

**PATIENT**Teddy Wallace
17725C**SPECIES**

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

4.94 kg

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

Sarah Pender, CVT

HOSPITAL NAME

Tom McNeill

REFERRING VETMadison VS- Dr.
Alucard**INVOICE**

20254

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: Teddy presented to the MVS Emergency Service on Dec 26, 2022, for evaluation of inappetence, lethargy; distended abdomen. Yesterday 12/25 Teddy ate normally at 7am, then he refused all food. He had a distended abdomen, and was shaking, staring. When the owner touched his abdomen, he cried out in pain. No reported foreign body ingestion and no access to trash or people food. Teddy has a history of diabetes mellitus. The owner is out of BG strips at home, so they have been unable to monitor. Teddy vomited last night after honey/PB; put in kennel with food overnight and this AM saw more vomitus in kennel. No other food was eaten this AM, they skipped insulin. Urination/defecation WNL this AM. Current medications: Vetsulin 6U SC BID; Ursodiol 250mg 1/4 tablet SID and then liver supplement chew of unknown kind

Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense, distended; mild discomfort in general on palpation Glu 456, TP 8.5, Glob 5.5, ALP 1745, T. Bili 3.2, Na 136, Cl 99

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 slight subcapsular halo or subcapsular fluid accumulation. The right kidney measured 5.01 cm. The left kidney measured 3.4 cm. An anechoic cyst was noted at the dorsal cortex of the left kidney, measuring 0.35 cm with adjacent cortical infarct.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.69 cm at the caudal pole and 0.45 cm at the cranial pole.

The **left adrenal gland** was mildly swollen at the cranial pole, measuring 0.71 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland was distinctly hypoechoic to surrounding fat.

Spleen

The **spleen** revealed slight scalloping contour. The spleen was relatively normal in width, measuring 1.5 cm.

Liver

The **liver** revealed nonspecific uniform swelling. The liver was irregular with mildly coarse architecture. Gallbladder debris was noted with striating and dependent debris. The hepatic veins were not dilated. No evidence of passive congestion. No evidence of posthepatic obstruction was noted. The hepatic lymph nodes were slightly enlarged, measuring up to 1.5 cm x 1.0 cm, yet some of which were obscured by enhanced surrounding mesentery. Occasional nondisruptive nodules were present.

Gastrointestinal

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The **stomach** presented anechoic fluid. The content within the GI tract had portions of shadowing, yet this is more consistent with transiting of chyme as opposed to foreign matter. Variable upper gastrointestinal thickening was noted without neoplastic criteria.

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Pancreas

The **pancreas** was hypoechoic to surrounding fat with irregular contour and course architecture, measuring 1.45 cm in width. Undulating capsule and nodular parenchyma were present. Suspect some level of pancreatitis, but chronic changes from prior insult are likely playing a role.

BREED

Chihuahua

Free Abdomen

The iliac **lymph nodes** (up to 1.14 cm x 0.63 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

SEX

Neutered Male

Free fluid was noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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- Swollen irregular liver with occasional nondisruptive nodules
- Mild splenic enlargement
- Variable GI thickening
- Subcapsular renal halo, consistent with acute insult or possible emerging neoplasia
- Minor variable lymphadenopathy
- Free fluid
- Pancreatic changes consistent with pancreatitis or pronounced hyperplasia, with mild potential for neoplasia.
- Mildly swollen left adrenal gland

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING****PERFORMED BY**

Sarah Pender, CVT

I'm concerned for hepatorenal insult in this patient. An argument could be made for emerging round cell neoplasia of the liver +/- spleen +/- GI. However, the renal presentation is interesting with subcapsular halo, and could be related to acute insult, such as Leptospirosis or paraneoplastic manifestation. Coagulation panel and ultrasound guided FNA of the liver and spleen, and abdominocentesis with cytospin of the free fluid is indicated. Leptospirosis titers is warranted.

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Ampicillin with hepatic nutraceuticals is indicated. The cause of the free fluid may be owing to portal hypertension or paraneoplastic manifestation, assuming that the albumin levels are normal. Prognosis is guarded depending on cytology results.

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Given the cytology results that suggest a suppurative process and septic abdomen, exploratory surgery may be the best option. The reactive mesentery is associated with the pancreas, regional lymph nodes and variable portions of the intestinal tract. I cannot rule out a potential perforating process.

INVOICE

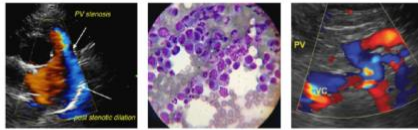
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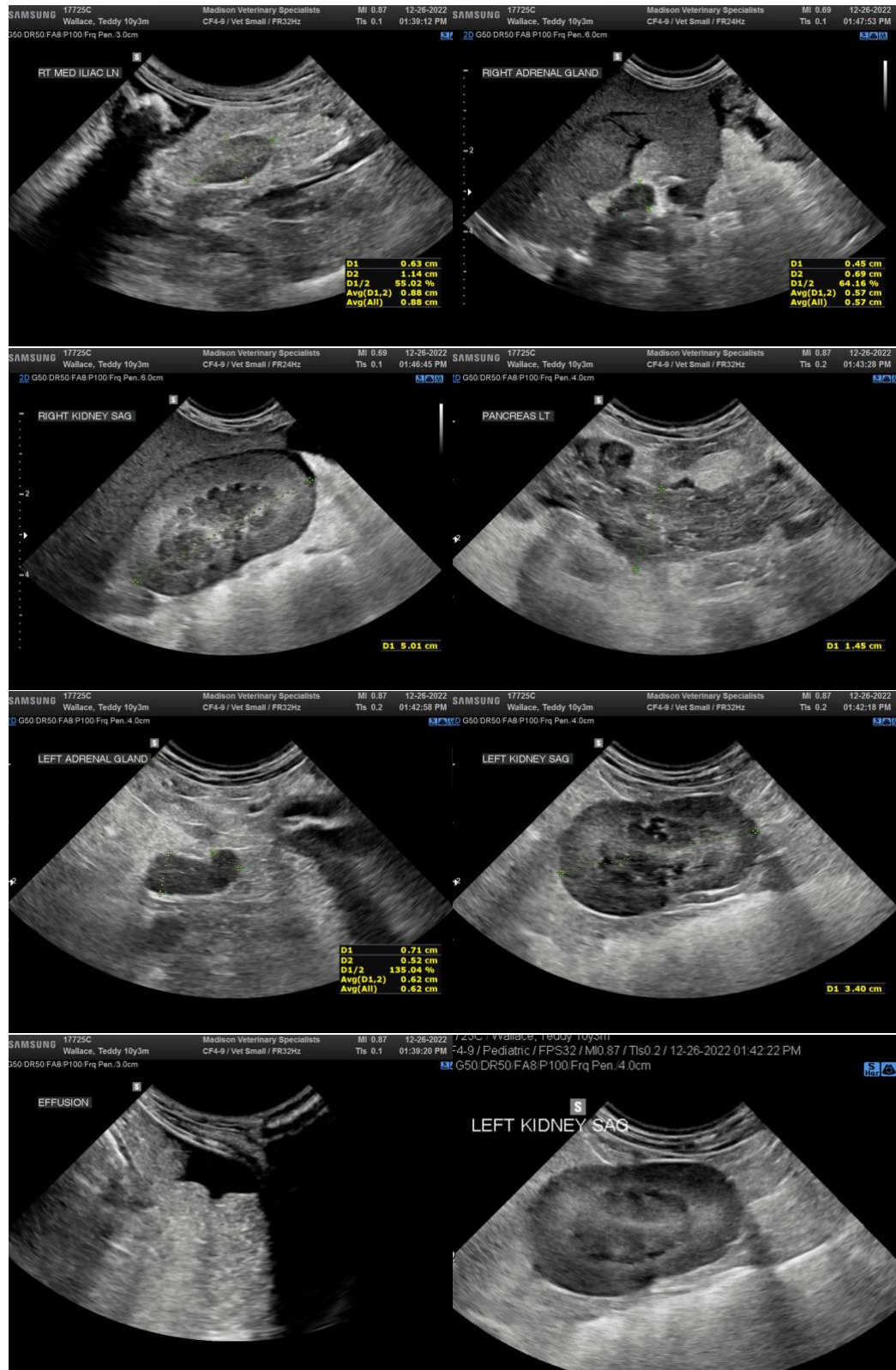
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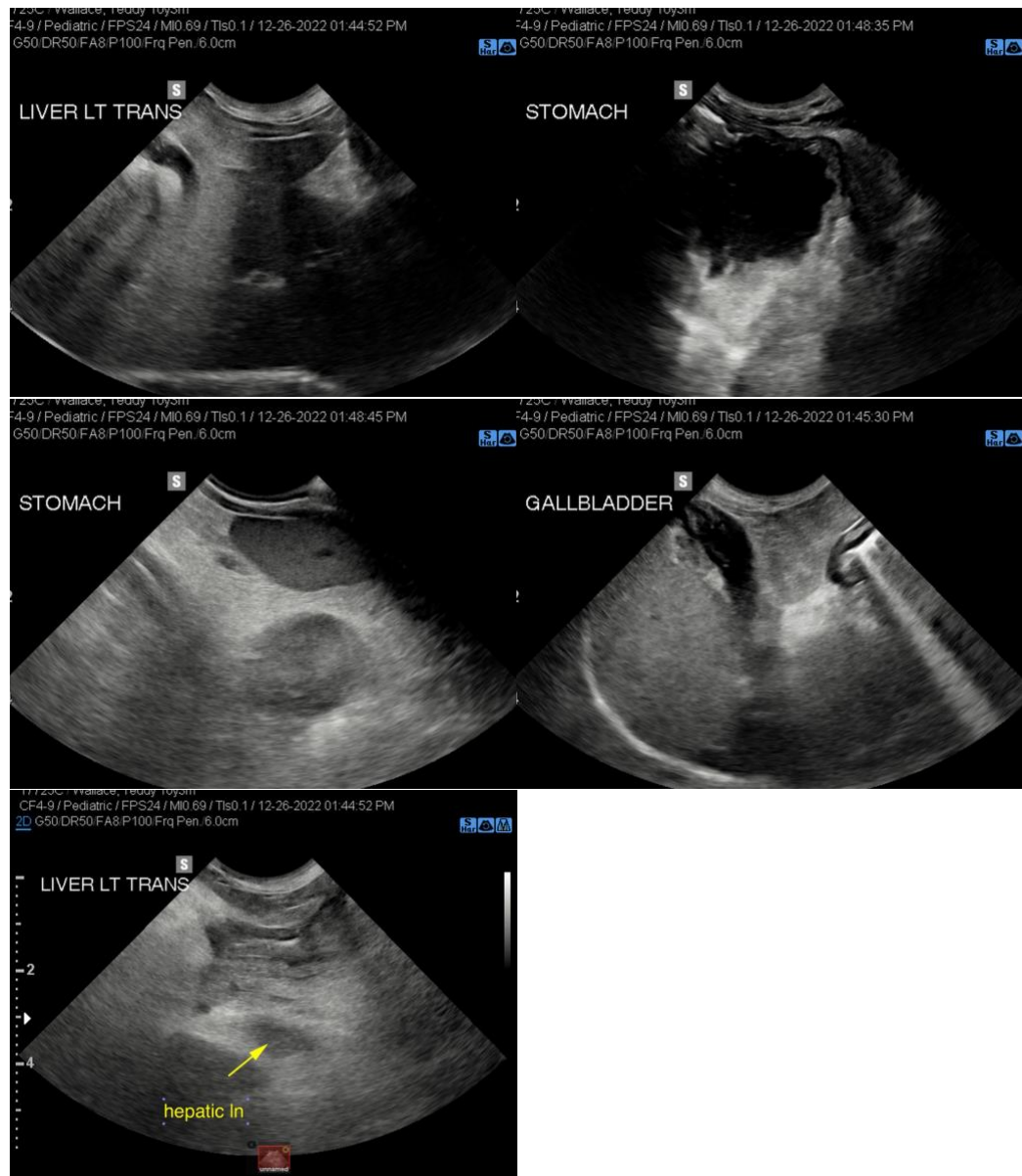
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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