



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Misty Buckwalter
SPECIES Canine
BREED Pomeranian
SEX Spayed Female
AGE 11 Years
WEIGHT 11.8 Pounds

Several week history of significantly decreased appetite. Evaluated in early November for persistent cough - collapsing trachea diagnosed at that time. Responded well to cough treatments, but decreased appetite persistent. Abdominal U/S recommended as next step following bloodwork.
 Abnormal PE/Chem/CBC/UA Results: Albumin 2.6 ALT 2954 [18-121] AST 214 [16-55] ALP 4227 [5-160] GGT 156 [0-13] TBil 0.9 [0-0.3]

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Right kidney is normal in size (4.8 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.

Left kidney is normal in size (4.4 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

Right adrenal gland is normal in size (1.78 cm long x 1.37 cm at cranial pole and 0.51 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (1.57 cm long x 0.46 cm at cranial pole and 0.56 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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

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.

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Angela Davies

INVOICE NUMBER

33483

DATE

12/15/21



PATIENT *Gastrointestinal*

Misty Buckwalter 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.

SPECIES

Canine 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.

BREED

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

Pancreas

SEX

Spayed Female Pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to hypoechoic echogenicity.

Free Abdomen

There is no evidence of peritoneal effusion.

AGE

11 Years Hepatic lymph nodes are enlarged, hypoechoic, heterogeneous, and cystic.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.8 Pounds

- Prominent heterogenous pancreas – This finding is most consistent with chronic pancreatitis.
- Prominent cystic hepatic lymph nodes – Most often seen with chronic cholangitis, cholangiohepatitis, lymphadenitis, with an acute on chronic liver insult such as an infectious disease like Leptospirosis. Neoplastic infiltration is possible, but considered much less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include testing for Leptospirosis if not already done. A fine needle aspirate of the enlarged cystic hepatic lymph nodes could be considered if patient's coagulation status is appropriate. Therapeutic recommendations include a broad-spectrum antibiotic, Denamarin, Ursodiol, and other supportive care based on clinical signs with follow up monitoring of liver enzymes +/- ultrasound changes. If liver enzymes do not improve, a liver biopsy +/- lymph node biopsy with culture may be indicated.

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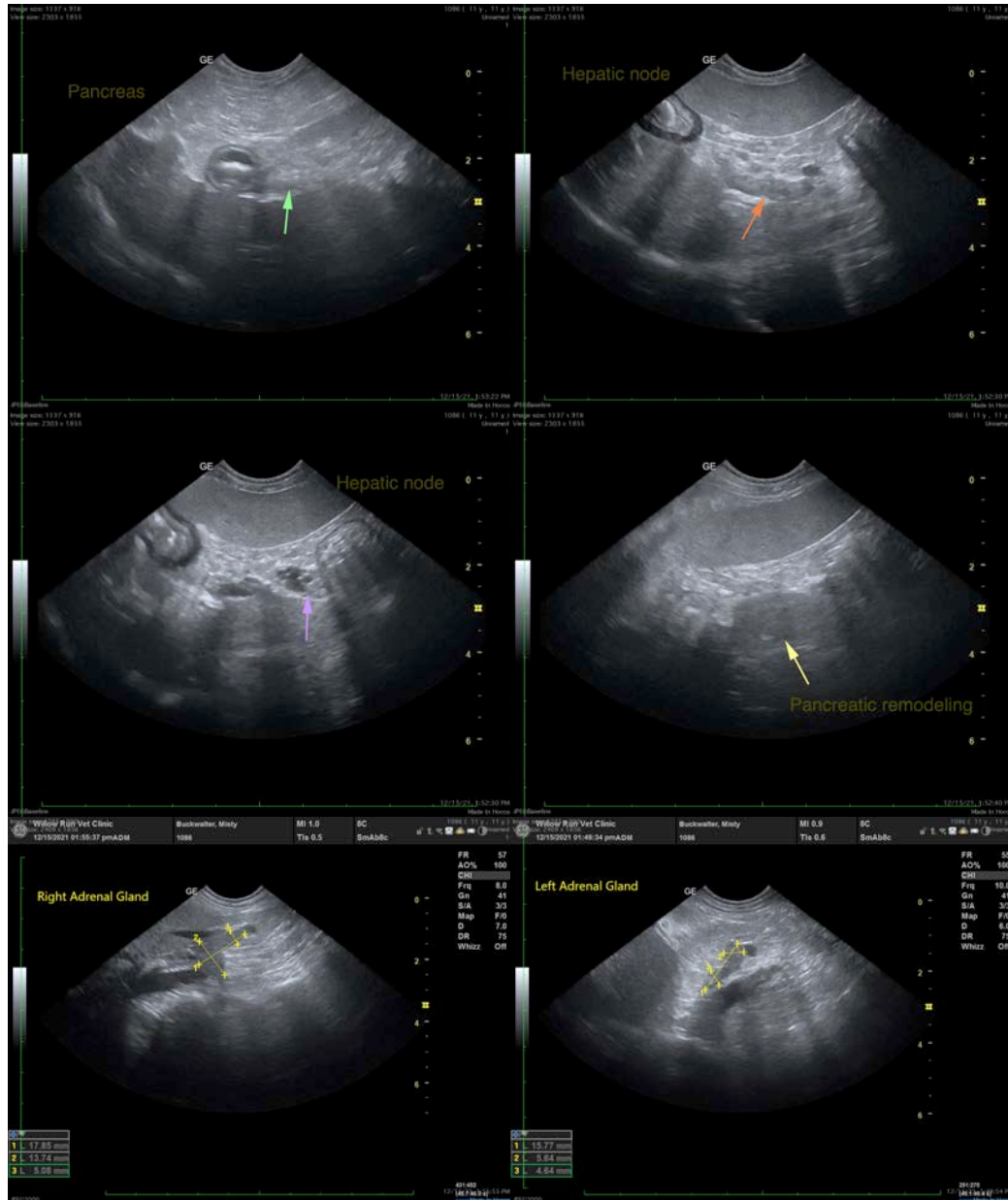
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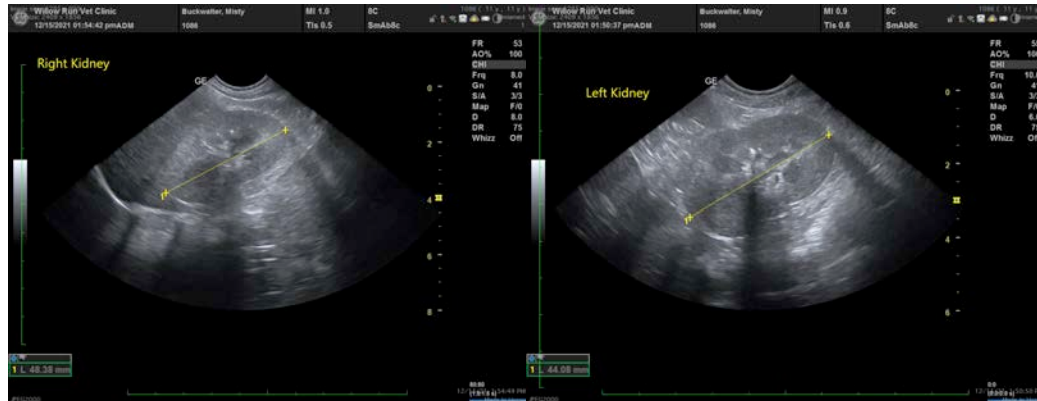
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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