

**DATE**

12/2/22

PRESENTING CLINICAL SIGNS

History: Beginning this afternoon sudden onset of acting very lethargic, left side seems swollen and cried when picked up. History of pancreatitis - see AEH in October. Also has been itching at left ear - owner has been cleaning with hydrogen peroxide. Current diet Purina One weight management. Owner has recently ordered metabolic diet but has not started yet. Only treats are little bites - very occasionally. Owner has been working with rDVM for weight management. Has been previously tested for Thyroid disease - wnl. Owner did not feed this evening.

PATIENT

Bella Steuernagle

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

9/10/16

WEIGHT

13.9 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Saubier

INVOICE

18948

Current Medications: Ampicillin, Buprenorphine, Protonix.

Lab Results: See attached.

Radiographs: stomach small - wall appears thickened and pylorus prominent. Ingesta and fluid noted in small intestines.

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.

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 left kidney measured 4.31 cm. The right kidney measured 4.31 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 1.73 cm x 0.61 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.67 cm x 0.53 cm at the caudal pole and 0.59 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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt

formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. This is a minor change.

Gastrointestinal

The **gastric** wall was slightly hypertrophied with no loss of mural detail. Minor muscularis thickening was present.

Pancreas

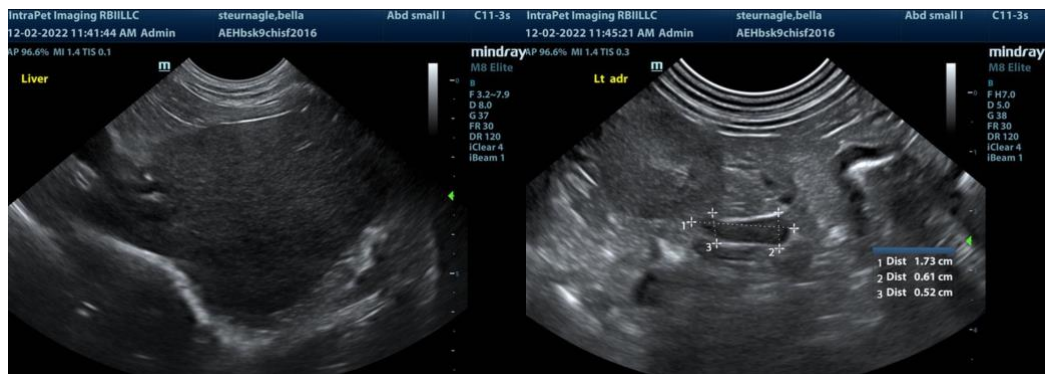
The **pancreas** revealed slight coarse architecture. No overt evidence of active inflammation.

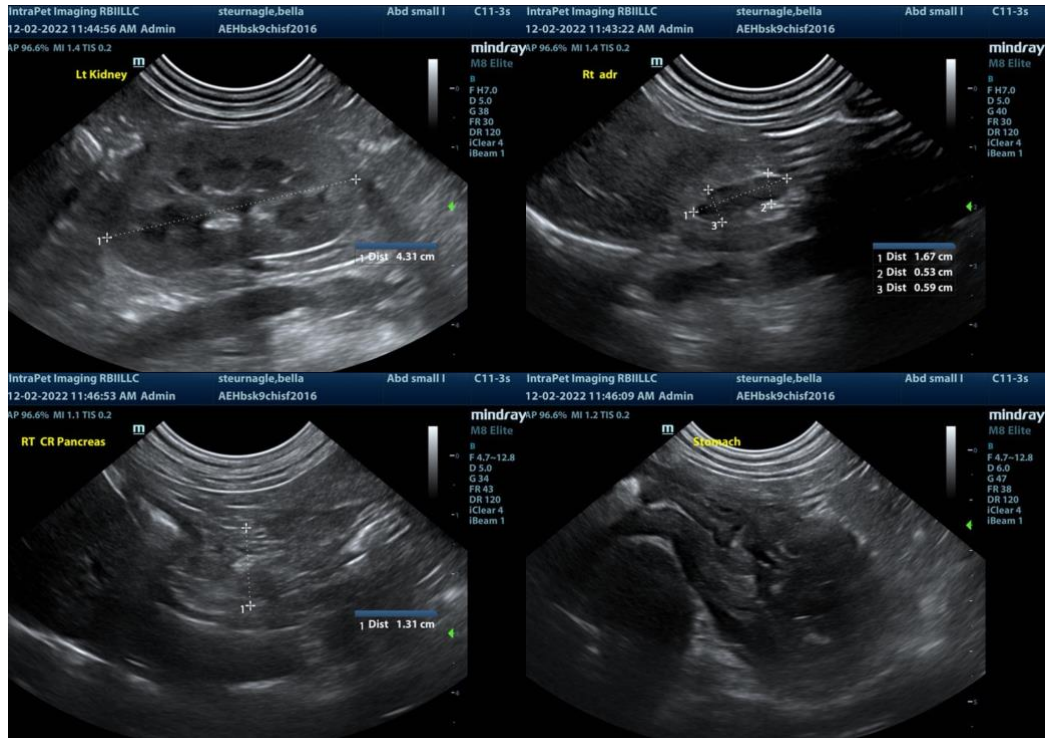
ULTRASONOGRAPHIC FINDINGS

- Minor pancreatic remodeling
- Minor gastric wall thickening, likely owing to past history of upper GI and pancreatic issues
- Benign hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of inflammation. I cannot rule out minor low-grade inflammation in the pancreas. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Other causes of perceived abdominal pain such as referred back pain should be considered as a possibility. Full orthopedic examination is indicated, as well as deep digital palpation to assess orthopedic referred pain versus visceral pain respectively.





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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