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Clinical Sonography & Telecytology
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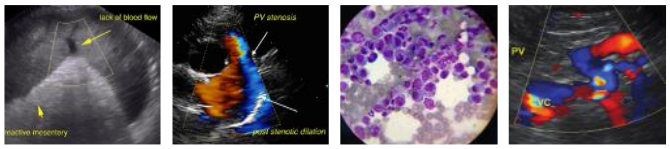


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Snarley Karl Wichman

**SPECIES**
Canine

**BREED**
Dachshund

**SEX**
MN

**AGE**
13yr

**WEIGHT**
15.2

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. Jimmerson

**HOSPITAL NAME**
Willamette Veterinary Hospital

**REFERRING VET**
Dr. Jimmerson

**INVOICE**
12527ag

**DATE**
12/24/2022

## PRESENTING CLINICAL SIGNS

Presented for 10 days of progressive lethargy and diarrhea, waxing and waning anorexia, and intermittent vomiting. 12/12 Work-up at rDVM showed Lipase 2087 H, neutrophilia 12.76K. normal thorax and abdomen radiographs. Was okay for a few days with supportive care then 12/20 started vomiting and diarrhea again. Abbreviated blood panel showed a neutrophilic leukocytosis 24K, and abnormal snap CPL. Spec CPL was markedly elevated at 2000. Sonopath abd u/s showed a moderately distended GB, and hyperechoic cranial mesentary. No overt pancreatitis was appreciated, but there were some rt limb chronic changes. The left pancreatic limb is not noted. There was no noted peripancreatic inflammation and the pancreatic duct was visible but not dilated. Combo of hospital and outpatient care with analgesia and Gi support from 12/20 until presentation today 12/23. Presented today for anorexia and lethargy. He has not vomited for 2 days. Normal stool. Lethargic.

Abnormal PE/Chem/CBC/UA Results: 12/23 blood panel: Wbc 30.25K H, neutrophlia 27K H, monocytosis 1.44K H, Basophilia 0.21K H. Glu 79 borderline low. Glob 5.1 H, ALT 128 H, Alkp 1869 H, GGT 13 H Tbili 1.3 H, Amyl >2500 H, Lipase 3186 H. A/TFAST: no free fluid appreciated in the thorax nor the abdomen Serial labs 12/12/22, 12/20/22, 12/23/22 hct 50.8, 40.1, 40.7 WBC 15.6K, 24.17K, 30.25K pcv/ts *, *, 40/9 Glu 107, *, 79 ALT 70, 47, 128H ALP 37, 128, 1869 H GGT 3 ,*, 13H Tbil 0.2, *, 1.3 H Amyl 1041, *, >2500 H Lipa 2087 H, *, 3186 H Snap CPL abn, abn, * Spec CPL *, 2000 H, pending Glob 3.5, *, 5.1 H

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented a 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 left kidney measured 4.52 cm in length. The right kidney measured 4.88 cm in length.

The area of the residual prostate appeared normal and free of pathology, measuring 6 mm.

### *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 1.52 cm in length by 0.58 cm caudal pole width by 0.56 cm cranial pole width. The right adrenal gland was visualized obliquely measuring 6 mm.

### *Spleen*

The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and was folded upon itself caudally. 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.

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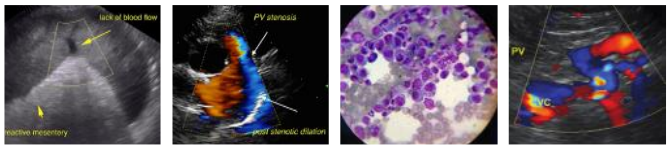


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### *Liver*

The liver images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal hilus was not overtly visible. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was slightly thickened measuring 4 mm.

### *Gastrointestinal*

Examination of the gastrointestinal tract revealed a large amount of upper GI gas with mucosal remodeling in the duodenum. Minor luminal stasis was present. Reactive mesentery was noted around the upper GI tract and pancreas.

### *Pancreas*

Much of the pancreas was not able to be visualized due to obscuring reactive and remodeled mesentery. The pancreatic lymph nodes were mildly enlarged up to 1 cm. Extensive pancreatitis and pancreatic remodeling was present.

### *Free Abdomen*

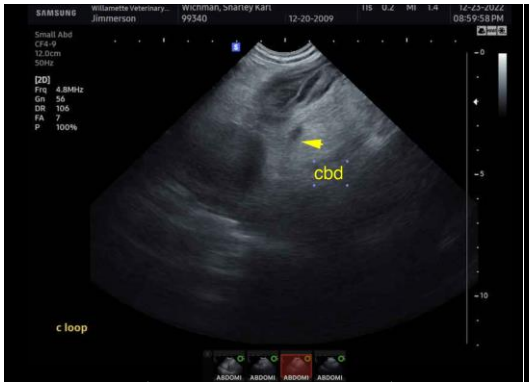
Slight free fluid noted in the abdomen.

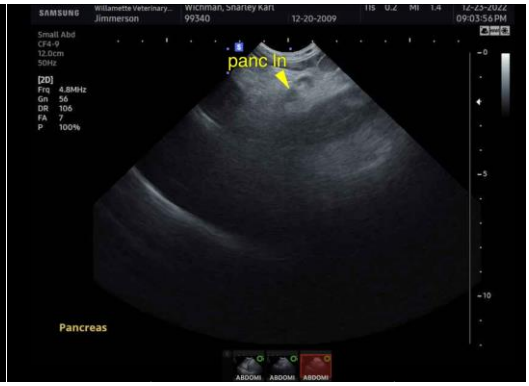
## ULTRASONOGRAPHIC FINDINGS

- Duodenitis pattern
- Pancreatitis pattern, possible underlying pancreatic neoplasia cannot be excluded
- Slight peritoneal free fluid

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive treatment for duodenitis/pancreatitis is recommended with 24 hour NPO and broad spectrum antibiotics, plasma expanders and pain management. A recheck sonogram is recommended in 48 hours to assess for progressive free fluid. Abdominocentesis for cytospin cytology is warranted if progressive free fluid is noted. A guarded prognosis is indicated. This is likely a reacutization of a chronic pancreatic inflammatory process.



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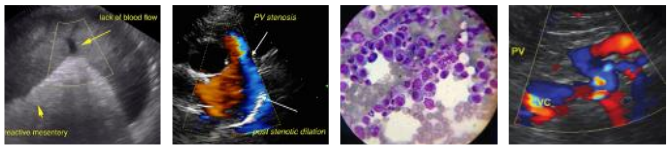

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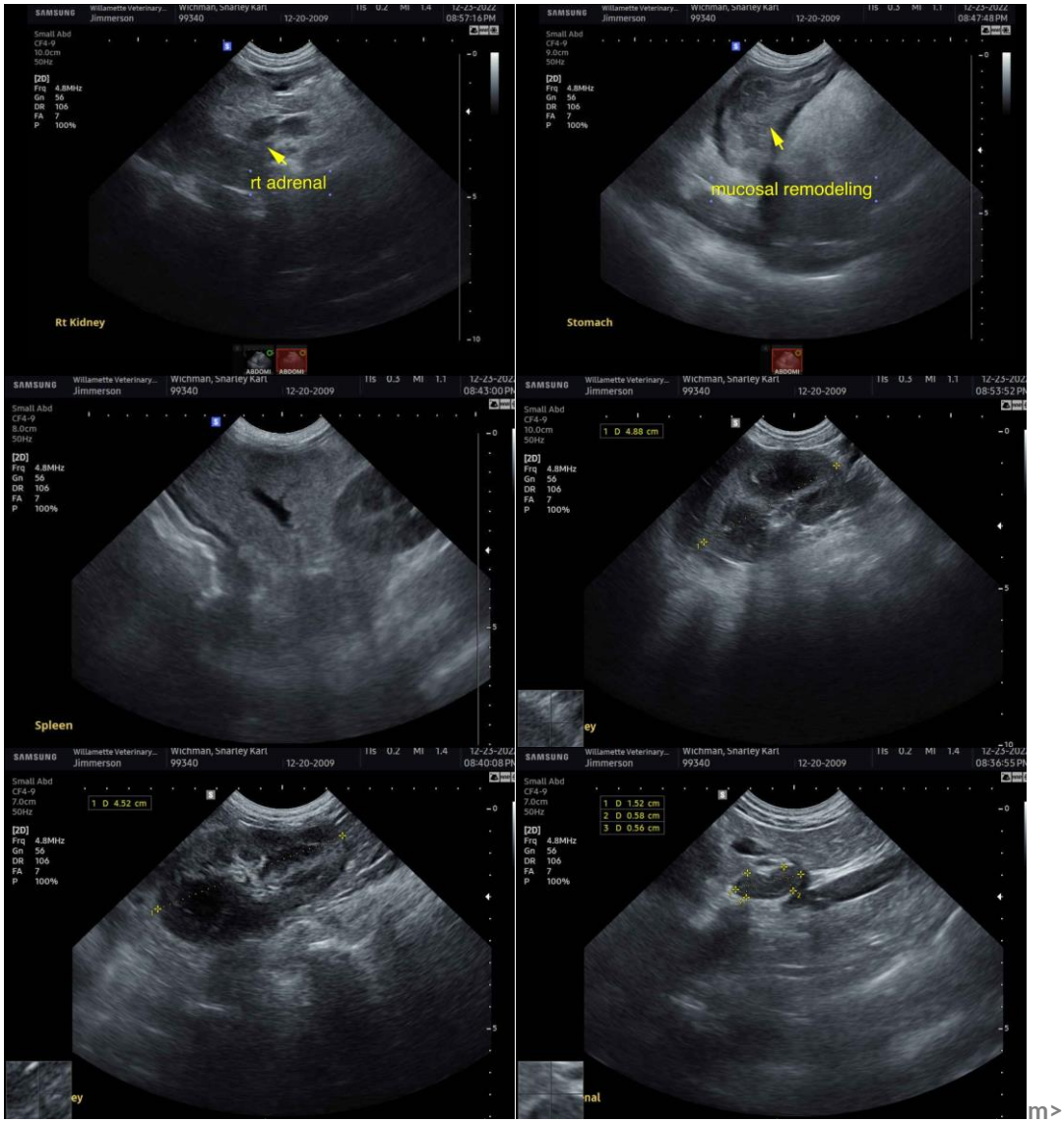


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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