

**DATE**

1/23/22

PRESENTING CLINICAL SIGNS**PATIENT**

Penny Stapf

History: History: Date: 01-22-2022 Notes: Approximately 1 month history of poor appetite, and intermittent cough. Had AUS and bloodwork in December; NSF of BW. US showed mild inflammation in pancreas and possibly liver. Appetite still hadn't completely returned to normal since then but she is eating and has not lost significant amount of weight. Went to rDVM today mainly for a rash and itching. They noticed gums pale so did BW which showed PCV 20%/HCT 19.5. Mild elevation in ALKP. 3 view chest rads taken today at rDVM (attached.) rDVM recommended follow up ultrasound as well as to consider Internal Medicine consult.

SPECIES

Canine

Assesment: r/o Anemia from immune mediated, ACD, blood loss; neoplasia; chronic pancreatitis; abdominal neoplasia.

BREED

Beagle

Current Medications: Doxycycline Capsules 100mg, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection, and Buprenorphine 0.6mg/mL.

SEX

Spayed Female

Lab Results: attached

Date of Previous IntraPet Ultrasound: 12/21/21.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

2015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

34.3 Lbs.

Urinary System

The **urinary bladder** was overdistended and very full at the time of the sonogram. Anechoic urine was present.

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 left kidney measured 5.59 cm. The right kidney measured 5.92 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 1.71 cm x 0.6 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 1.73 cm x 0.5 cm at the caudal pole and 0.41 cm at the cranial pole.

HOSPITAL NAME

Animal Emergency H

REFERRING VET

Dr. Willer

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.

INVOICE

13569

Liver

The **liver** was uniformly swollen and mild heterogeneous with mild increased portal markings. These changes are similar to the prior sonogram. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** in this patient revealed prominent echogenic mucosal changes in the pyloric outflow. No evidence of neoplasia or foreign bodies, however, underlying gastritis and ulcerative disease is potential and may be the source of blood loss depending upon CBC path review. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed slight coarse architecture. No evidence of significant disease. The parenchyma appears to be uniform and improved from the prior sonogram.

Other

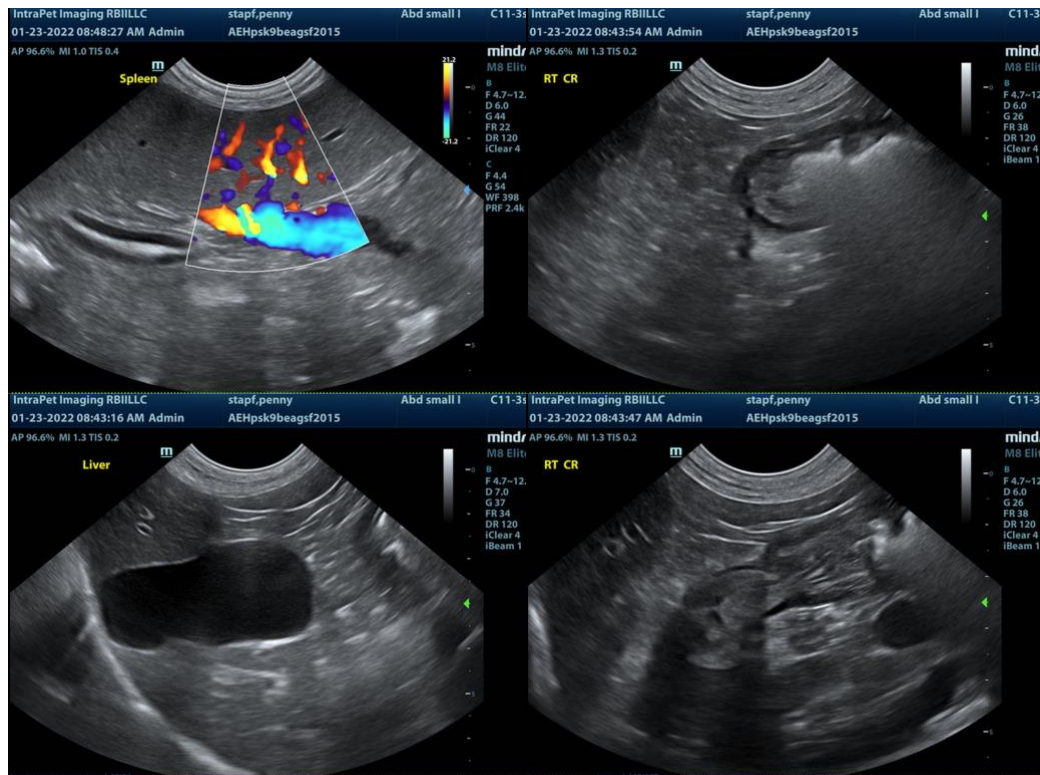
A rapid view of the **heart** revealed no evident pathology.

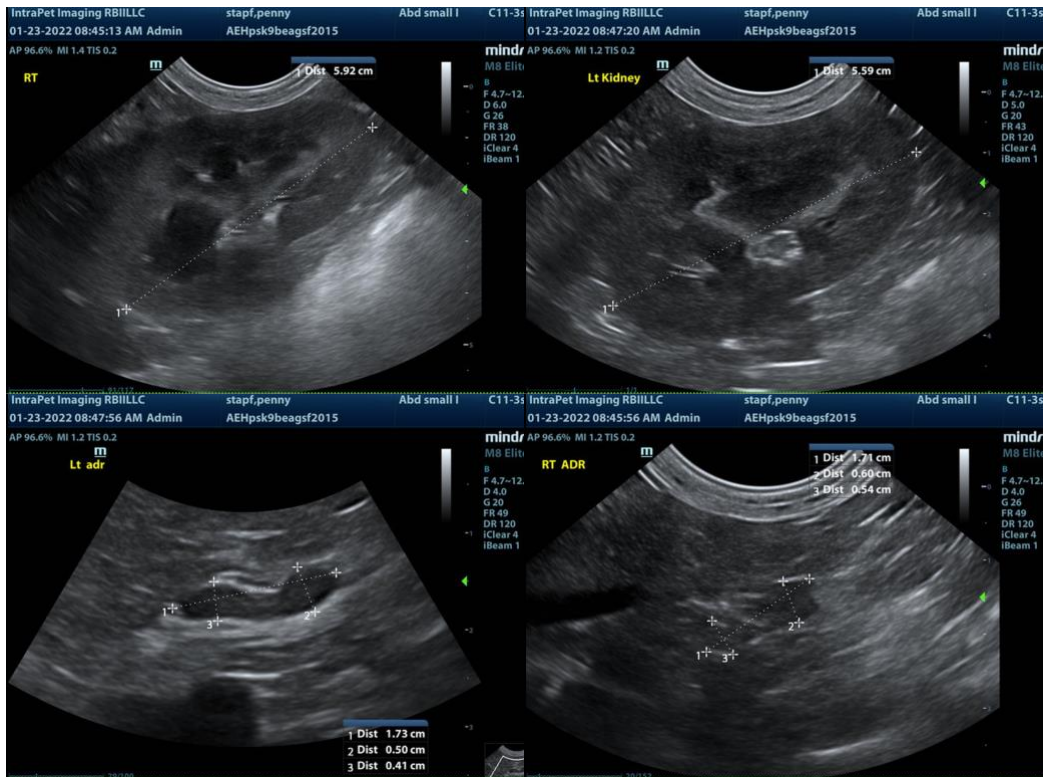
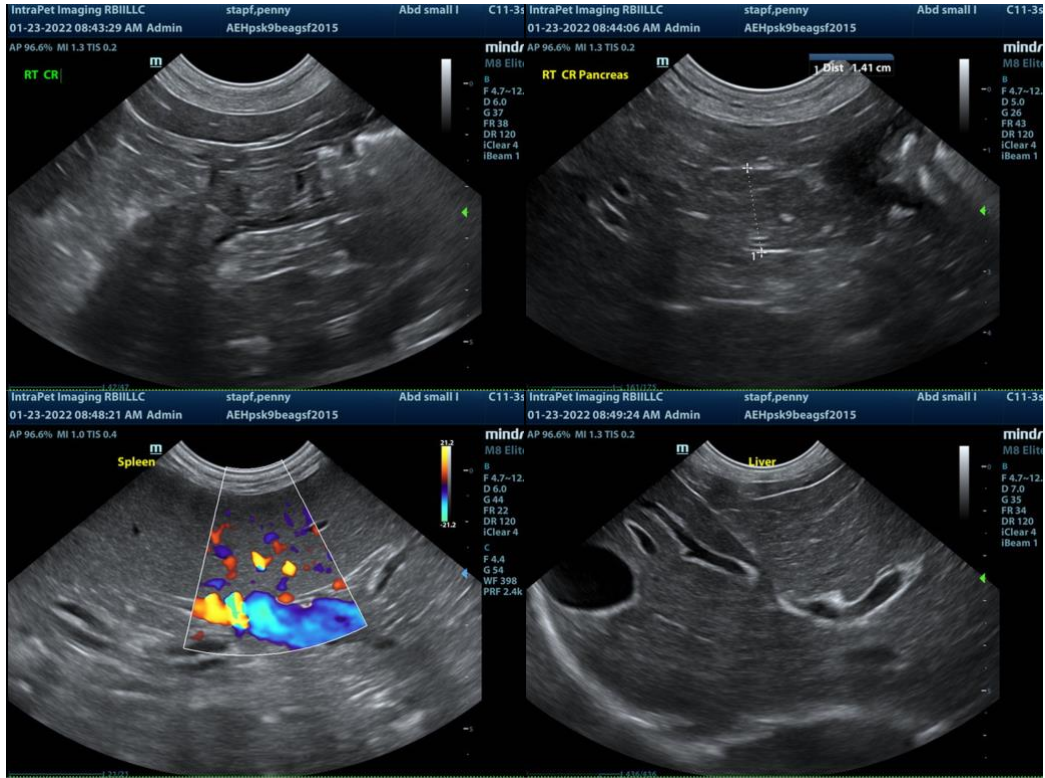
ULTRASONOGRAPHIC FINDINGS

- Mild subjective chronic gastritis pattern. Microulcerative disease and GI blood loss are a possibility.
- Pancreas, slight coarse architecture
- Overdistended urinary bladder
- Otherwise, unremarkable stable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review +/- bone marrow aspirate warranted. Empirical GI protectant could be considered as well as supportive nutritional care for anemia.







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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