

**DATE PRESENTING CLINICAL SIGNS**

12/24/21

History: Presenting Complaint: Re-Examination / Follow-Up. Date: 12-23-2021 Notes: Presented to AEH 12/22 for vomiting and lethargy after recently changing food: - BW: WNL - rads: decreased serosal detail, renoliths and uroliths - Meds: Cerenia 12 mg PO q24 last given 2p, Gabapentin 100 mg PO q8-12 last given around 230p Slept most of yesterday - would wake up occasionally to go outside - was drinking, lethargic, and leaning again the counter - 1 BM yesterday Today: still lethargic, won't eat - was still taking meds - gave Gaba at around 230p.

PATIENT

Abby Shannon

SPECIES

Canine

Re-admit Assessment: Painful in abdomen; Regurgitation. Plan: Discussed concern for worsening pancreatitis vs obstruction vs UTI. (Active urine, abdomen more hazy on films, febrile despite Convenia, added Baytril)

BREED

Bichon Frise

Current Medications: Buprenex, Enrofloxacin, Convenia, Pantoprazole, Metoclopramide.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

1/14/09

The **urinary bladder** revealed multiple calculi, the largest of which measured 0.34 cm, a grouping of which measured 1.0 cm, non-obstructive.

WEIGHT

12.8 Pounds

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. Pelvic and corticomedullary mineralization noted in both kidneys. The left kidney measured 3.64 cm. The right kidney measured 4.0 cm with pelvic mineralization 0.82 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands****IMAGING PERFORMED BY**

Rachel Brilhart RDMS

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 1.51 cm x 0.48 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 1.75 cm x 0.67 cm at the caudal pole and 0.62 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen****REFERRING VET**

Dr. Nacke-Horney

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.

INVOICE

33723

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. Minor gallbladder polyps noted.

Gastrointestinal

Gastric stasis noted with mild pyloric hypertrophy, enveloped by the pancreatic pathology. The small intestine and colon presented curvilinear patterns without overt obstructive pathology. However, reactive mesentery was noted associated with the small intestine.

Pancreas

The **pancreas** presented mixed hypoechoic irregular parenchyma with enhanced surrounding mesentery. The right limb measured 2.23 cm. The pancreatic pathology was largely localized to the right limb and base.

Free Abdomen

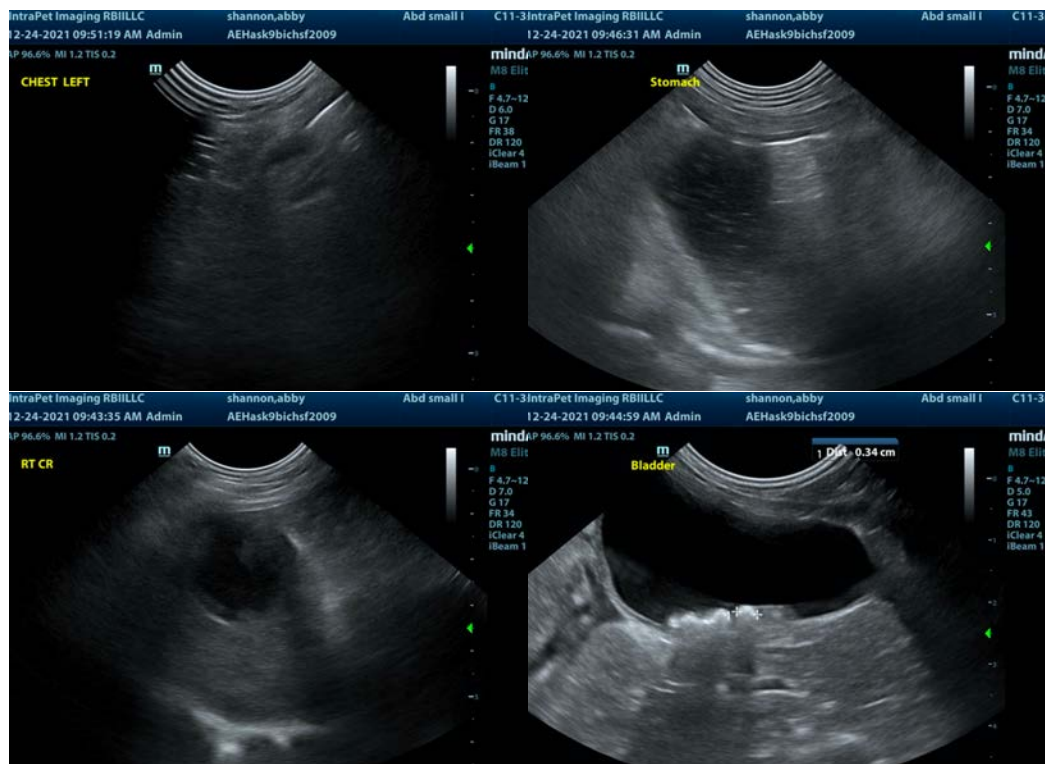
The left thorax revealed minor pleural effusion, which may be owing to pleuritis or systemic inflammatory events owing to the pancreatitis.

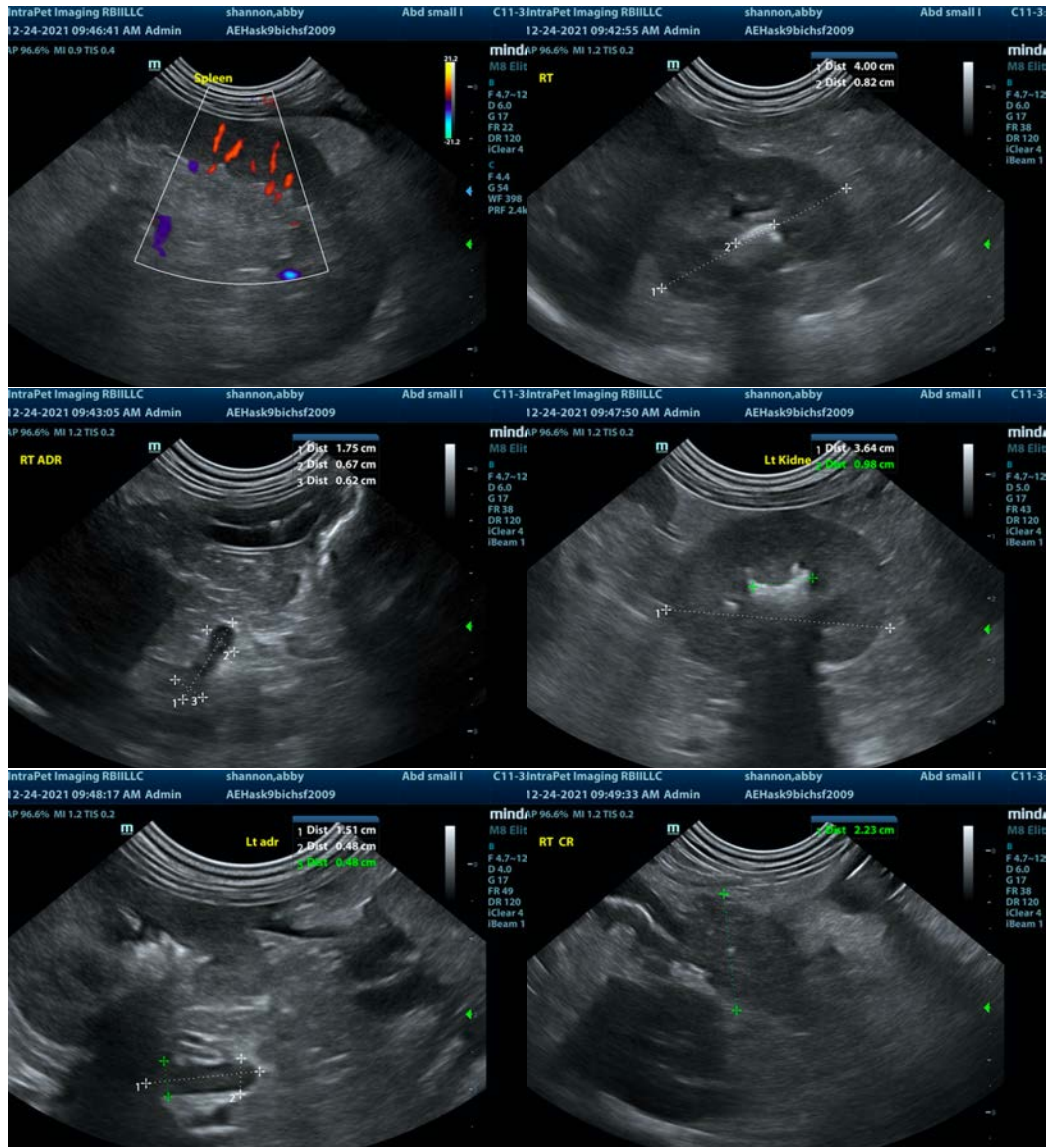
ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with renal calculi and bladder calculi
- Gastroenteritis/pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. Aggressive treatment for pancreatitis warranted over the next 3-5 days. Mild potential for underlying pancreatic neoplasia FNA of the hypoechoic portion of the pancreas would be ideal. Respiratory rate and chest radiographs should be monitored periodically during treatment. Plasma expanders, pain management, GI protectants, broad-spectrum antibiotics all indicated.





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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