



PATIENT

Mia Rogow

SPECIES

Canine

BREED

Papillon

SEX

Spayed Female

AGE

7 Years

WEIGHT

6.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. George Cattiny

INVOICE

42463

DATE

10/28/22

PRESENTING CLINICAL SIGNS

Patient presents for pancreatitis, vomiting, and diarrhea. Patient has not eaten since yesterday, drinking normal, very dark, muddy urine, shaking and lethargic. Has fleas.

Abnormal PE/Chem/CBC/UA Results: AST 76, amylase 2,563, PrecisionPSL 734. RBC 9.9, HGB 23.9, HCT 68.

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 3.22 cm. The left kidney measured 3.03 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 1.65 cm x 0.44 cm at the caudal pole and 0.37 cm at the cranial pole. The right adrenal gland measured 1.65 cm x 0.33 cm at the caudal pole and 0.35 cm at the cranial pole.

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** 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.

Portal vein to vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal

The **stomach** was overdistended with anechoic fluid. The gastroesophageal inlet was free of evident pathology. The upper gastrointestinal tract revealed stasis continuing into the duodenum. Areas of empty small intestine present. The ileocecal region was free of evident pathology. The proximal colon



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revealed a focal structure measuring approximately 1.5 cm. This is likely passing foreign body. Reactive mesentery noted around the colon.

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

- Focal colonic structure, gastroenteritis pattern otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Passage of a single foreign matter structure likely. IV fluid support, GI protectant protocol, and observance for evacuation of a 1.0-1.5 cm hard structure would be recommended, such as a pistachio nut or similar. If clinical signs persist over the next 48 hours, recheck sonogram indicated.

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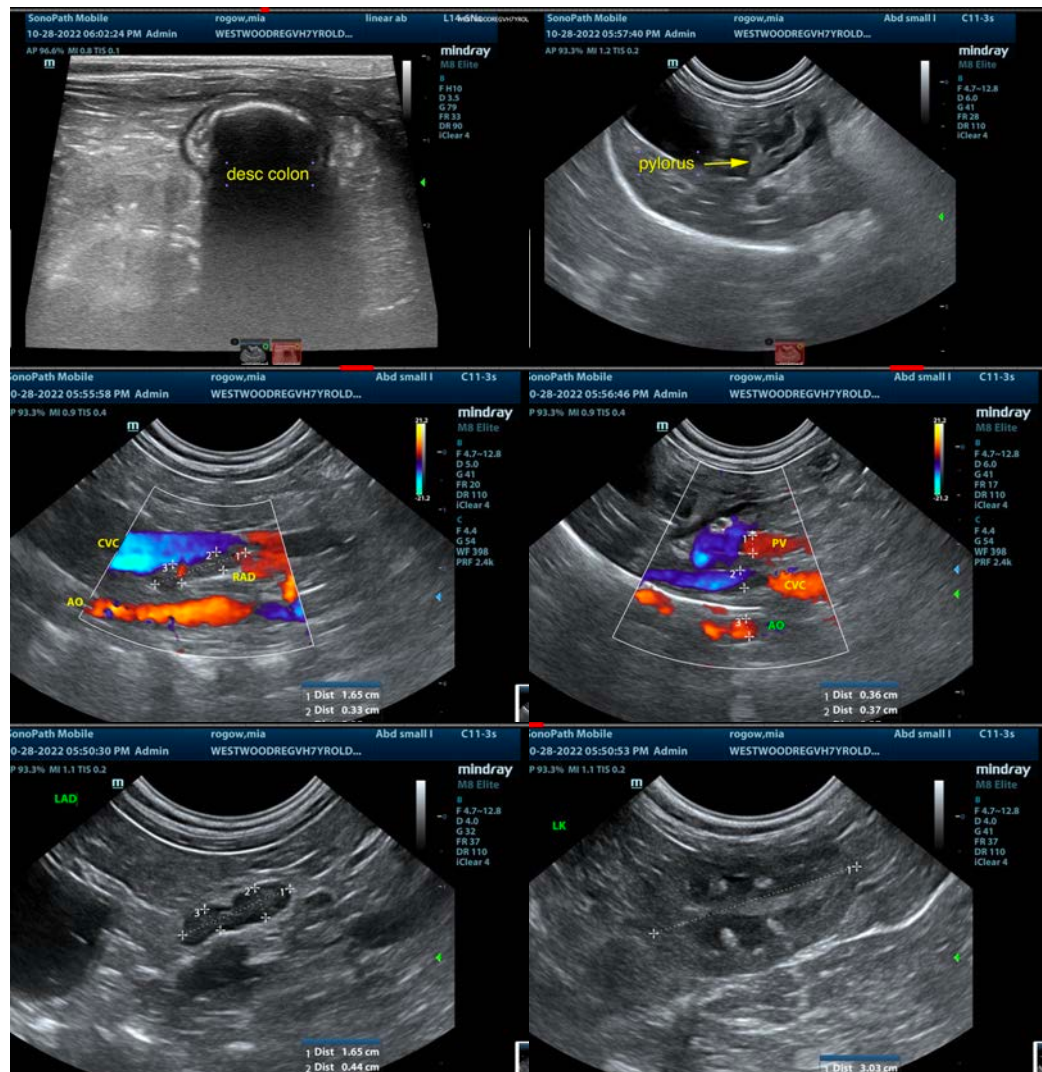
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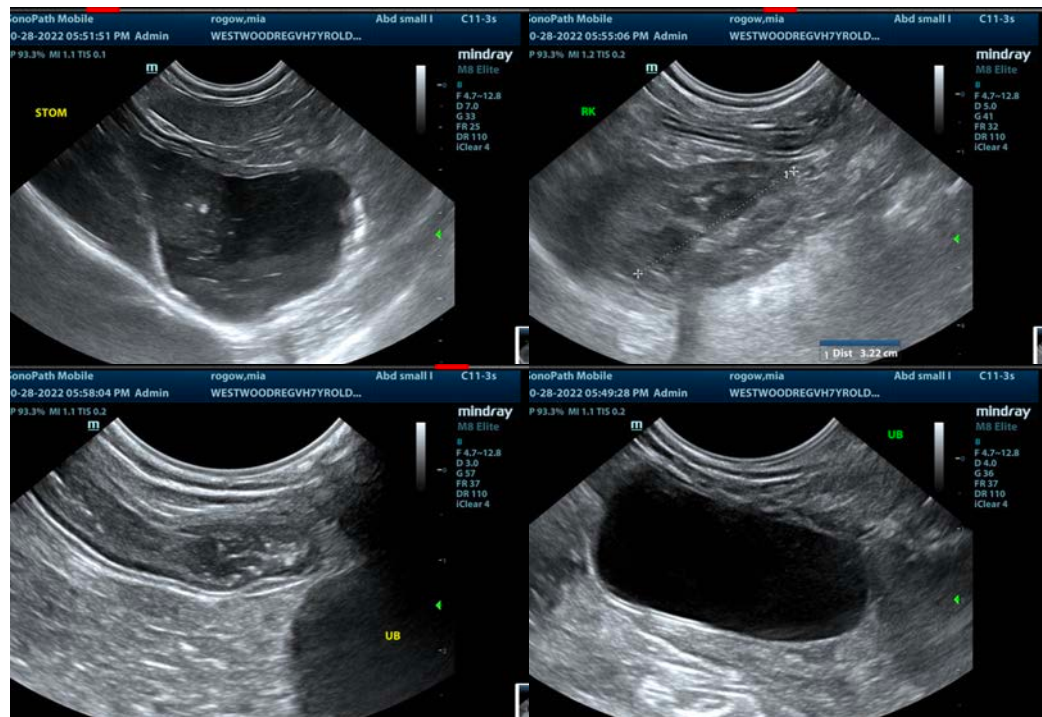
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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