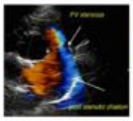
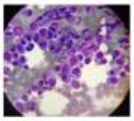
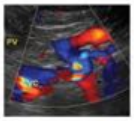




PATIENT

Lilly Zimmer 52568A

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

6 years, 5 mos

WEIGHT

8.7 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec DrMcKelvey

INVOICE

11333

DATE

8.4.22

PRESENTING CLINICAL SIGNS

dexdomitor.

History: Lily is presented to MVS on 8/3/22 for lethargic and diarrhea. Yesterday owner noticed Lilly becoming lethargic and would move slowly when walking, when owner picks up Lilly they would noticed her crying in pain when being touched in the abdomen. She has not been eating or drinking, she be urinating a little bit and having diarrhea of a dark and light brown color. Owners have a walnut tree in the back yard and think lilly could have eaten some that have fallen. Owner takes her for walks around the neighborhood but no to parks or water. she spends time in the backyard

Abnormal PE/Chem/CBC/UA Results: Febrile 105.5, Fever went down to 104.4 after being in the clinic for a couple of hours, then further decreased to 103. Abdomen: tense, painful at manipulation, no palpable masses. Currently on IV fluids with a Fentanyl CRI, increased from 3mcg/kg/hr to 5mcg/kg/hr @ 10pm last night. SDMA- 15 (0-14) ALT- 271 (10-125) ALKP- 305 (23-212) HCT - 49.9 (37.3-61.7) MCV - 55.0 (61.6-73.5) MCH - 19.9 (21.2-25.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is 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** is normal size (3.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (4.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

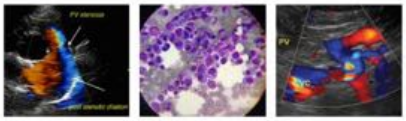
The **left adrenal gland** is borderline enlarged (0.56 cm at cranial pole) (0.62 cm at caudal pole; normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is borderline enlarged (0.68 cm at cranial pole) (0.62 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.

Spleen

The **spleen** is subjectively normal in size (1.40 cm in width at the level of the hilus). At the craniomedial aspect, a 0.70 cm hypoechoic to slightly heterogenous nodule is visualized. The nodule causes slight capsular expansion. The remaining peripheral margins are curvilinear. The remaining parenchyma is somewhat mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver



PATIENT

Lilly Zimmer 52568A

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

6 years, 5 mos

WEIGHT

8.7 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec DrMcKelvey

INVOICE

11333

DATE

8.4.22

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.

The **gall bladder** is moderately distended. A bilobed conformation is suspected. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The **gastric lumen** is moderately fluid distended. 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 ileocecocolic junction and colonic wall are normal. The lumen of descending colon contains liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely prominent in size, particularly the right limb. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

Trace free fluid is observed. A few prominent medial iliac **lymph nodes** are visible, the largest measuring 0.99 cm in length. The nodes are normal in shape and echogenicity. In addition, a few prominent to enlarged lymph nodes are observed in the right cranial quadrant, the largest measuring 2.23 cm in length. Surrounding mesentery is hyperechoic. A few prominent mesenteric lymph nodes are also seen, the largest measuring 3.30 cm in length. A 0.61 gastric lymph node is also visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with mild, to moderate acute or chronic active pancreatitis.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma).
- Suspected gastric ileus

Secondary Findings

- The splenic nodule could be consistent with a benign process (i.e., a focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, an emerging tumor is possible, particularly given that it is causing mild capsular expansion. The diffuse splenic parenchymal changes are nonspecific and may be secondary to a benign process or infiltrative neoplasia (i.e., round cell tumor).
- Bilateral, nonspecific chronic renal changes. The left pyelectasia may be secondary to IV fluid therapy, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Mild bilateral adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change.

PATIENT

Lilly Zimmer 52568A

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

6 years, 5 mos

WEIGHT

8.7 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec DrMcKelvey

INVOICE

11333

DATE

8.4.22

- *An obvious cause for the patient's elevated liver values is not identified in this study. Considerations include Inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), Leptospirosis, hepatotoxicity, reactive hepatopathy, infiltrative neoplasia (less likely), other.

- Suspected bilobed gall bladder – incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

Also consider empirical treatment for pancreatitis/bacterial cholangiohepatitis, particularly given the patient's history of a fever and abdominal pain. Supportive care could include IV fluid therapy, broad-spectrum antibiotics, gastric protectants, antiemetics, and nutritional support, +/- fresh frozen plasma.

Also consider initiation of a promotility agent (i.e., metoclopramide) to address the probably gastric ilius.

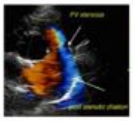
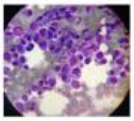
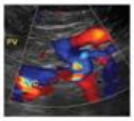
Also consider Leptospirosis testing (i.e., blood and urine PCR, serology)

If the patient does not respond to supportive care, an abdominal exploratory with hepatic and abdominal lymph node biopsy may be necessary to get a definitive diagnosis.

IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070

SVS IMAGING

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lilly Zimmer 52568A

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

6 years, 5 mos

WEIGHT

8.7 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

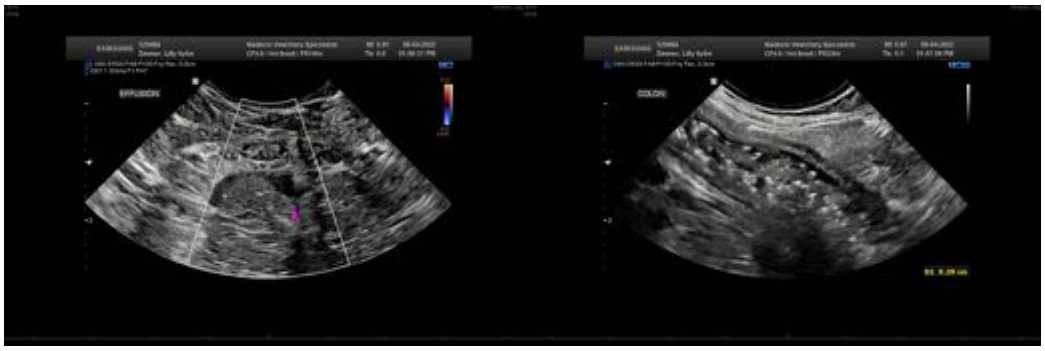
Madison Vet Spec DrMcKelvey

INVOICE

11333

DATE

8.4.22



PATIENT

Lilly Zimmer 52568A

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

6 years, 5 mos

WEIGHT

8.7 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec DrMcKelvey

INVOICE

11333

DATE

8.4.22

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com