



PATIENT

Farrah Fawn
Fawcett Boyle

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

5 Years 3 Months

WEIGHT

2.31 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Donna Markland

HOSPITAL NAME

Island Mobile Paws

REFERRING VET

Central Island Vet
Emergency Hospital

INVOICE

41930

DATE

10/9/22

PRESENTING CLINICAL SIGNS

Presented to emergency on 10/8 for vomiting multiple times over past day. Recently treated for pancreatitis. Also has a history of severe gastroenteritis 3 years ago. Bloodwork a few weeks ago at rDVM reportedly showed kidney and pancreatic elevations (owner reported. Hospital is closed). No known dietary indiscretion. Eats Ziwi air dried food and Max and Molly's liver treats. No other food/table scraps, etc, PE was normal other than a high HR (220) and RR (40), painful abdomen, and tacky mucous membranes. Farrah is brighter and more comfortable after treatment, which includes: IV fluids at 2X maintenance cerenia at 1 mg/kg IV q 24 hr methadone at 0.2 mg/kg q 4-5 hr prn Low fat food is to be offered after this scan. See below for diagnostic results. Farrah was given alfaxan sedation for the scan.

Abnormal PE/Chem/CBC/UA Results: SDMA=58 (0-14) Creatinine=218 (44-159) Urea=20.5 (2.5-9.6) Alb=42 (23-40) Chol=8.43 (2.84-8.26) Amylase>2500 (500-1500) Lipase=5327 (200-1800) CI=107 (109-122) cPL snap=abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.19 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Mild pyelectasia present, likely secondary to reported fluid therapy.

The left kidney is normal in size (3.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Mild pyelectasia present, likely secondary to reported fluid therapy.

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm long x 0.34 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.4 cm long x 0.46 cm at the cranial pole and 0.40 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Chihuahua

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreas is diffusely visible, characterized by mildly hypoechoic tissue compared to surrounding omental fat. The visible capsule is smooth and normal in contour. The parenchyma is mildly heterogeneous, but overall unremarkable. There is no visible pancreatic duct dilation. There is mildly enhanced peripancreatic fat.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Mild acute pancreatitis
- **Pyelectasia** – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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SECONDARY FINDINGS

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported azotemia and mild pyelectasia, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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A quantitative PLI is recommended.

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In the meantime, continued supportive/symptomatic medical management of suspected mild acute pancreatitis is recommended, followed by a transition to a low-fat diet, as is reported already planned. If these episodes persist and/or progress, consideration could be given to a gastrointestinal malabsorption



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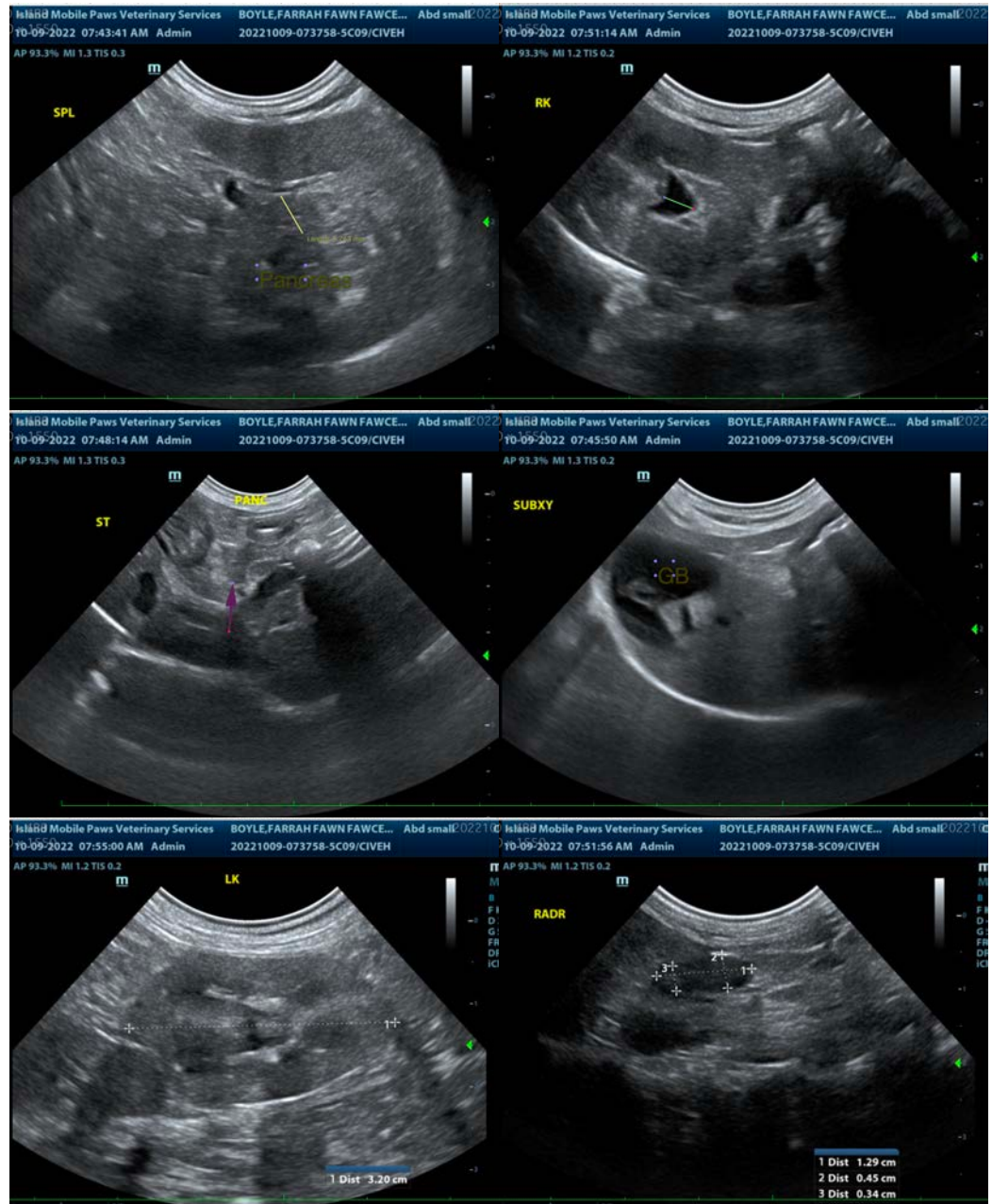
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panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.



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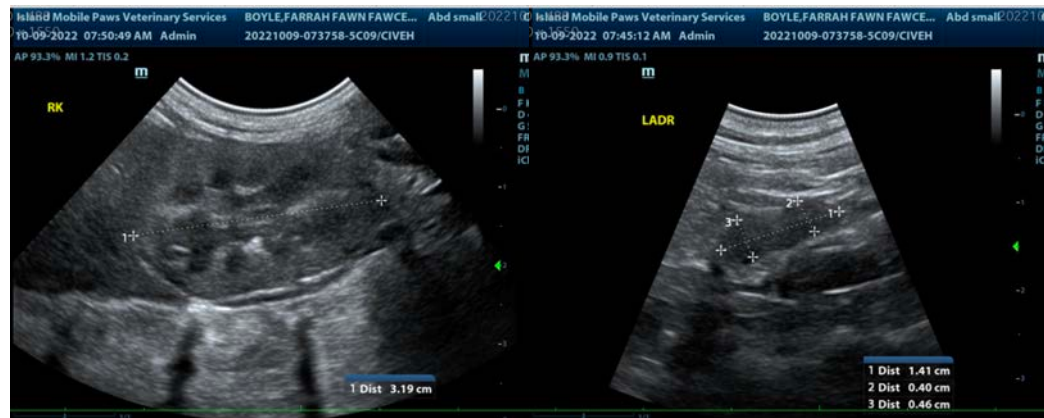
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com