

**DATE**

11/2/21

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint:** Referral for Continued Care; Diarrhea; Hypersalivation – Drooling. **Date:** 11-01-2021 **Notes:** Ate 2 used tampons on Friday, shreds them - started vomiting Friday into Saturday, 3x, has 1 solid bowel movement - presented to rdvm: rads showed some gassy changes but they noted it appeared to moving to the colon - gave SQ fluids, maropitant, and told to monitor at home - was fed later that night - passed tampon-like material on sat PM, owners pulled some of the material out - seemed normal afterwards Around 5 pm today: started having liquid diarrhea that changed to blood then mucus - had 1 episode of vomiting - presented to rdvm: rads gas distended colon with gassy changes in the intestines, BW: GLU 560, CREA 1.9, ALT 302, GGT 15, TBIL 1.3, AMY >2500, LIPA 3995, RBC 10.25, HCT 70.8, RETIC 162, WBC 18.99, NEU 13.89, MONO 1.18 - gave bolus of IV fluids, maropitant, and Buprenex around 745p - recommended referral for aggressive fluid therapy and U/S. **Assessment:** Referral for suspected pancreatitis vs HGE vs intussusception **Plan:** Discussed pancreatitis, HGE, and concern for FB vs intussusception with the owner in depth - reviewed changes noted in the rdvm BW and changes on rads
Recommended hospitalization, repeat PCV/TS, repeat BG, repeat liver values, abdominal U/S, fluids, supportive care as needed.
Current Medications: Buprenex, Pantoprazole.
Lab Results: Hyperglycemia on RDVM blood work- recheck here pending.
Radiographs: rads gas distended colon with gassy changes in the intestines.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

PATIENT

Diego Morgan

SPECIES

Canine

BREED

Bichon Mix

SEX

Neutered male

AGE

4/4/20

WEIGHT

12.5 lbs

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.95 cm. The right kidney measured 3.85 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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 1.98 x 0.48 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.78 x 0.56 cm at the cranial pole and 0.48 cm at the caudal pole.

REFERRING VET

Dr. Nacke-Horney

INVOICE

92816

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.

Liver

The **liver** was mildly subnormal in size with uniform parenchyma. Normal intrahepatic and extrahepatic vascularity was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

Gastric stasis was noted with anechoic fluid. There was no evidence of foreign body. Mild pyloric hypertrophy was noted without loss of detail. The gastrointestinal tract was structurally unremarkable. The curvilinear patterns were maintained.

Pancreas

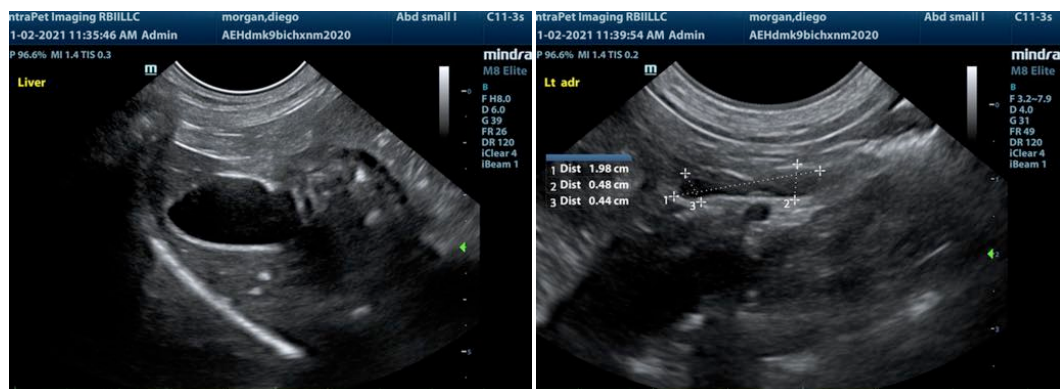
The **pancreas** was mildly heterogenous with enhanced surrounding mesentery. Hypoechoic edematous parenchyma was noted.

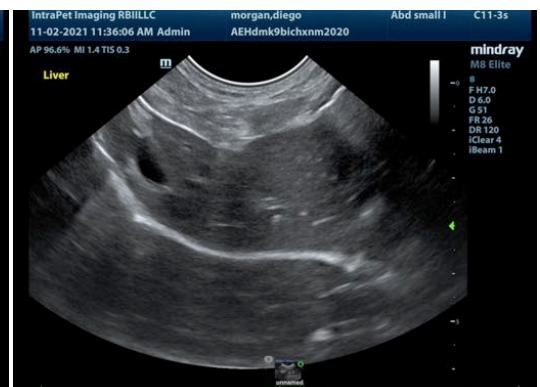
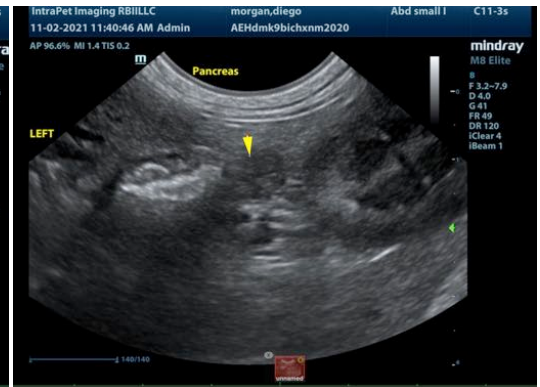
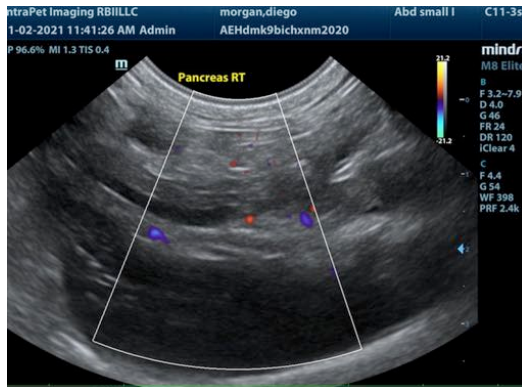
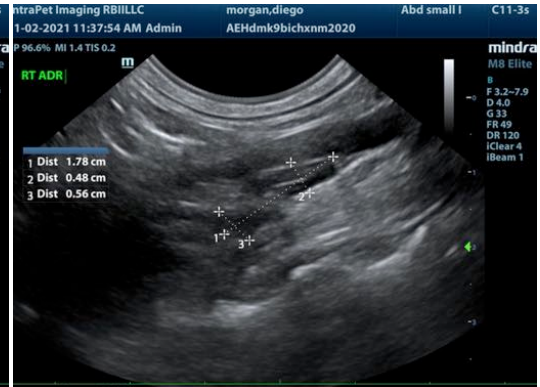
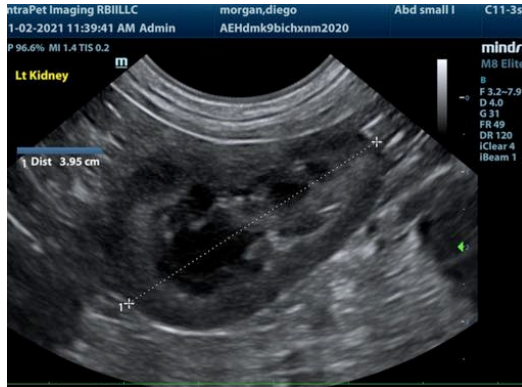
ULTRASONOGRAPHIC FINDINGS

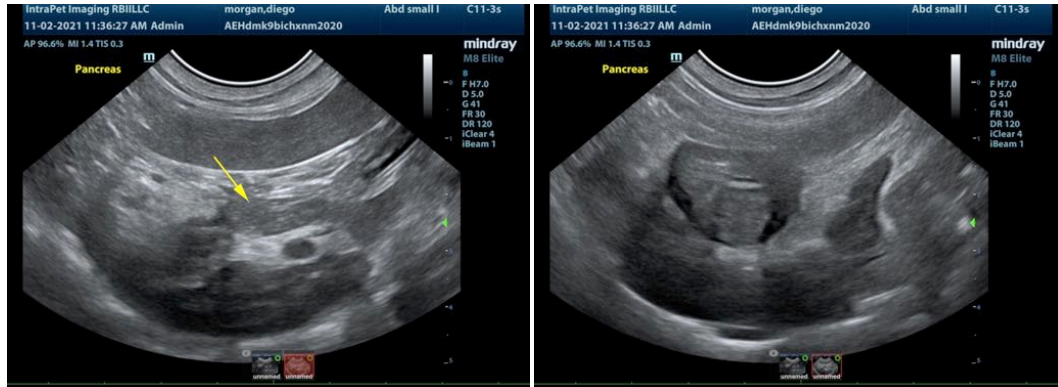
Pyloric hypertrophy.
Mild pancreatitis, gastritis presentation.
Minor microhepatica.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of bilirubin elevations are unclear. I recommend reassessing to ensure that this is not artifactual. Otherwise, Leptospirosis titers are indicated +/- hepatic FNA. There was no evidence of neoplasia or foreign bodies. No evidence of post hepatic obstruction. There was no evidence of intrahepatic or extrahepatic shunting. IV fluid support, GI protectants, Ampicillin and Metronidazole combination is recommended with reassessment of the clinical status.







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