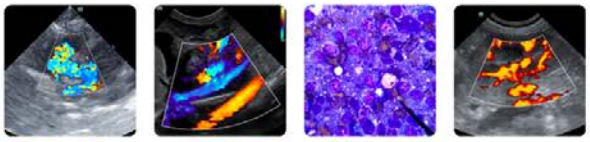

PATIENT

Blue Sponeybarger

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

7.5 Years

WEIGHT

6.2 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Jennifer Shonts

INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

Spasms/tremors started an hour ago and was vomiting yesterday evening around 10 times or so. vomited up all food and then some water after drinking was all clear and a little frothy. spasms/tremors in head and face and in front leg most noticeable. BG has been getting higher on rDVM bloodwork. history of seizures. has been on prednisone and phenobarbital. *concern for Pancreatitis - r/o acute pancreatitis, chronic pancreatitis - Hypocalcemia with tremors - r/o pancreatitis-associated hypocalcemia, hypoparathyroidism - Azotemia - r/o dehydration, acute kidney injury, chronic kidney disease - Critical electrolyte abnormalities - r/o pancreatitis complications, dehydration - Lymphadenopathy - r/o reactive lymphadenopathy, neoplasia, infectious disease

Abnormal PE/Chem/CBC/UA Results: PE: dull, depressed, seems disorientated; pain 2/4 Mild Pain, to palpate abd; Abnormal OU, pupils dilated and sl slow to respond to light; heart murmur 1/4; abd: Other, pot-bellied, possible fluid; generalized weakness, will not stand, just collapses down; Lymphadenopathy appreciated, subman ln enlarged and irregular; popliteal lns enlarged CBC: Lymphopenia w/ band cells suspected - Chem: Azotemia with creat and BUN 56.1, phosph >15, hypocalcemia, mild hyperglobulinemia, mild stress hyperglycemia, elevated cholest, elevated ALP, lipase high - CPL: >1900 - EPOC (repeat): Azotemia w/ dehydration, hct 57%, ica ++ 0.83, Cl 87, Na 126, normal K+, Na:K+ ratio 30, lact 9.27 - Rads: Loss of serosal detail - aFAST: Abnormalities in pancreatic and R kidney area w/ inflammation and free fluid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There bladder is moderately distended with anechoic urine. There is a moderate amount of suspended echogenic mobile debris or sediment. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

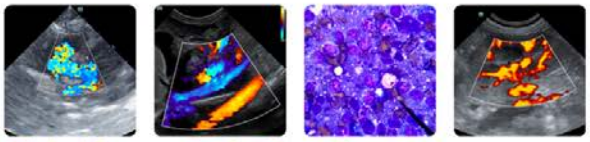
The kidneys are normal in size. The cortices are mildly hyperechoic with a mild decrease in corticomedullary definition and mild renal cortical cystic changes bilaterally. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left measures 5.81 cm. Right measures 5.05 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.65 cm at the cranial pole. Right measures 0.54 cm at the cranial pole.

Spleen

The spleen measures 0.94 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.



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Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild to moderate amount of suspended echogenic debris and dependent sediment. The walls are appropriately thin. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach is mildly distended with mildly echogenic fluid. The pylorus and pyloroduodenal junction appear patent with no overt evidence of mechanical pyloric outflow obstruction. The remainder of the gastrointestinal tract is minimally distended with mild fluid contents and a slight to-fro motion consistent with ileus. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering, and there is no shadowing foreign material within the gastrointestinal tract or other concern for mechanical gastrointestinal obstruction.

Pancreas

The pancreas is severely enlarged and irregular with a hypoechoic parenchyma and mixed hypo- and hyperechoic nodular changes. The regional mesentery and omental fat is hyperechoic and severely irregular and consistent with steatitis. There is a mild to moderate amount of free peritoneal effusion in the right cranial abdomen, consistent with secondary peritonitis. There is no overt lymphadenopathy noted on this study.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- There are areas of minor gastrointestinal luminal fluid noted with echogenic contents and a to-fro motion consistent with ileus. There was no evidence of an obstructive pattern, and normal wall thickness and layering is retained throughout the gastrointestinal tract. This is a consistent response to irritation or inflammation. Gastroenteritis or pancreatitis should be considered.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.

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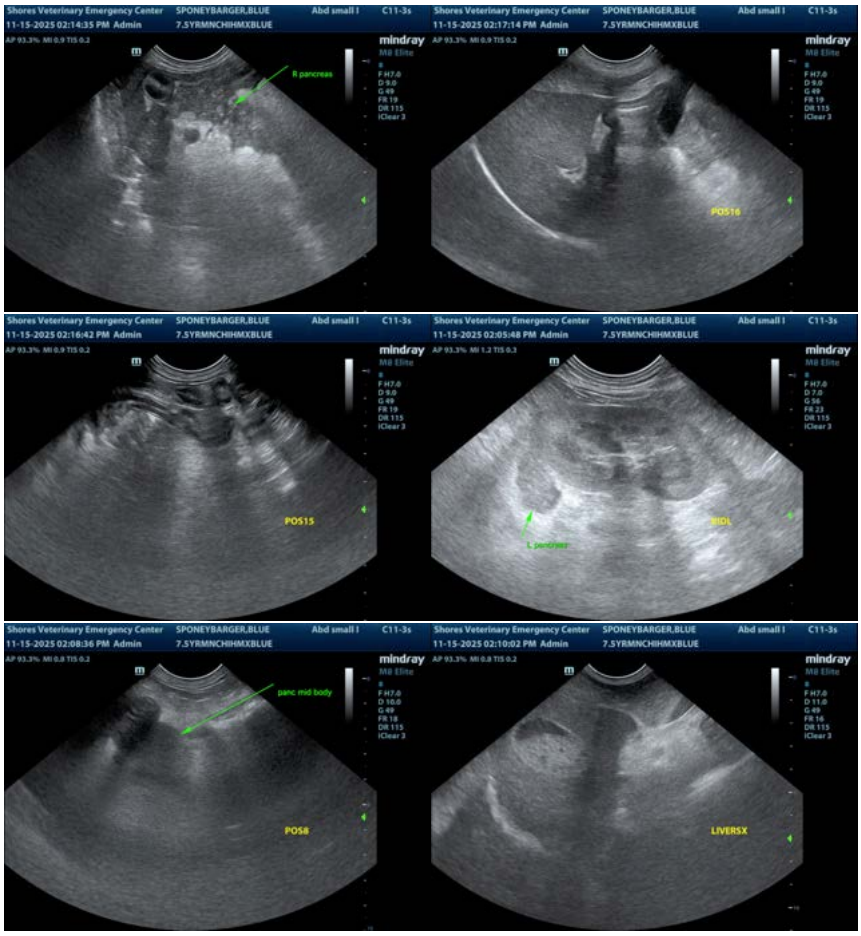
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Aggressive supportive care for pancreatitis, as clinically indicated, is recommended. This should include calcium supplementation, IV fluid therapy, gastroprotectants, and antiemetics as necessary. Consider nasogastric intubation for suspected ileus.



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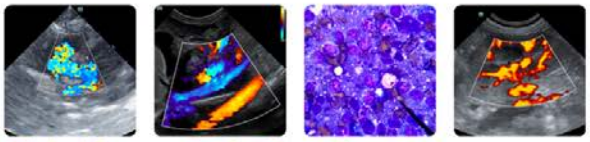

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

info@SonoPath.com