

**DATE**

1/23/22

**PRESENTING CLINICAL SIGNS**

History: Fever. Vomiting. Diarrhea. Not Eating.

**PATIENT**

Bella Amend

History: Date: 01-22-2022 Notes: Bella is a 12 y/o FS Yorki-Poo who presents for vomiting, diarrhea, and inappetence - started having vomiting and diarrhea on Sunday, which stopped around Tuesday/Wednesday - initially vomiting and eating grass, diarrhea was soft serve ice cream consistent - Stopped eating on Tuesday/Wednesday, showed no interest in treats or other high value food - more lethargic, sleeping more, able to keep water down - decreased drinking, , no change in urination - was seen by RDVM and given fluids, convenia and cerenia Medications: - convenia - simparica trio

**SPECIES**

Canine

Assessment: vomiting, diarrhea, anorexia, fever.

**BREED**

Yorkipoo

Current Medications: Vitamin B Complex Injection (Per mL); Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL); Amp/Sulb (Unasyn) 1.5gm Injection (Per mL); Ondansetron 2mg/mL Injection (Per mL); Denamarin Advanced Chewable - 120mg (up to 50lbs); Buprenorphine 0.6mg/mL.

**SEX**

Spayed Female

Lab Results: attached.

Date of Previous IntraPet Ultrasound: no previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**AGE**

2010

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****WEIGHT**

18.2 Lbs.

**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.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the left kidney (0.12 cm). The left kidney measured 5.16 cm in length. Pyelectasia was noted in the right kidney, measuring 0.14 cm. The right kidney measured 5.16 cm.

**HOSPITAL NAME**

Animal Emergency H

**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 2.27 cm x 0.72 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 2.57 cm x 0.62 cm at the caudal pole and 0.78 cm at the cranial pole.

**REFERRING VET**

Dr. Willer

**INVOICE**

13568

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### **Liver**

The **liver** in this patient was uniformly swollen with mild increased portal markings. The left caudal liver revealed a 3.54 cm x 2.4 cm mixed echogenic, mildly undifferentiated nodule, appears resectable, likely benign, however, low-grade carcinoma cannot be ruled out. Echogenic gallbladder wall was noted with calculi (nonobstructive). A minor amount of debris was noted. The common bile duct was dilated (0.63 cm) with mucus content, consistent with mucoduct as well as a focal common bile duct calculus (0.6 cm) embedded in the duodenal papilla.

### **Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### **Pancreas**

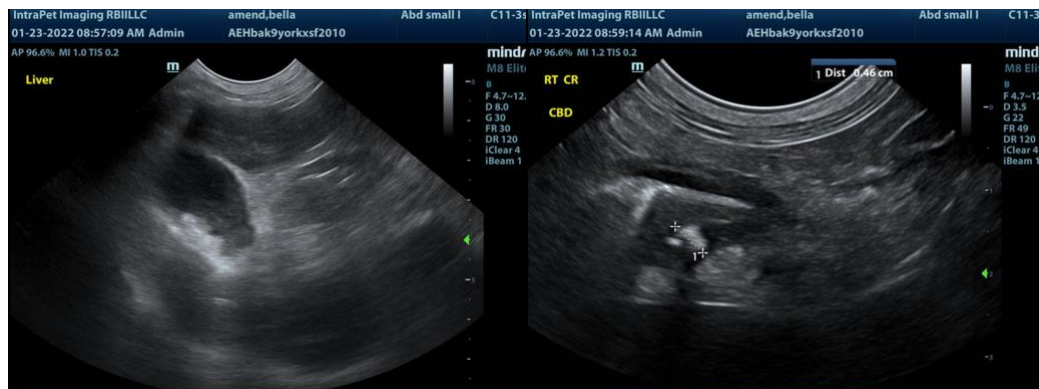
Heterogeneous right **pancreatic** changes were noted. In that regions, focal inflammation is likely.

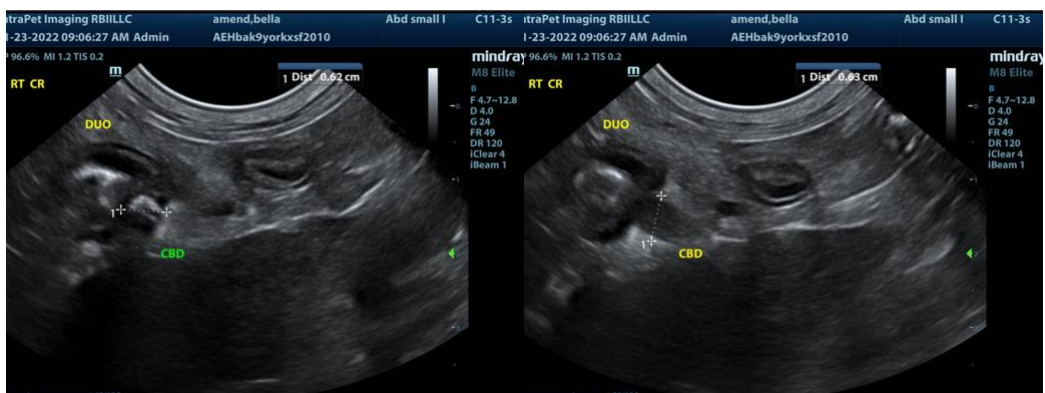
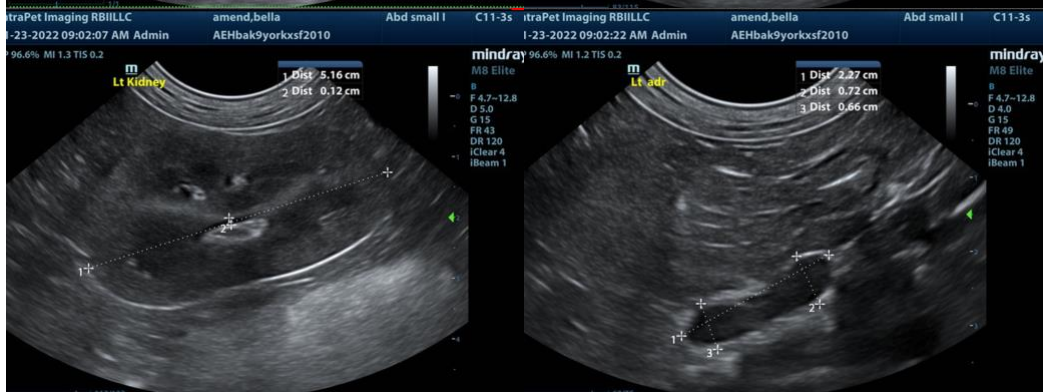
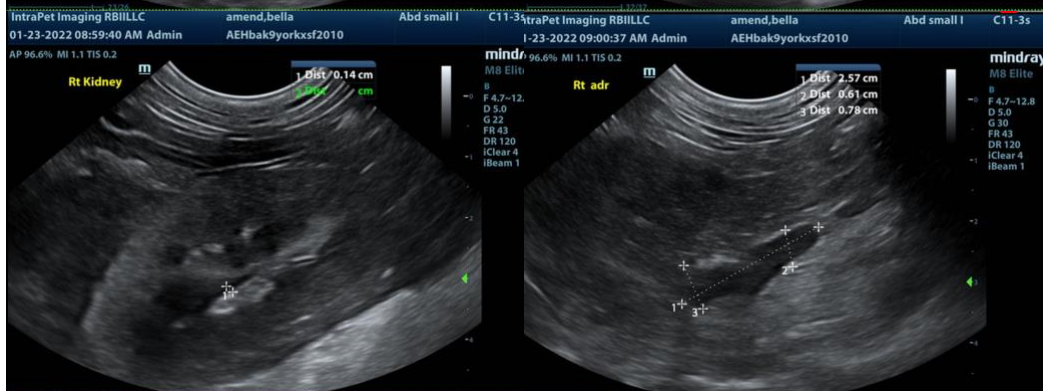
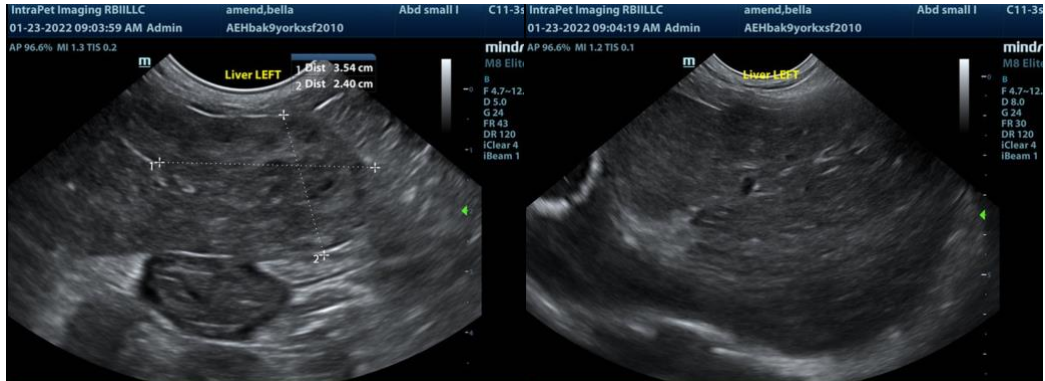
### **ULTRASONOGRAPHIC FINDINGS**

- Post-hepatic obstruction with a lodged calculus at the duodenal papilla
- Concurrent gallbladder calculi and porcelain gallbladder
- Heterogeneous pancreatic changes
- Age-related renal changes with pyelctasia

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention with liberation of the common bile duct and cholecystectomy recommended. Inspection of the pancreas also warranted given that low-grade inflammation appears to be present. Left caudal lobectomy/nodule removal would also be ideal at the time of surgery.







**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.

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