

**DATE PRESENTING CLINICAL SIGNS**

11/16/21 History: Vomiting with some blood. BW shows elevated liver values and GGT.

PATIENT Lab Results: Elevated liver values- GGT = 44, T Bili = 11.9.

Minnie Trimble Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Unknown

SEX

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. The right kidney measured 4.5 cm. The left kidney measured 4.75 cm.

Spayed Female

AGE

9/1/09

Adrenal Glands

WEIGHT

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 1.6 cm x 0.77 cm at the cranial pole and 0.70 cm at the caudal pole. The left adrenal gland measured 1.6 cm x 0.63 cm at the caudal pole and 0.62 cm at the cranial pole.

18 Pounds

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 were noted.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Homeward Bound VS

Liver

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 presented some dependent debris with essentially normal contour. The common bile duct was slightly enlarged at 0.75 cm. The distal portion of the common bile duct was obscured by the pancreatic pathology.

REFERRING VET

Dr. Vance

Gastrointestinal

The **stomach** itself was unremarkable. The upper duodenum was thickened at the level of the duodenal papilla.

INVOICE

29843

Pancreas

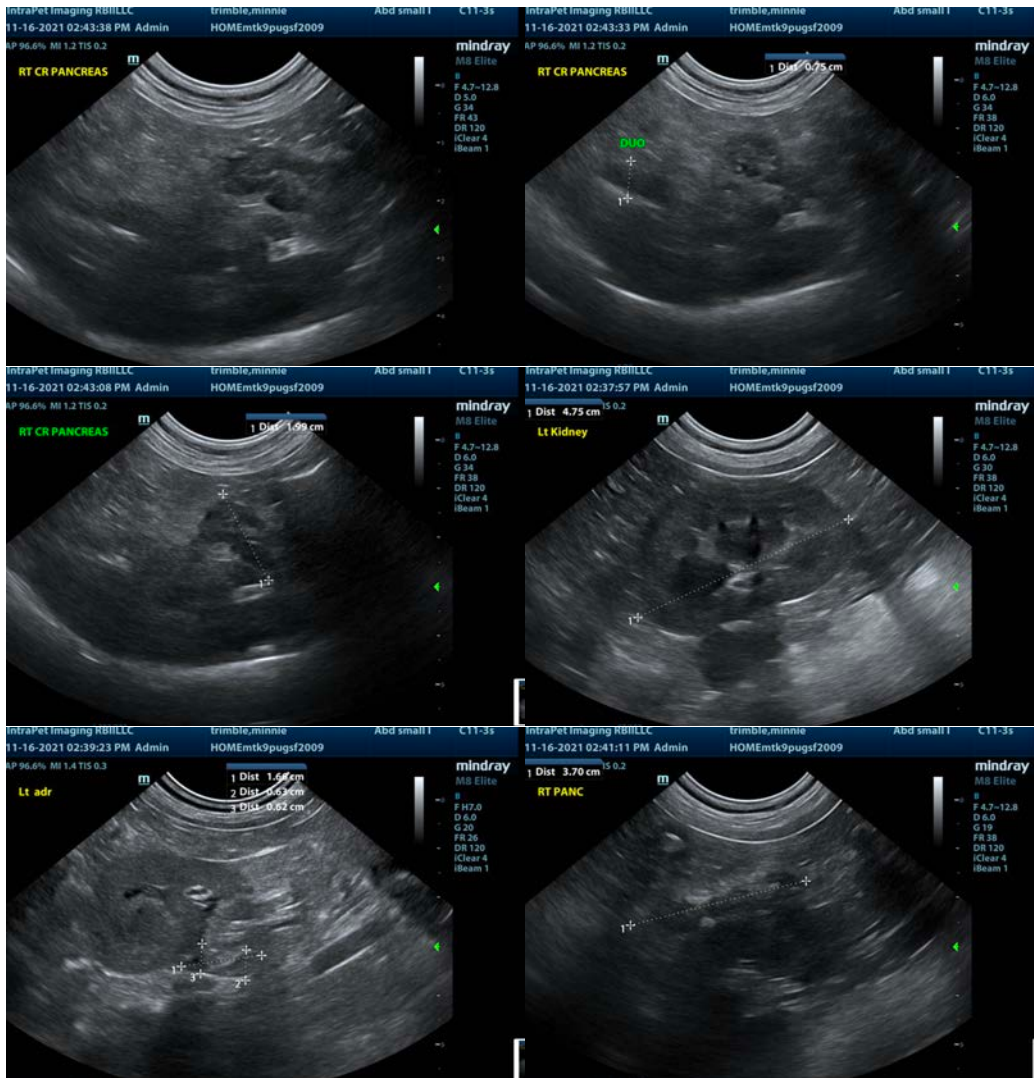
Both limbs of the **pancreas** appeared to be affected by chronic active inflammatory pattern with nodular changes.

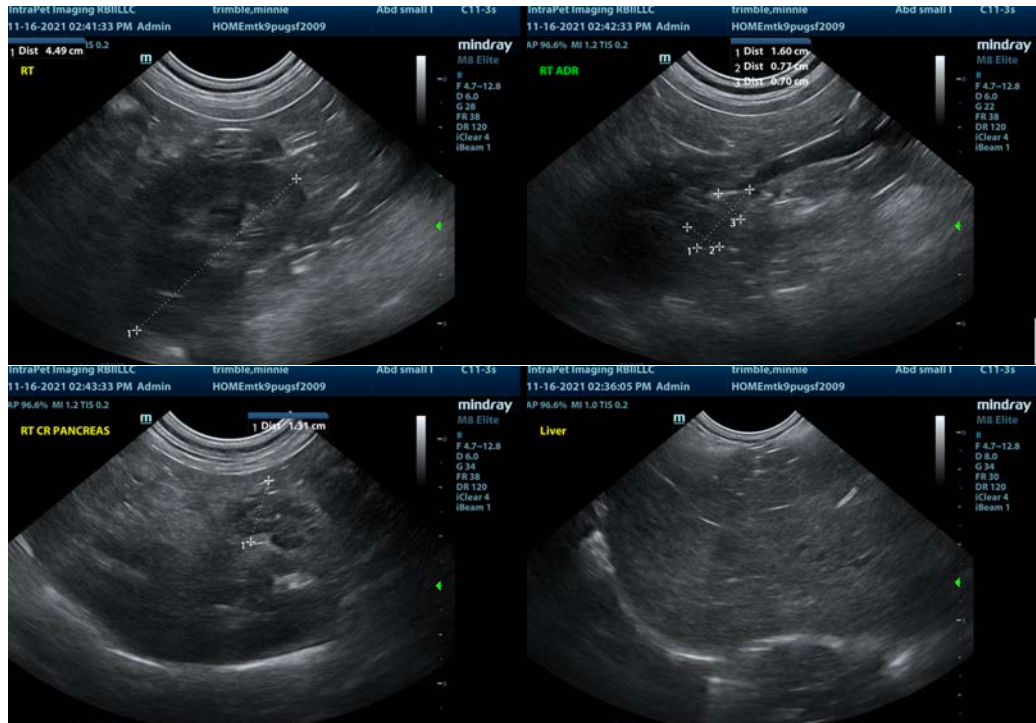
ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis with emerging post-hepatic obstruction and hepatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the hypochoic portion of the pancreas would be ideal. Treatment for chronic active pancreatitis warranted with monitoring of the bilirubin values given the common bile duct dilation. Surgical intervention to liberate the common bile duct may be necessary in this patient given the severe elevation of bilirubin. No evidence of neoplasia. However, pancreatic carcinoma cannot be completely ruled out. FNA of the pancreas and liver strongly recommended. Single dose Dexamethasone with IV fluid support, pain management, and broad-spectrum antibiotics all indicated and recheck sonogram in 48-72 hours to assess if surgical intervention is necessary.





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.

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