

PATIENT

Lilo Redman

PRESENTING CLINICAL SIGNS

History: Pt has recently gone blind in both eyes. BP normal. Lethargic, breathing issues, distended abdomen. Pt tested negative for cushing's and x-rays did not show any abdominal problems other than excess fat. overweight BCS 7/9 (wt was not given)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Puggle

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.

SEX

Spayed female

Left kidney is normal is size (5.36 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.

AGE

13 years

Right kidney is normal is size (5.4 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.

WEIGHT

Overweight

Adrenal Glands

Left adrenal gland is normal in size (0.37 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (0.37 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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). A 0.5 cm in diameter cyst was noted in the mid body and was non-capsule disrupting. Splenic vasculature appears normal.

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Nolet

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.

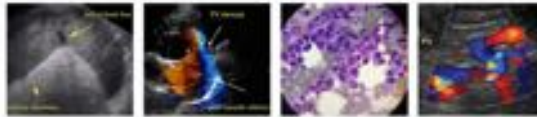
INVOICE

31701

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.

DATE

7/14/22



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Gastrointestinal

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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.

SPECIES

Canine

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.

BREED

Puggle

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 (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity. Mildly, hyperechoic reactive enhanced fat is noted around the pancreas, which is suggestive of potential acute on chronic pancreatitis flare up.

AGE

13 years

Free Abdomen

WEIGHT

Overweight

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Primary Findings

Chronic active pancreatitis with changes concerning for a mild acute on chronic flare up of pancreatitis.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Secondary Findings

Hypoechoic to anechoic splenic nodule.

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Nolet

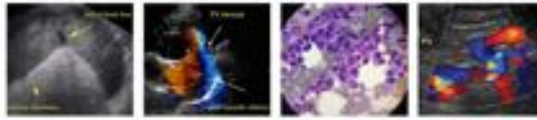
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1. A quantitative PLI is recommended for further evaluation of the pancreas.
2. Three view thoracic radiographs are recommended if not recently evaluated given the reported history of breathing problems.
3. Given the patient's sudden blindness combined with some clinical concern for Cushing's disease the top differential is SARDS (sudden acquired retinal degeneration), which causes acute blindness and can mimic Cushing's disease. Therefore, recommendations are consultation with an ophthalmologist for diagnosis and discussion about therapeutic options, etc.
4. In the meantime, if any of this patient's clinical signs such as the panting, respiratory distress, etc. are related to pain management of the acute pancreatitis may help improve clinical signs and could include anti-emetics if necessary, gastroprotectants, appetite stimulants as needed, fluid therapy as needed and pain management.



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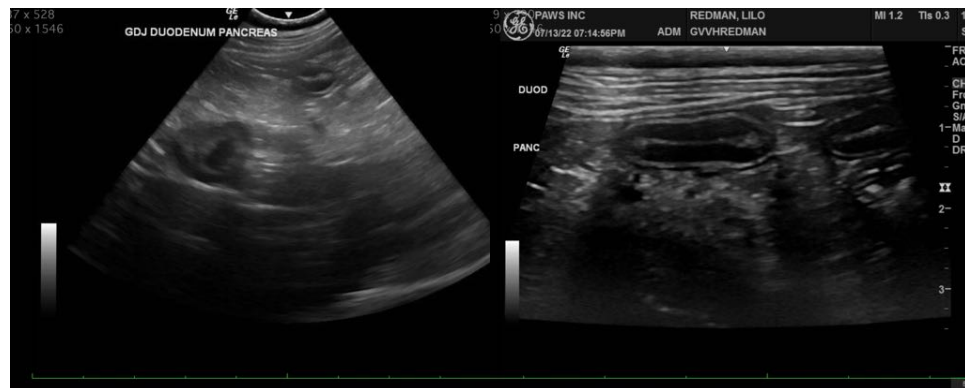
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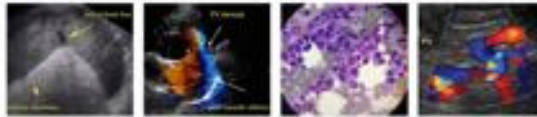
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PATIENT

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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.

SPECIES

Canine

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

BREED

Puggle

Beth.Johnson@SonoPath.com

SEX

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AGE

13 years

WEIGHT

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