



PATIENT PRESENTING CLINICAL SIGNS

Marco Frech

History: presented for acute lethargy of 24hours in duration, PE - 12.6ls (3lb weight loss since Nov 2022), mm pale/tacky; CRT 2sec; grade 2/6 murmur; abd palp - tense on palpation; rectal - dark stool concern for melana. , received cerenia injection along with famotidine injection at 630pm 1/2/2023; Previous history - Pet initially fed raw diet Nov 8 2022 presented for loose stools with frank blood present - treatment metronidazole and probiotic - responded well initially; Dec 8 2022 presented for vomiting blood at ER - BW at that time normal HCT 51%, radiographs nsf - treated with cerenia and sucralfate - responded well initially; Dec 20 2022 Owner called in "loose stool with dark blood present" - transitioned to GI Biome - initially doing well with transition owner thought but stools remained dark, no additional vomiting noted, owner also reports increase drinking at this time.

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

1/2/23 Current BW: Rbc 2.94 (L 5.95), HCT 18.1 (L 37.3), Hbg 6.6 (L 13), WBC 16.81 (H 16.76) , Neutrophil 13.30 H 11.64); Alb 2.1 L (2.2), Chol 87 (L 110), Sod 166 (H 160), Chol 124 (H 122), (normal retics) 1/3/22 U/A first morning urine (1/3/23) spgr 1.020, ph 8, too numerous to count WBC and rods 1/3/23: PCV= 17% 3 view chest rads- no evidence of mets

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

13 years

Urinary System

The **urinary bladder** wall was structurally unremarkable. A minor amount of suspended and dependent debris. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal.

WEIGHT

12.5 lbs

The residual prostate was slightly heterogenous, yet uniform and measured 1.0 cm in width.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Minor mineralization was noted in the kidneys, yet non-obstructive. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Myers

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

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 was noted.

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DATE

1/3/23



PATIENT

Liver

Marco Frech

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed a minor amount of debris.

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Gastrointestinal

The **stomach** revealed a minor amount of chyme and hyperperistalsis. The shadowing material appeared to be passive and most consistent with ileus. The small intestines and colon were unremarkable.

SEX

Neutered male

Pancreas

The right limb of the **pancreas** revealed extensive, mixed, hypoechoic and hyperechoic parenchymal changes.

AGE

13 years

Free Abdomen

The cranial abdomen revealed hyperperistalsis and retention of ingesta. The cranial abdomen around the pancreas and pyloric outflow revealed hyperechoic, surrounding mesentery. This is consistent with inflammation.

WEIGHT

12.5 lbs

INTERPRETED BY

A trace amount of free fluid was noted adjacent to the liver.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Extensive pancreatitis.

Dr. Myers

Regional peritonitis.

Delayed gastric outflow.

HOSPITAL NAME

Hershire AH

Hepatic remodeling.

Age related renal changes with mineralization.

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend 72-hour IV fluid protocol, 24 hour n.p.o. followed by slurry feeding. GI protectants, plasma expanders and broad spectrum antibiotics are all indicated. The cause of anemia is unclear. GI blood loss is a potential. Urine culture and sensitivity is warranted given the UTI evident. CBC path review is warranted. There is a trace amount of free fluid, likely deriving from pancreatitis. Gastric ulcerative disease can also be present, yet no overt perforating ulcers were noted. Blood transfusion, GI protectant protocol and treatment for pancreatitis is warranted. A recheck sonogram is recommended in 48-72 hours or earlier if clinical signs are worsening. If the anemia is non-regenerative then bone marrow aspirates are indicated. There was no obvious neoplastic criteria is present in any of the organ systems.

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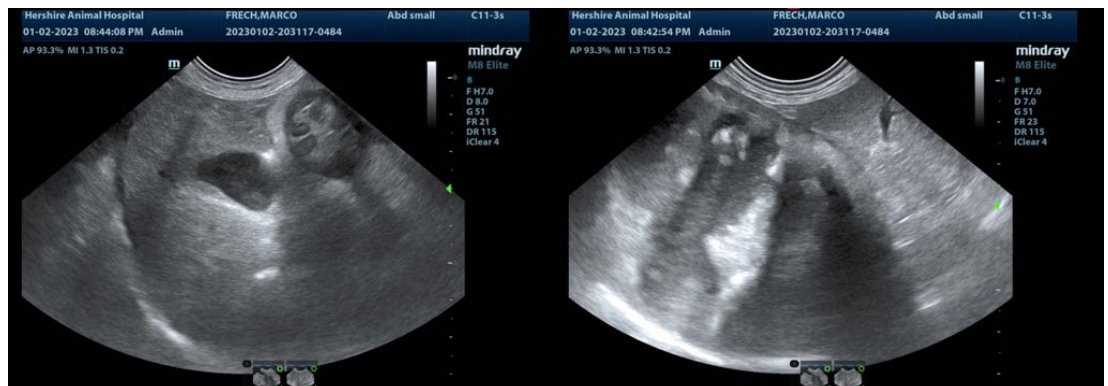
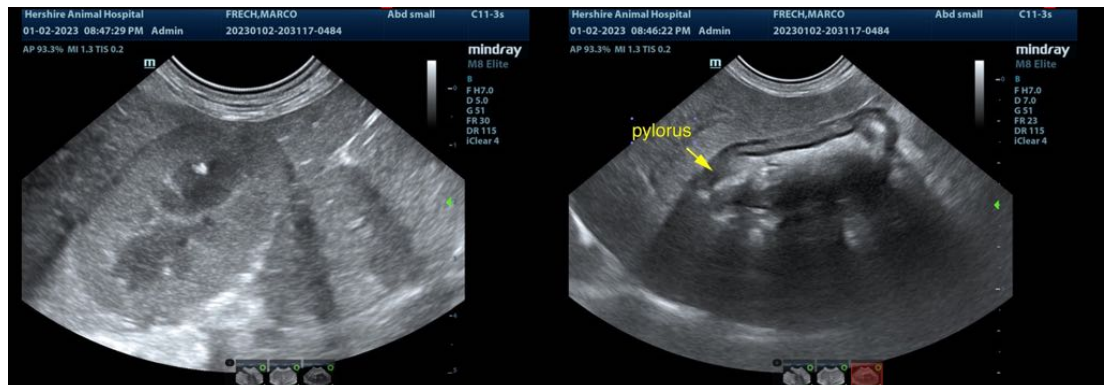
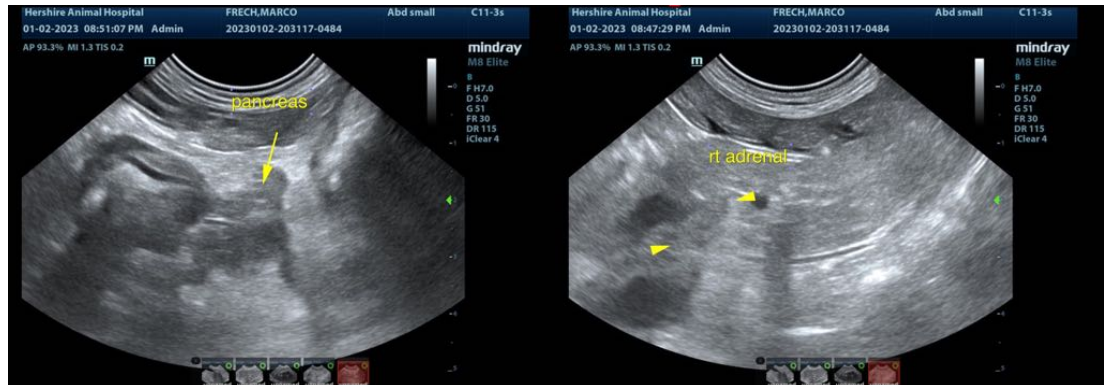
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PATIENT

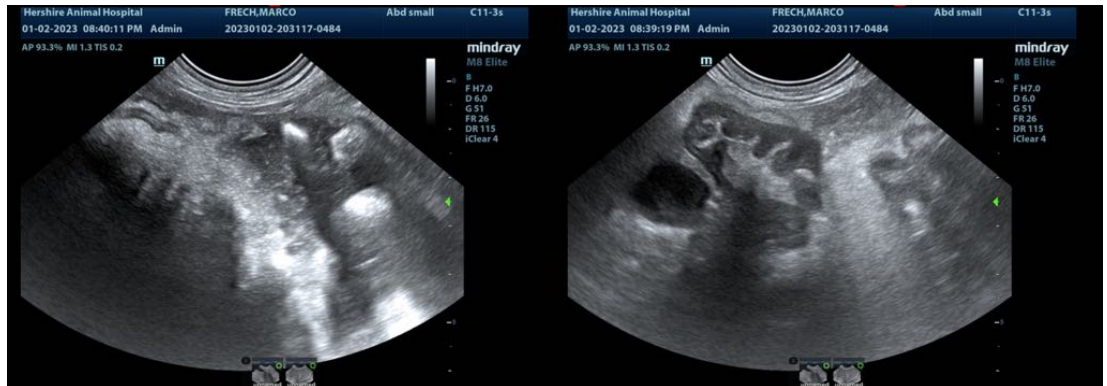
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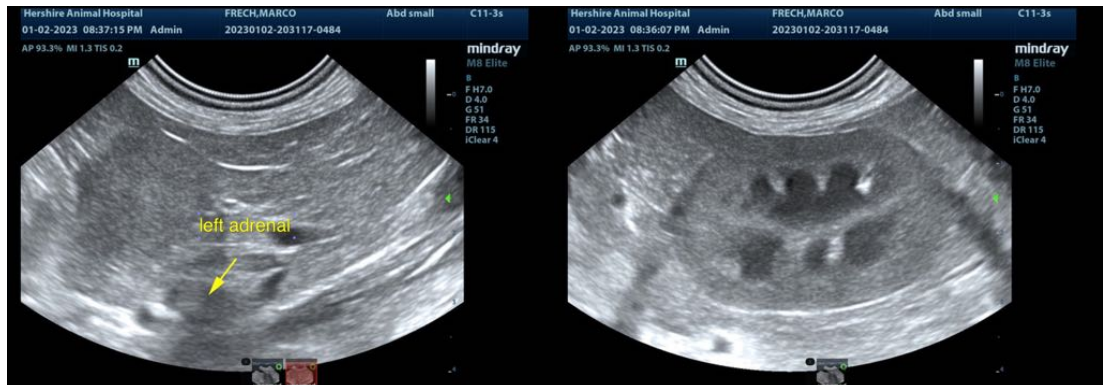
Neutered male

AGE

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WEIGHT

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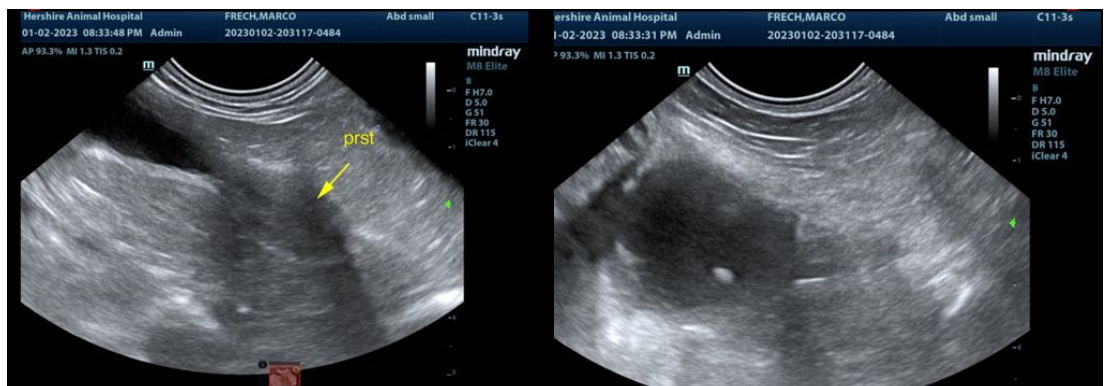
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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