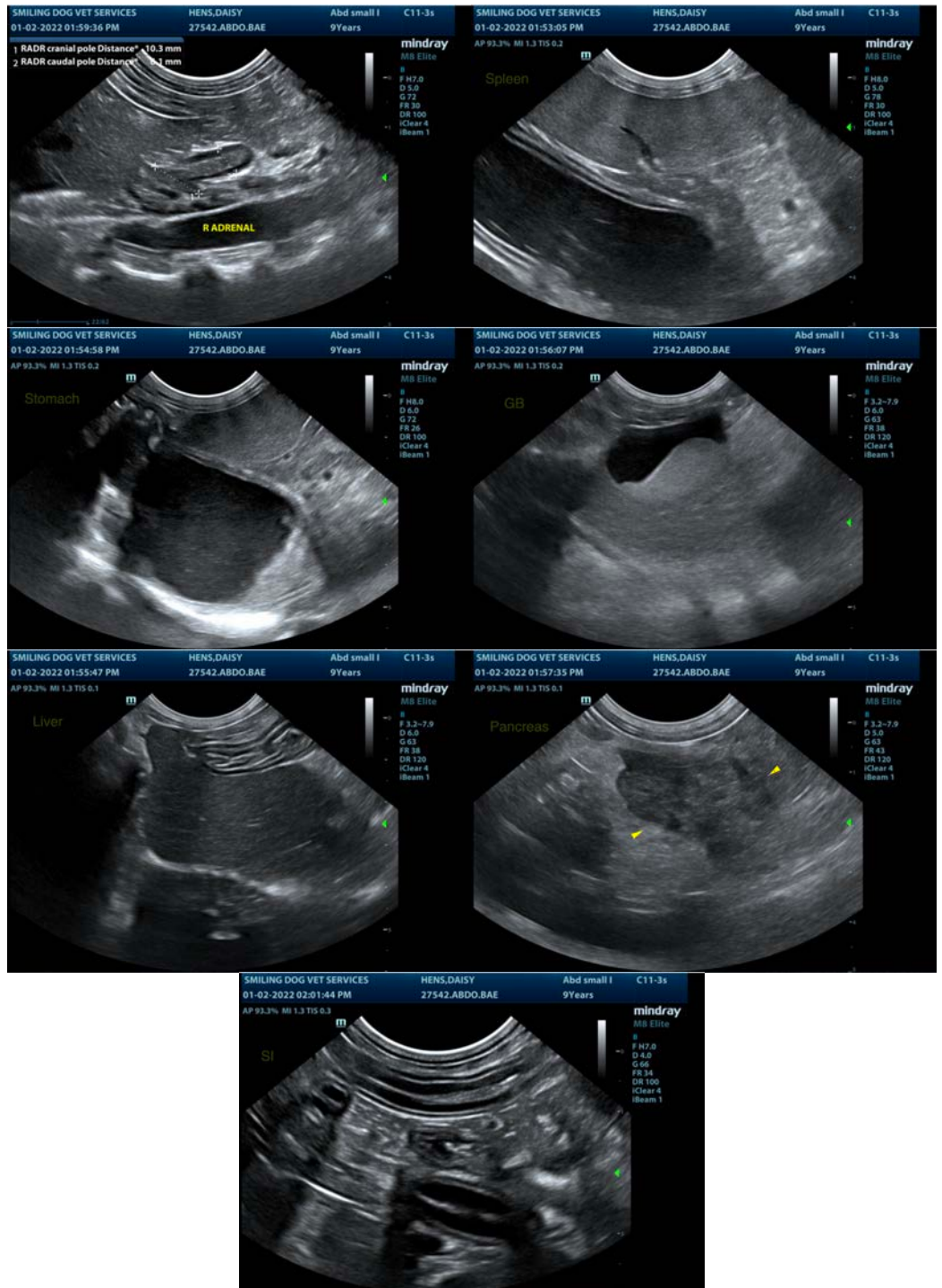
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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