**DATE**

10/17/22

PRESENTING CLINICAL SIGNS

Acute vomiting, does get into things like garbage. 4 y/o MN Shih Tzu Mix
 Current Problems: Vomiting. Previous History: Elevated LE- Here only ALT slightly up at 128.
 Current Medications: Cerenia, Buprenorphine, Protonix, Unasyn, Entyce.

PATIENT

Prinze Stevens

Lab Results: overall Nsf except dehydration and increase in WBC
 Radiographs: No obvious FB.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Shih Tzu mix

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

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. A cortical infarct was noted at the cranial pole of the right kidney. The left kidney measured 4.5 cm. The right kidney measured 4.35 cm.

AGE

9/27/18

WEIGHT

17.8 lbs

Adrenal Glands

The left **adrenal gland** revealed areas of mineralization at the caudal pole measuring 2.26 x 0.64 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 1.53 x 0.53 cm at the caudal pole and 0.54 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Animal Emergency
 Hospital

REFERRING VET

Dr. Nacke-Horney

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.

INVOICE

40097

Gastrointestinal

The **stomach** was over distended with chyme. The pancreas enveloped the upper gastrointestinal tract.

Pancreas

The **pancreas** revealed extensive, mixed, hypoechoic, undifferentiated parenchyma that is consistent with pancreatic necrosis with enhanced, surrounding, hyperechoic mesentery. Right pancreatic limb measured 2.3 cm and enveloped the upper gastrointestinal tract, duodenum and pyloric outflow with slight free fluid. The majority of the pancreatic pathology was largely void of Doppler signals. This is indicative of necrosis.

Free Abdomen

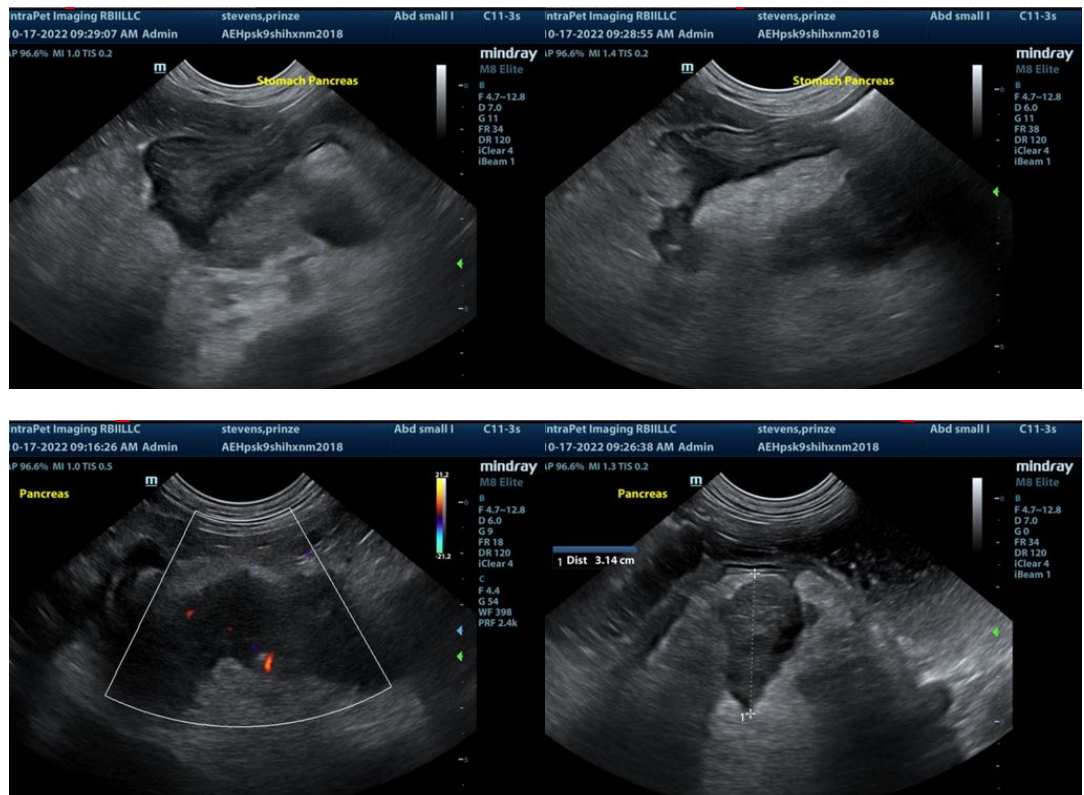
A slight amount of free fluid was adjacent to the spleen and was folded upon itself.

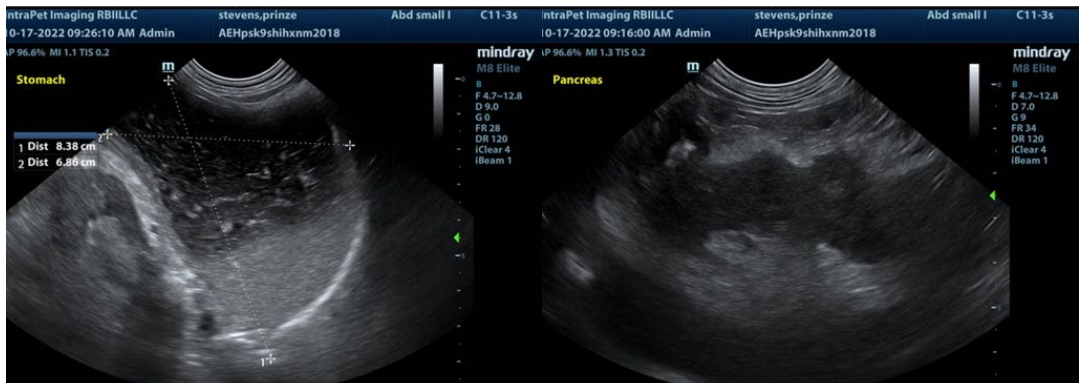
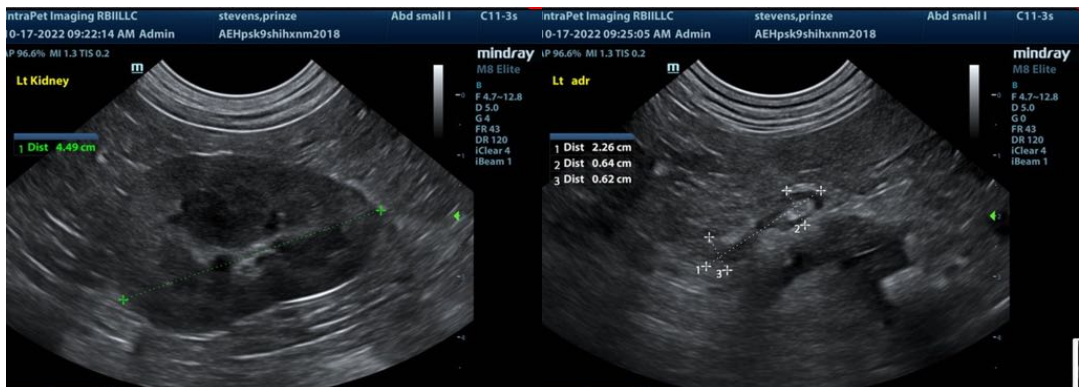
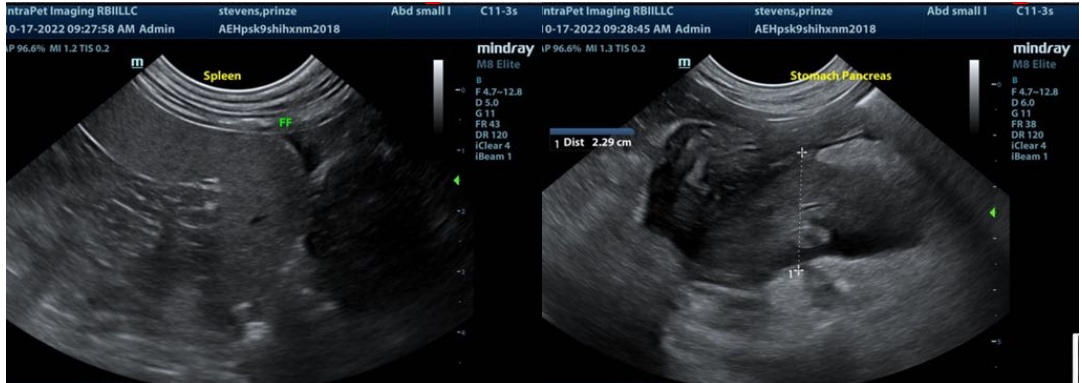
ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis and pancreatic necrosis with delayed upper GI outflow owing to tethering of the pyloric outflow and duodenum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric tube is recommended for evacuation of the stomach is indicated. Ultrasound-guided FNA of the hypoechoic pancreatic parenchyma is recommended. Debridement of the right pancreatic limb may be necessary in this patient to liberate the upper GI tract. Aggressive treatment for pancreatitis is warranted over the next 72 hours. Plasma expanders, 24 hour n.p.o., followed by trickle feeding, GI protectants and broad spectrum antibiotics are all indicated. Neoplasia is unlikely, yet cannot be ruled out hence FNA is indicated. Recheck sonogram is recommended in 3-5 days. The prognosis is very guarded.





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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