



PATIENT

Deedee Wilmes

SPECIES

Canine

BREED

Teacup Poodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

2.12 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gray

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gray

INVOICE

72843

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Pet was diagnosed with a heart murmur about 2 years ago. Pet has never been medicated for heart disease. Pet was seen about 1 1/2 weeks ago for vomiting and diarrhea. Pet had radiographs at that time/uncertain if they were abdominal only or thorax as well. We are unable to get records for pet at this time. Pet was treated for GI issues that have since resolved. Pet has been losing weight for some times. Owner thinks she has at least lost a pound in the last 6 months. Owner has had difficulty getting records or getting pet seen with respiratory issues.

Additional history: Bloodwork performed at rDVM was reported to be "normal" 1.5 weeks ago without obvious anemia. Last night and this morning, Deedee had a dark, tarry bowel movement. No hematemesis present.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 2.48 (L), HCT 16.9 (L), HGB 5.9 (L), reticulocytes 238 (H), WBC 25.87 (H), neut 17.63 (H), bands suspected, lymphocytes 6.12 (H), monos 1.96 (H), PLT 49 (L), plateletcrit 0.09 (L) -CBC repeated to rule out lab error Manual platelet smear: 42,500K, nucleated RBCs visible on manual smear Chem10: ALT 228 (H), albumin 3.4 (N), otherwise normal Chem EPOC: pH 7.547 (H), HCT 17 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (3.4 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.

The left kidney is normal is size (3.0 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

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.38 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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



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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 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.

Gastrointestinal

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe acute pancreatitis is suspected.
- Concurrent moderate to severe gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out. While gastritis secondary to suspected pancreatitis is most likely, emerging infiltrative neoplasia of the stomach, while thought less likely, can't be definitively ruled out.
- Mild 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A 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.



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Additionally, given the anemia and suspected GI bleed, a routine fecal/giardia exam is recommended if not recently evaluated.

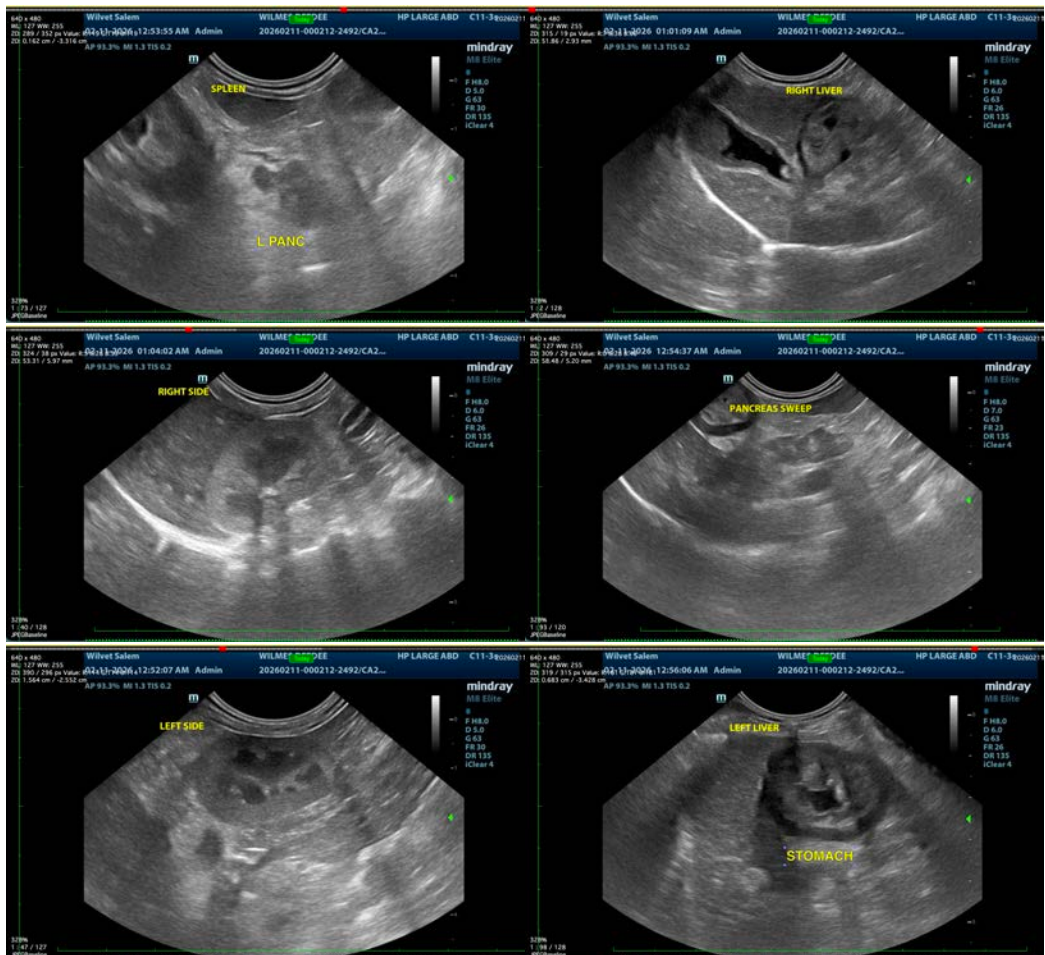
A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

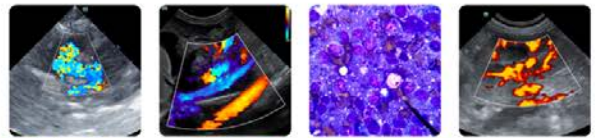
In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

Additionally, if tolerated, empirical deworming with a 5-day course of Panacur could be considered.

Treatment of the anemia specifically while continuing to manage the suspected gastrointestinal bleed and monitor anemia should also be considered.

If clinical signs persist as treatment of pancreatitis is initiated, especially in the face of a persistent gastrointestinal bleed, ultimately further evaluation of the stomach via gastroscopy may be warranted for further visual evaluation and biopsies.





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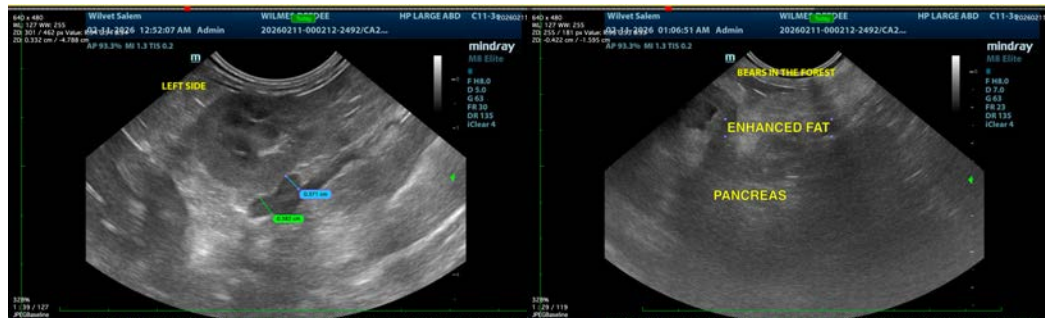
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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