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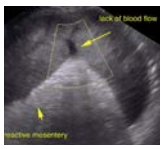
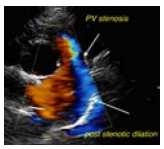
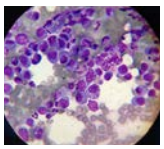
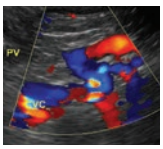

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1-800-838-4268 info@sonopath.com

PATIENT
Daisy Anderson

SPECIES
Canine

BREED
Catahoula Leopard Dog

SEX
Spayed Female

AGE
4.5 Years

WEIGHT
89.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional

REFERRING VET
Dr. Hartwick

INVOICE
34202

DATE
1/13/22

PRESENTING CLINICAL SIGNS

History of severe idiopathic epilepsy (RBVH neuro) - brain scans = neg. Presented for vomiting /unable to hold down seizure meds since 1/11/22 pm, not eating. Admitted 1/12/22 a.m. = continues to vomit bile despite Cerenia/Zofram, etc. Lipase climbing and high WBC. Dietary indiscretion? Bad bag of dog food?/FB, abscess, R/O all other. Note: other dog in house not eating and lethargic (owner bought brand new bag of their normal diet on 1/11/22, may be a bad batch?), dog lives on a farm, possible dietary indiscretion? Seizure meds: Keppra 750 XR x 5 BID, phenobarbital 62.5 mgs x 2 a.m. and x 2 p.m., KBR 4.8 mls SID,
Abnormal PE/Chem/CBC/UA Results: CBC: 31.01, , neutrophilia, monocytosis. Chem 17: K+= 3.2 (was 3.8 on 1/12/22), ALPK= 425 (was 339 on 1/12/22), amylase = > 2500, lipase = >6,000 (was 2576 on 1/12/22), CPLI= abnormal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.45 cm. The left kidney measured 7.45 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.94 cm x 0.54 cm at the caudal pole and 0.43 cm at the cranial pole.

Spleen

The **spleen** presented subtle micronodular changes and generalized minor enlargement.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal & Pancreas

Variable **gastrointestinal** thickening noted with double layered wall. Fluid filled gastric lumen. Some luminal linear structures were present in the small intestine and may represent roundworms. Reactive mesentery noted, associated with the small intestine. A mesenteric lymph node was mildly enlarged at 1.0 cm.

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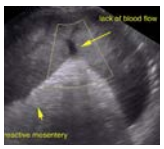
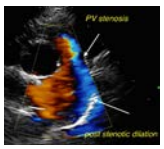
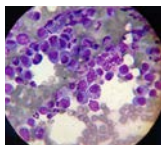
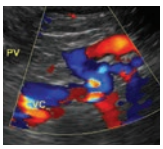

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Extensive **pancreatitis** noted with probable necrosis in the left cranial abdomen, as areas void of blood flow are noted throughout the left limb. Pancreatic adhesions and duodenal thickening appeared to be causing delayed outflow, as gastrointestinal stasis was present. A penetrating foreign body cannot be completely ruled out, yet was not obvious.

Free Abdomen

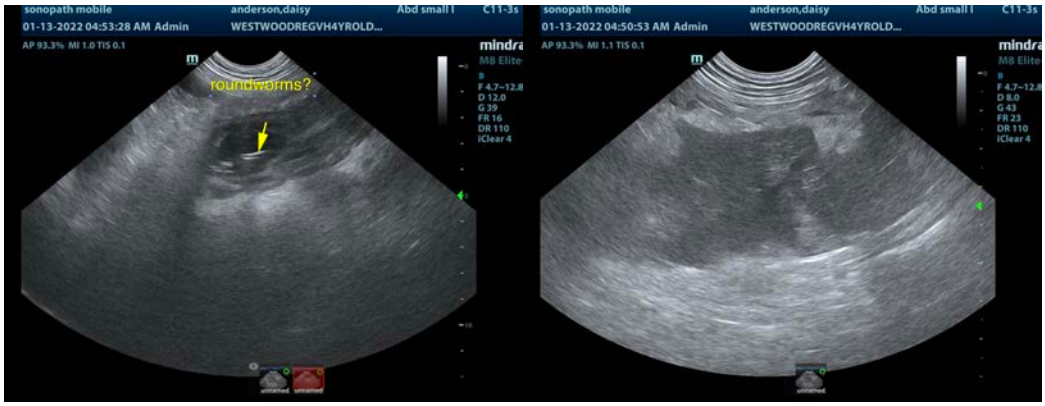
Free fluid noted throughout the mid abdomen.

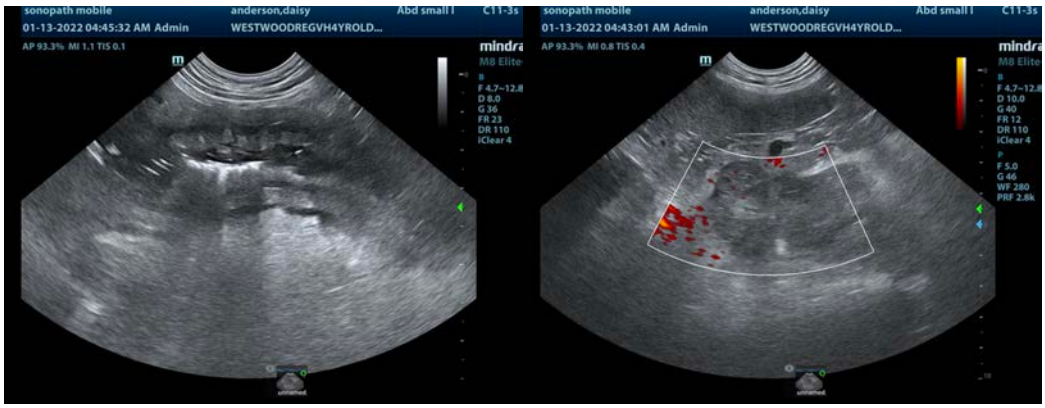
ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/necrosis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal test warranted to assess for worm burden. Plasma transfusion, plasma expansion, broad-spectrum antibiotics and anti-parasitic protocol recommended. Exploratory surgery recommended with debridement of the pancreatic necrosis and inspection of the GI tract, as extensive peritonitis is present. The duodenum appears potentially necrotic. Aggressive medical therapy recommended and GI protectants. Very guarded prognosis.





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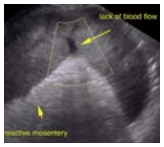
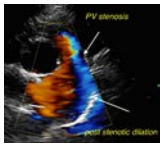
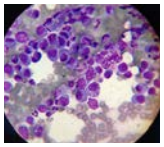
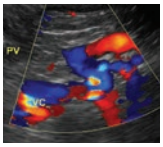

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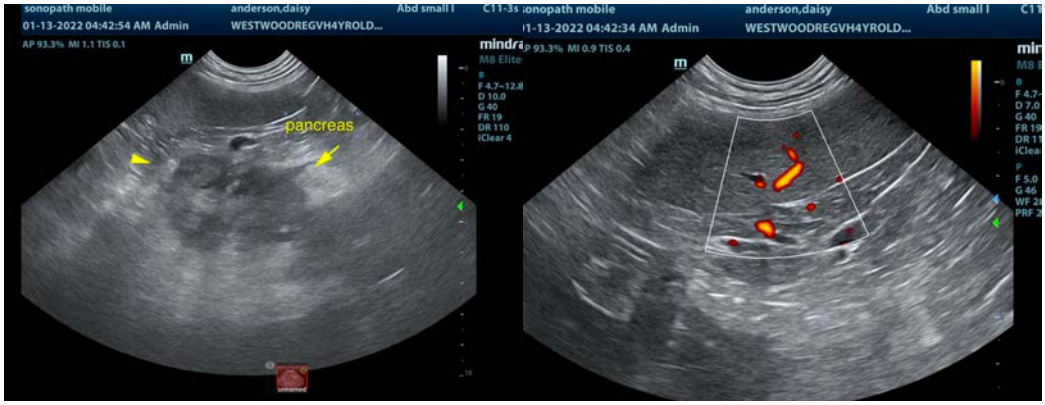

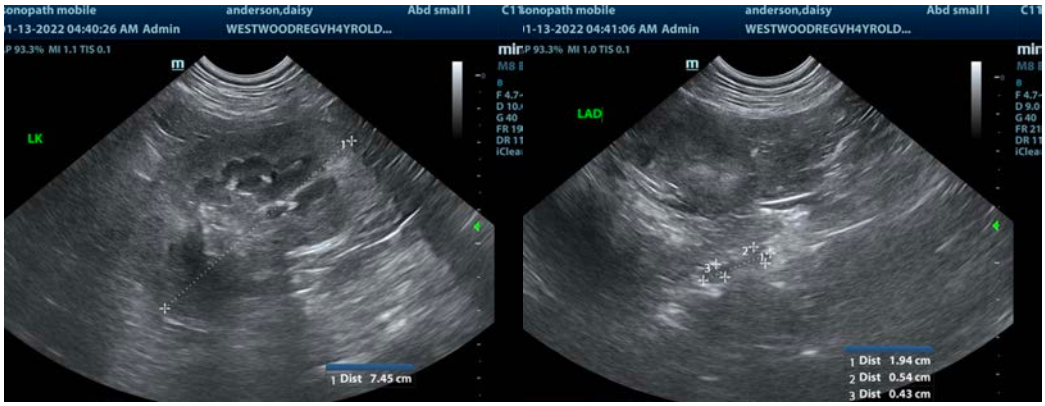

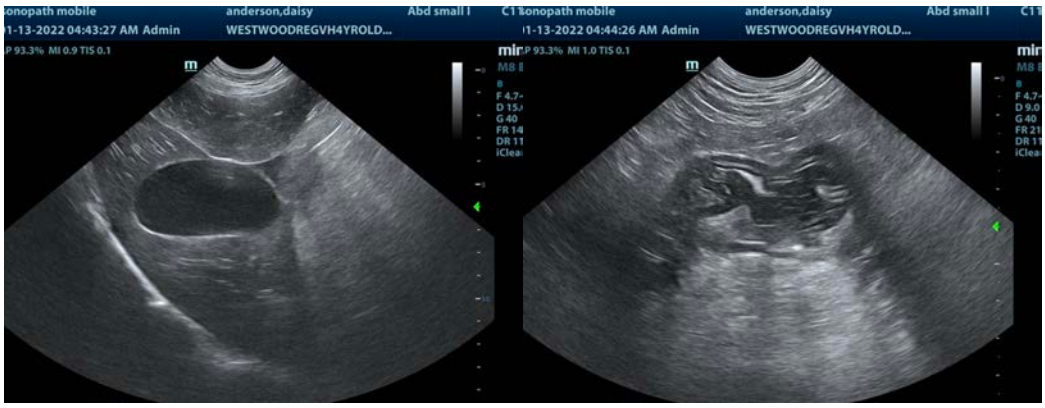

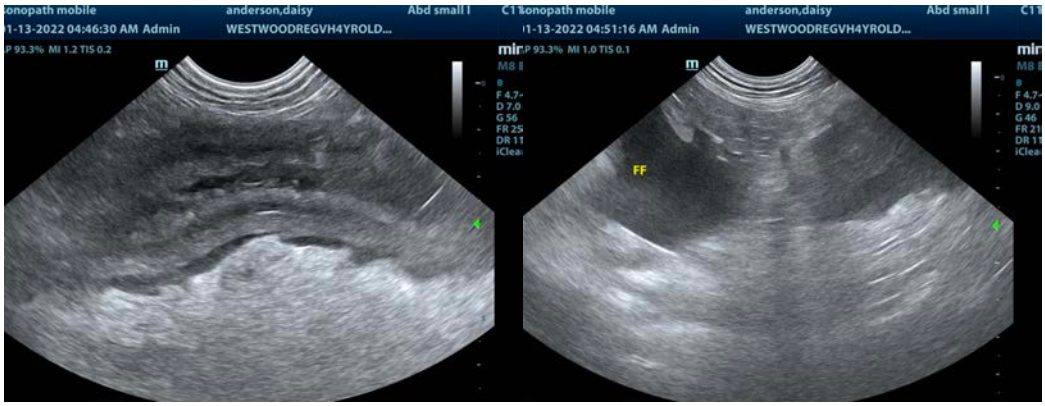

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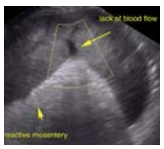
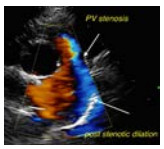
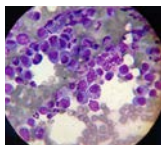
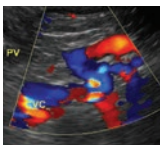

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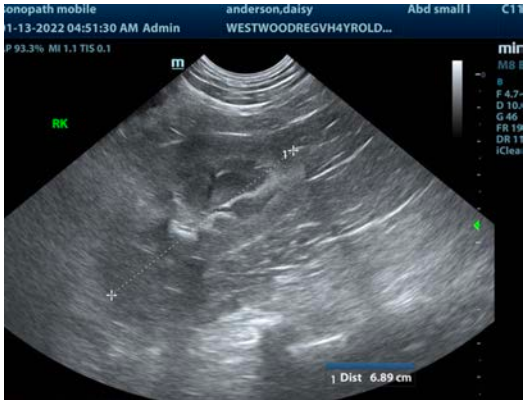

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com