



PATIENT

Latte Alvarez

SPECIES

Canine

BREED

Shih Tzu

SEX

Female

AGE

6 Years

WEIGHT

10 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Cristina Polit and Myra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Cristina Polit

INVOICE

21053

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: Diagnosed with pancreatitis at another hospital with minimal response to treatment

Abnormal PE/Chem/CBC/UA Results: PE: Diffuse generalized petechiae, lethargic and depressed, nasal discharge, grade 1/6 murmur, 7-8% dehydrated CBC: PLT 106 Chem: ALP 1309, AMY 1699, TBIL 1.4, CA 7.5, PHOS 2.9, NA 122 PT/aPTT: WNL 4Dx: all negative Radiographs: mild loss of serosal detail caudal to liver Lepto: pending

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 (4.61 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 (4.88 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 (0.54 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

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 enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

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The pancreas is difficult to fully visualize in these images and the pancreas that can be seen is mildly hypoechoic but very subtly and appears primarily normal in appearance. However, in the area of the pancreas, there is diffusely hyperechoic enhanced mesenteric fat often associated with pancreatitis.

Free Abdomen

SEX

Female

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

AGE

6 Years

- Diffusely hyperechoic enhanced mesenteric fat in the cranial abdomen is likely secondary to pancreatitis, however, possibly combined with a concurrent hepatopathy

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- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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As is reportedly already pending, testing for leptospirosis is recommended.

A quantitative PLI is recommended if not recently evaluated.

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In the meantime, supportive/symptomatic medical management of possible pancreatitis/hepatopathy with antiemetics, gastroprotectants, appetite stimulants or nutritional support (as needed), pain management (if warranted based on physical exam), broad spectrum antibiotics, and fluid therapy is recommended. Pending patients response to therapy, lab work changes and platelet count, a fine needle aspirate of the liver may also be considered.

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If clinical signs persist without improvement and a diagnosis is not obtained, recheck imaging is recommended, as pancreatitis can change/progress frequently ultrasonographically.

REFERRING VET

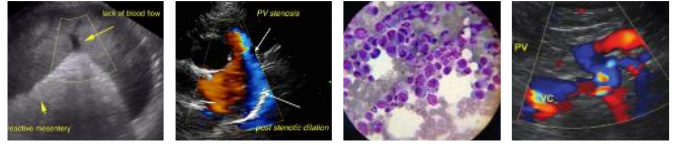
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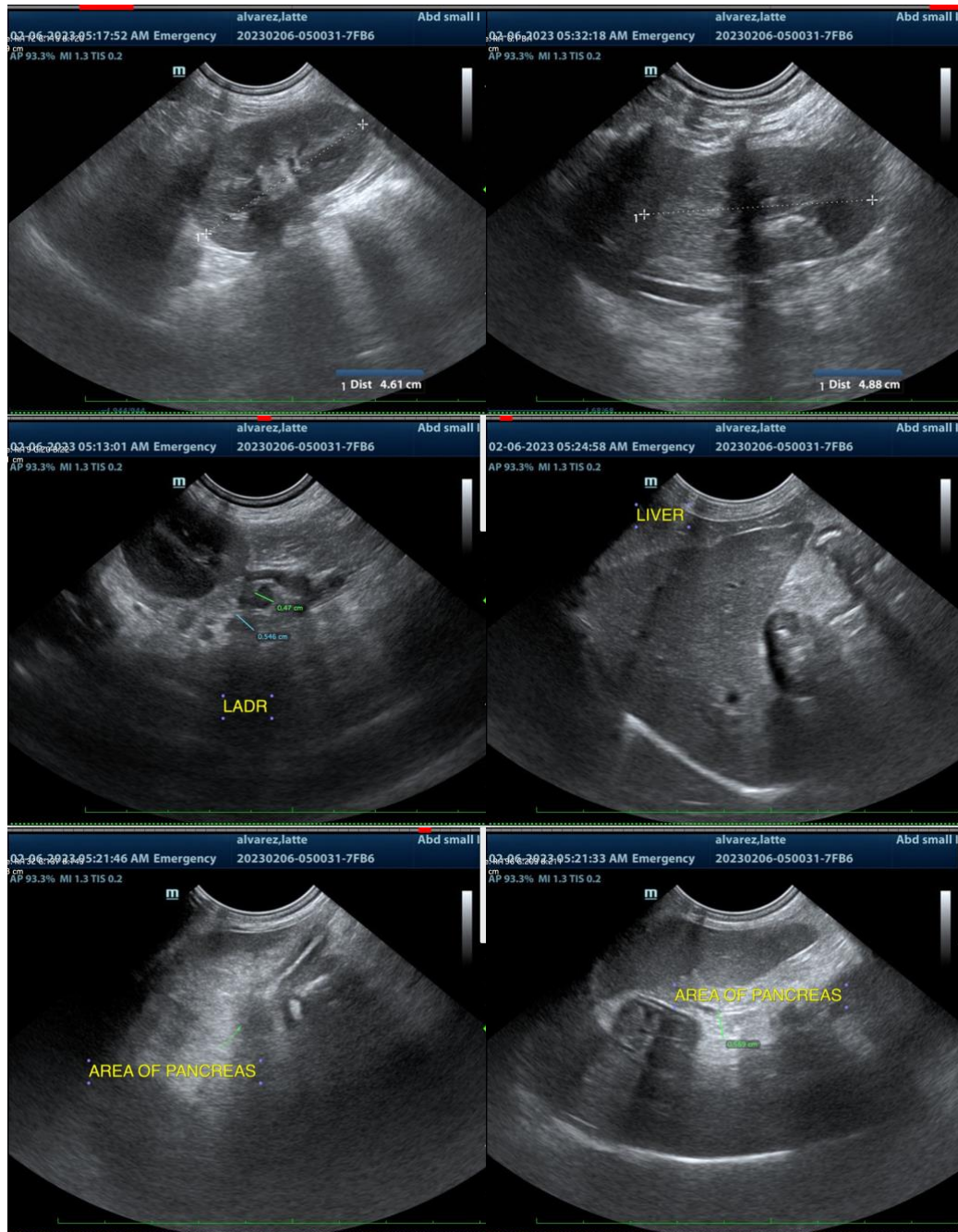
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Beth.Johnson@SonoPath.com

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