

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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DATE PRESENTING CLINICAL SIGNS

12/24/21

History: Presenting Complaint: Referral for Continued Care -Pancreatitis. Date: 12-23-2021 Notes: P was referral for pancreatitis. P has been having a history of vomiting, diarrhea, and not eating. O brought P to rDVM: BW: ALP 351, neutrophilia, monocytosis cPL: abnormal. P has history of heart murmur 4/6 - medications: Pimobendan (2.5mg TID 7am, 3pm, 9:30pm), Spironolactone (12.5mg SID). O gives Furosemide as needed if P is exhibiting respiratory distress. Assessment: Pancreatitis vs Gastroenteritis vs IBD vs Cancer. Plan: Hospitalization, IV catheter, fluid therapy, Amp/Sulb, Protonix, Buprenorphine, abdominal radiographs, ultrasound and further treatment as needed.

PATIENT

Fitz Starks

SPECIES

Canine

Current Medications: Pimobendan, Unasyn, Pantoprazole, Cerenia, Buprenex, Vitamin B Complex, Furosemide PRN, Spironolactone.

BREED

Bichon

Lab Results: ALP 351, neutrophilia, monocytosis cPL: abnormal. Radiographs: unremarkable.

SEX

Neutered Male

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12/23/11

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.

WEIGHT

17.9 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. The right kidney measured 4.88 cm. The left kidney measured 4.86 cm with pyelectasia of 0.25 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Roper

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 2.16 cm x 0.69 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 2.06 cm x 0.74 cm at the caudal pole and 0.72 cm at the cranial pole.

Spleen

The **spleen** presented an expansive parenchymal, moderately vascular mass measuring 3.4 cm, deriving from the mid splenic body.

INVOICE

33727

Liver

Generalized **hepatomegaly** noted with left-sided hypoechoic nodules. The gallbladder was double layered and edematous.

Gastrointestinal

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.

Pancreas

The **pancreas** presented extensive mixed hypoechoic edematous parenchyma with dilated pancreatic duct and undulating contour. Regional minor lymphadenopathy noted. Hyperechoic surrounding fat noted. The left lib of the pancreas measured 2.28 cm.

Free Abdomen

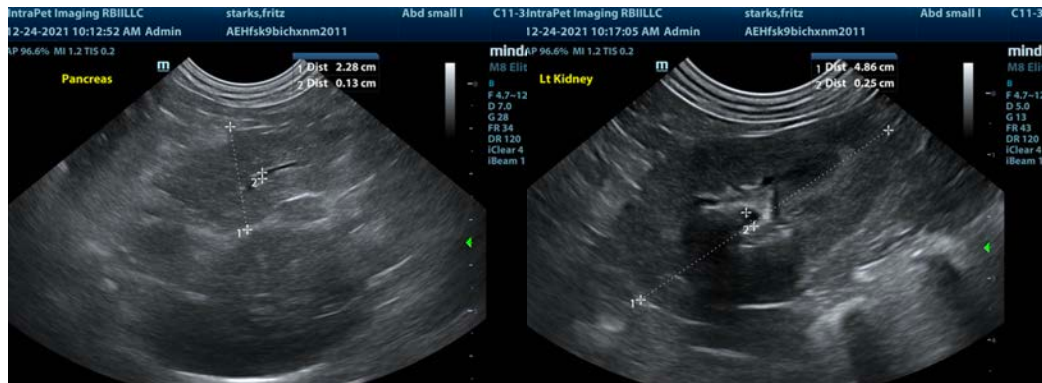
Rapid view of the heart revealed no evident pathology in the right auricle or elsewhere.

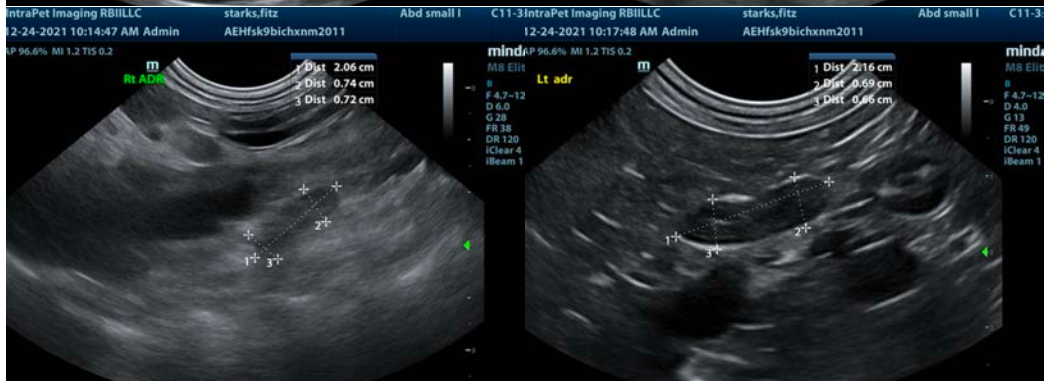
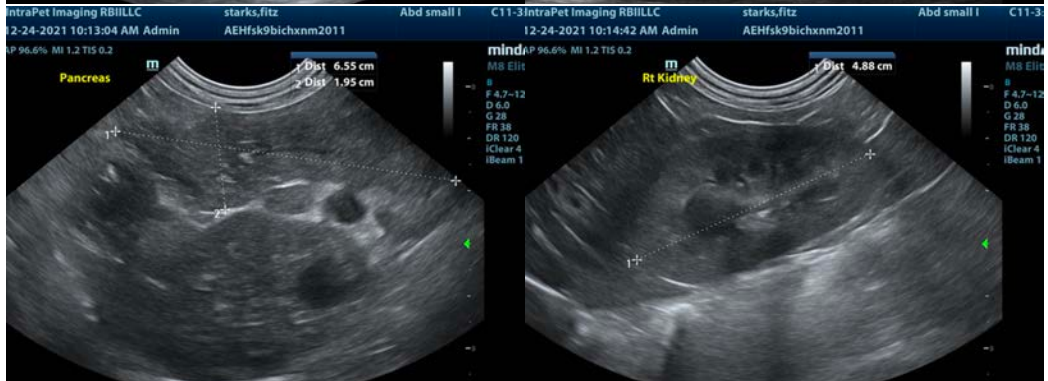
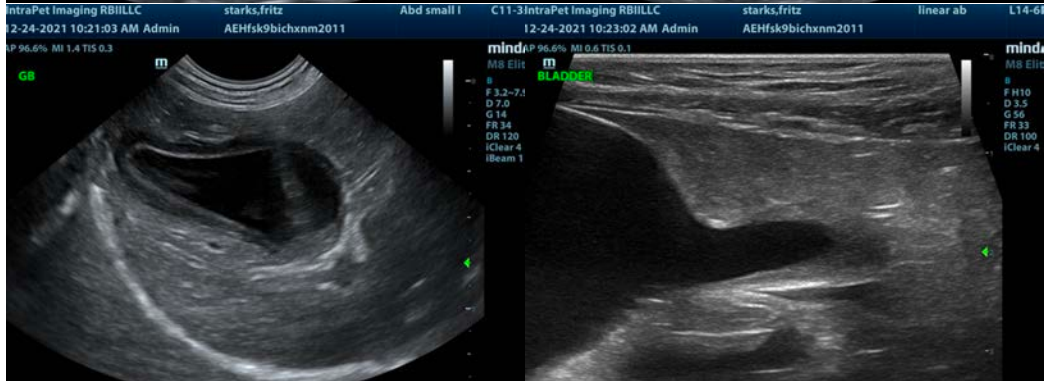
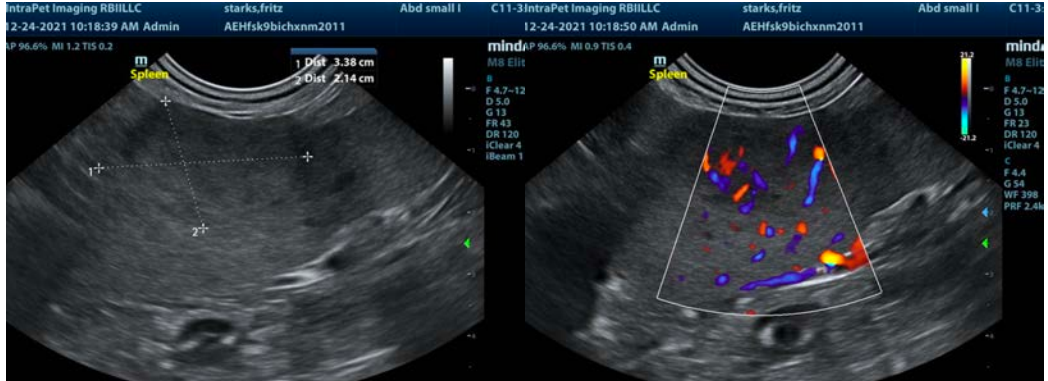
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern with concurrent splenic mass
- Enlarged liver with double layered gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stabilization of the pancreatic presentation warranted. FNA of the pancreas and liver would be warranted for further definition. Minor potential for neoplasia. Plasma expanders, broad-spectrum antibiotics, pain management all indicated. Reassessment of the pancreas and gallbladder in 48-72 hours sonographically. Once the patient is stabilized, splenectomy would be warranted with liver inspection and biopsy.







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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