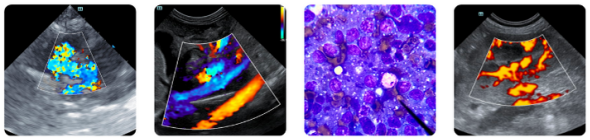

PATIENT

Tula Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years 9 Months

WEIGHT

27 Pounds

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Enid Mendoza

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PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate intermittent fever, elevated liver enzymes and vomiting. Pt presented to rDVM on Oct 27th due to lethargy, decrease appetite and felt warm to touch. Temp was 104.7 and at the hospital 105.6F. Diagnostics were done and were wnl, and the fever continue to be present. The u/a showed moderate leukocytosis. Pt was hospitalized to hydrate and lower the fever, but after 24 hrs hospitalization little to none improvement was seen, but fever was lowered. On Oct 31st, presented again as developed similar clinical signs and the liver enzymes increased more. Pt is not up to date on vaccines. Pt is on Carporfen, metronidazole, enrofloxacin, diagel, proviable kit, famotidine and Denamarin.

Abnormal PE/Chem/CBC/UA Results: Diagnostics: CBC: mild hemoconcentration CHEM: Mild dehydration and mild ALT.ALP elevations Rad: no obvious abnormalities initially, secondary: lost of serosal detail on cranial abdomen displacing intestine caudally 4DX: neg to all Fecal: NPS U/A: moderate leukocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (4.69 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 pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (5.0 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 pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.41 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

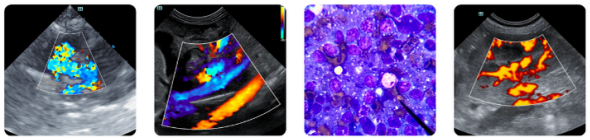
Right adrenal gland is normal in size (0.52 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size (1.2 cm thick at the hilus) 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

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



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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.

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

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted. This change is very subtle/mild with the subtly enhanced hyperechoic tissue primarily noted caudal to the stomach, extending into the right cranial abdomen.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Suspect mild acute pancreatitis, potentially emerging versus resolving acute pancreatitis
- Mildly reactive medial iliac lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A quantitative PLI is recommended if not already evaluated.

+/- full gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Pending results of above, as well as patient's response to treatment, etc., if clinical signs and/or liver enzymes, etc., persist, additional work up for other underlying hepatopathies could be considered, including bile acids, if patient's total bilirubin is not increased, as well as testing for Leptospirosis.

Ultimately, liver sampling may be warranted and could be considered, beginning with a fine needle

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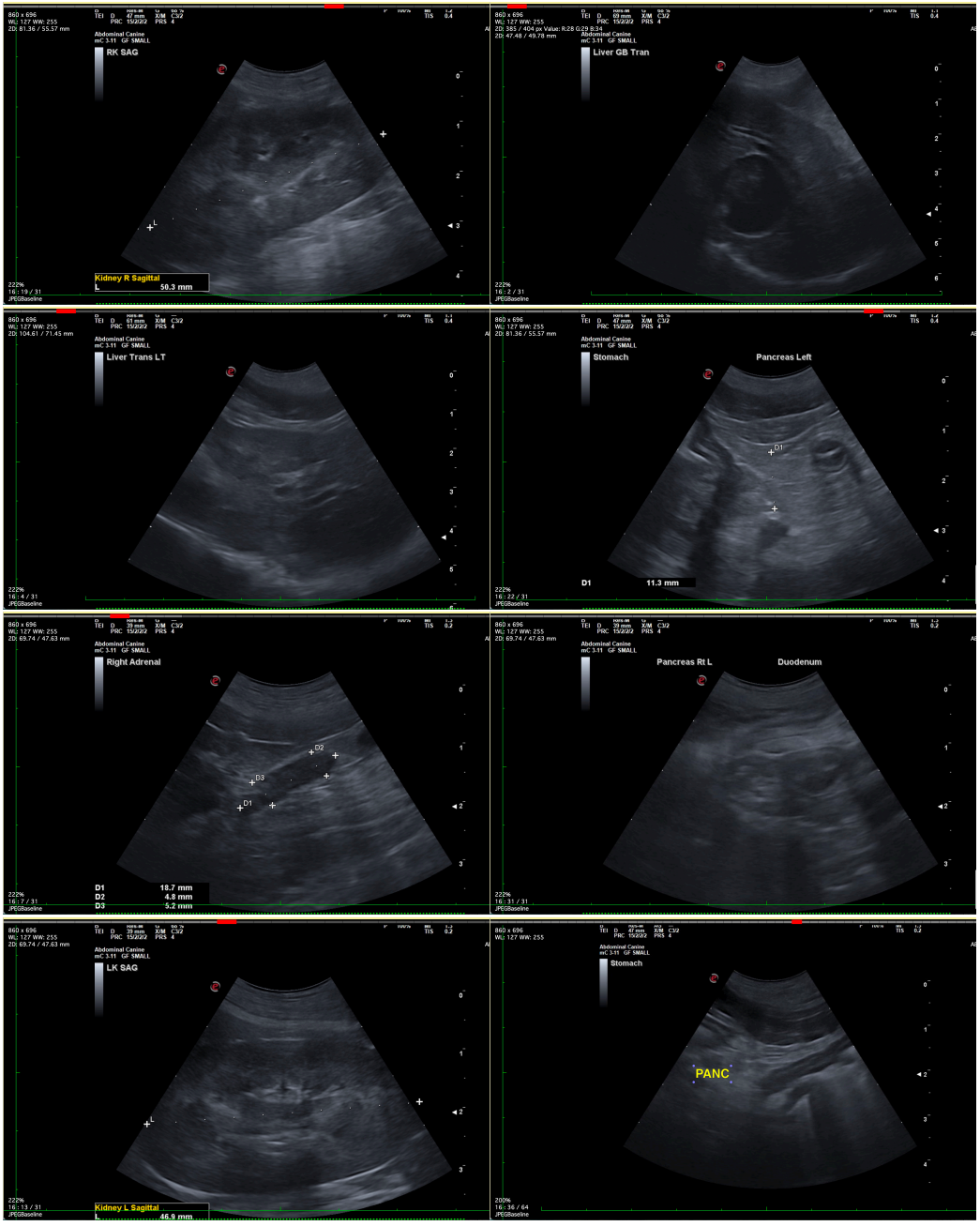
aspirate, if patient's coagulation status is appropriate.

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.



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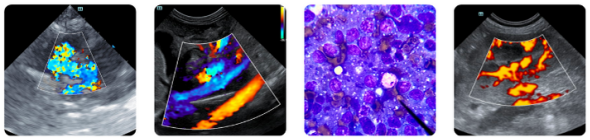

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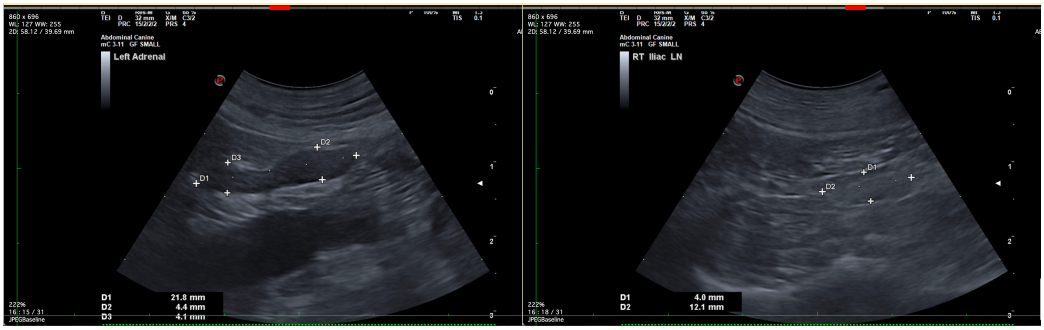

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@sonopath.com