



PATIENT PRESENTING CLINICAL SIGNS

Tiramisu Bannett

SPECIES

Canine

BREED

Whippet

SEX

Intact female

AGE

9 years

WEIGHT

32 lbs

History: Long time ago per owner p had pancreatitis. They have tried to keep her on a relatively low fat/bland diet since. She lives in a house with multiple other dogs (mostly other whippets) that are show dogs. There will occasionally be bouts of GI upset/diarrhea with the pack that the owner typically treats himself. One of other dogs had diarrhea a few days ago and owner started Metronidazole then gave p two doses over weekend, but then had a formed stool, so owner stopped on Sunday or Monday. Monday night p vomited after eating. Owner started more of a bland diet on Tuesday but p wouldn't eat. Then Tuesday even she ate a large meal of plain pasta and rice with crumbles of milkbone and p ate it all and hasn't vomited since but wouldn't eat again yesterday am.

Abnormal PE/Chem/CBC/UA Results: ~5-7% dehydrated. P has some discomfort with abdominal palpation, will show discomfort cranially and caudally. Soft stool in rectum. CBC: -RBC 9.08M/uL (5.65-8.87) H -HCT 65.5% H -HGB 22.8g/dL (13.1-20.5) H -WBC 3.94K/uL (5.05-16.76) L -Neut 2.81K/uL (2.95-11.64) L -Bands detected -Lym 0.66K/uL (1.05-5.10) L -Eos 0.03K/uL (0.06-1.23) L Chem: Icteric plasma -ALT didn't read -ALP 389U/L (23-212) H -GGT 59U/L (0-11) H -TBil 1.9mg/dL (0-1.9) H Abnormal cPL P has been hospitalized for suspected pancreatitis with post-hepatic biliary obstruction.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

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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 6.0 cm. The left kidney measured 5.6 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 0.76 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to



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Tiramisu Bennett

ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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Liver

BREED

Whippet

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.

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Gastrointestinal

AGE

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The **pancreas** revealed slight, heterogenous parenchymal changes, yet are unremarkable. There was no evidence of post hepatic obstruction present.

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ULTRASONOGRAPHIC FINDINGS

Acute hepatic insult given the patient's history.

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Hypersplenism.

Slightly heterogenous pancreatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis should be considered as a strong potential. Other infectious or toxic agents should be considered. Hepatic FNA, Leptospirosis titers are recommended. Given that there is no anemia and no evidence of post hepatic obstruction, FNA is indicated to assess for acute toxic or infectious insult. FNA of the spleen is also indicated given its enlargement. However, the presentation is more consistent with hyperplasia or reactive spleen.

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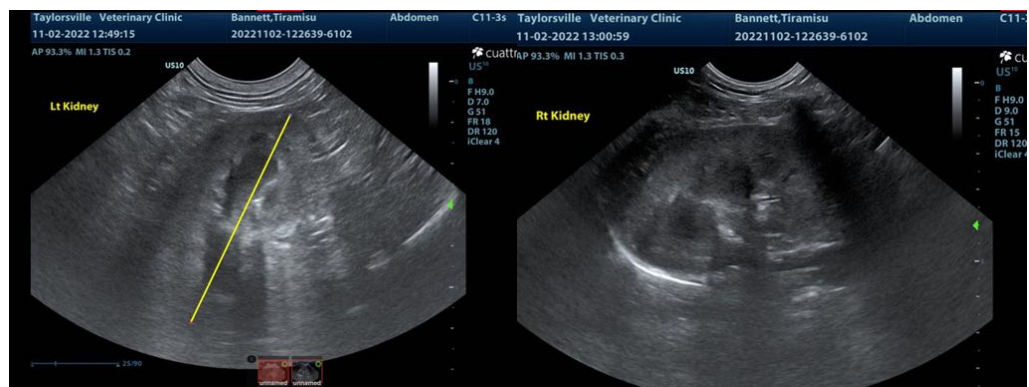
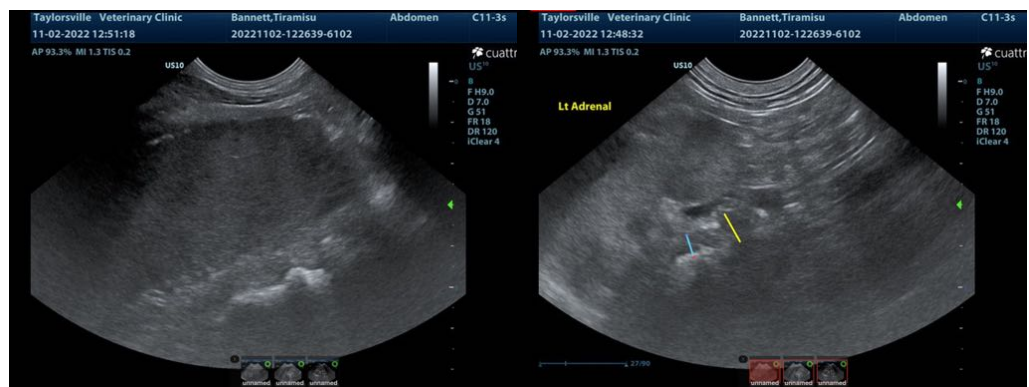
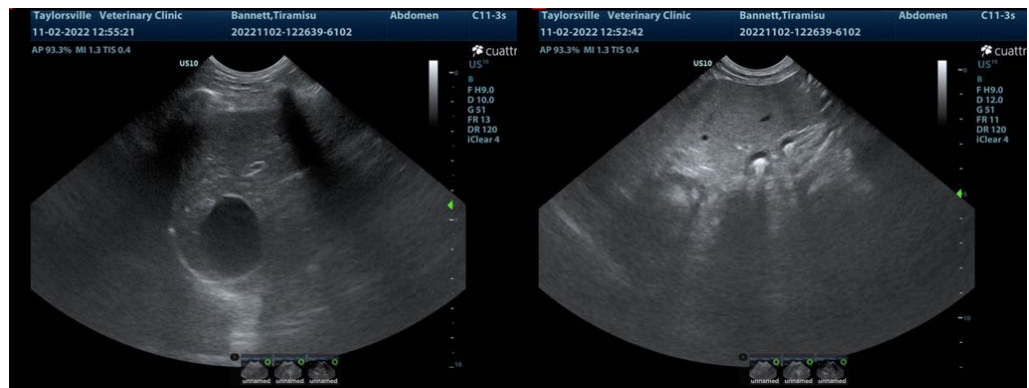
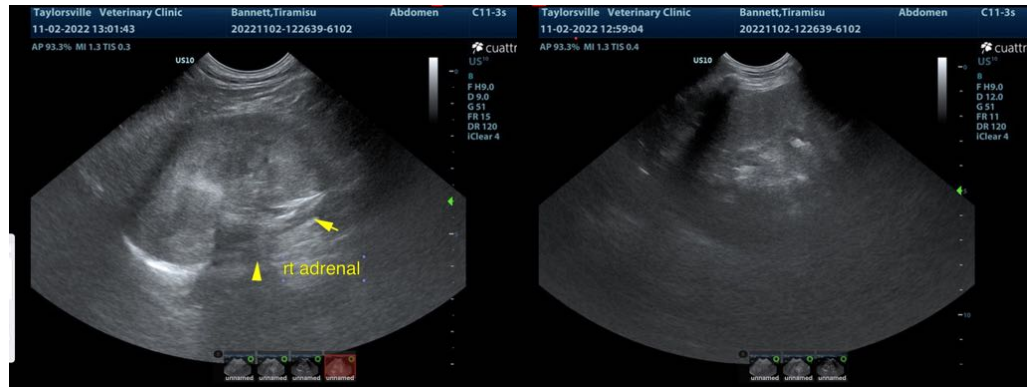
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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