



PATIENT

Chloe Miller

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

3 Years

WEIGHT

11.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

45082

DATE

2/11/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for transfer from rDVM for pancreatitis. History seen at Rossmoyne January 29th for vomiting, diarrhea but waited to do any testing until visit at rDVM the next day. BW and rads at that time unremarkable and cerenia given. Was seen again this Wednesday because not eating and still having V+/D+, lethargy so they gave pain meds and more cerenia and dewormer. Then still not better and getting worse so went back again today to rDVM and BW done and showed pancreatitis, low neutrophil count; electrolyte changes. Previous Health Concerns: none Current Medications: cerenia oral was due today

Abnormal PE/Chem/CBC/UA Results: Rads at rDVM initially apparently NR(could not get today) BW today- rDVM- CBC- normal wbc count, but extreme neutropenia (0.61) with concern for toxic neutro's; Monocytosis/ lymphocytosis Chem- NA+ 132(L) K 2.7 (L) Cl- 97 (L) glucose 170(H) SDMA 21(H) BUN 71(H) ph 7.2(H) Rads SVEC- abdominal effusion noted; general lack of c=detail; possible free air noted in abdominal cavity; radiopaque material noted;

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.13 cm with slight pyelectasia. The left kidney measured 4.57 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 2.43 cm x 0.49 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images was uniformly enlarged, with subjectively normal liver 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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was significantly overdistended with fluid. Some spastic bowel was noted.



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Pancreas

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The **pancreas** presented extensive mixed hypoechoic acute on chronic presentation with adhesions, enveloping the upper intestine and causing secondary delayed outflow. The changes were ill-defined and extended throughout the majority of the right cranial abdomen, extending into a steatitis pattern into the mid abdomen. No evidence of foreign bodies noted.

SPECIES

Canine

Free Abdomen

BREED

Pug

Minor amount of echogenic free fluid noted in the abdomen.

Some adhesions noted throughout the cranial abdomen.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Overdistended stomach and spastic bowel
- Enlarged liver
- Volume contracted spleen
- Hypoechoic pancreas and steatitis pattern

AGE

3 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.3 kg

I cannot completely rule out foreign body perforation, yet no evidence of foreign body noted and no obstructive pattern noted, yet a penetrating toothpick or similar could not be ruled out. Plasma transfusion, plasma expanders, broad-spectrum antibiotics all warranted. Abdominocentesis and cytopsin of the free fluid recommended to rule out carcinomatosis, which even though the patient is young, can occur. Septic abdomen likely. Surgical exploratory with abdominal lavage and debridement of necrotic tissue could also be considered.

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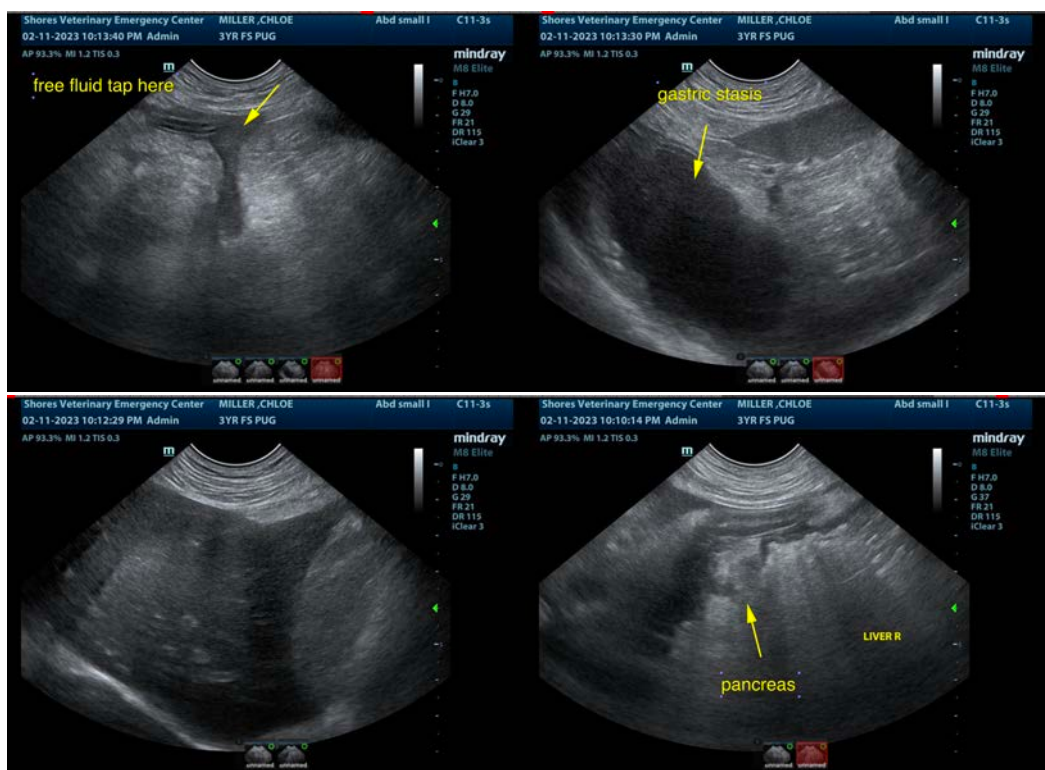
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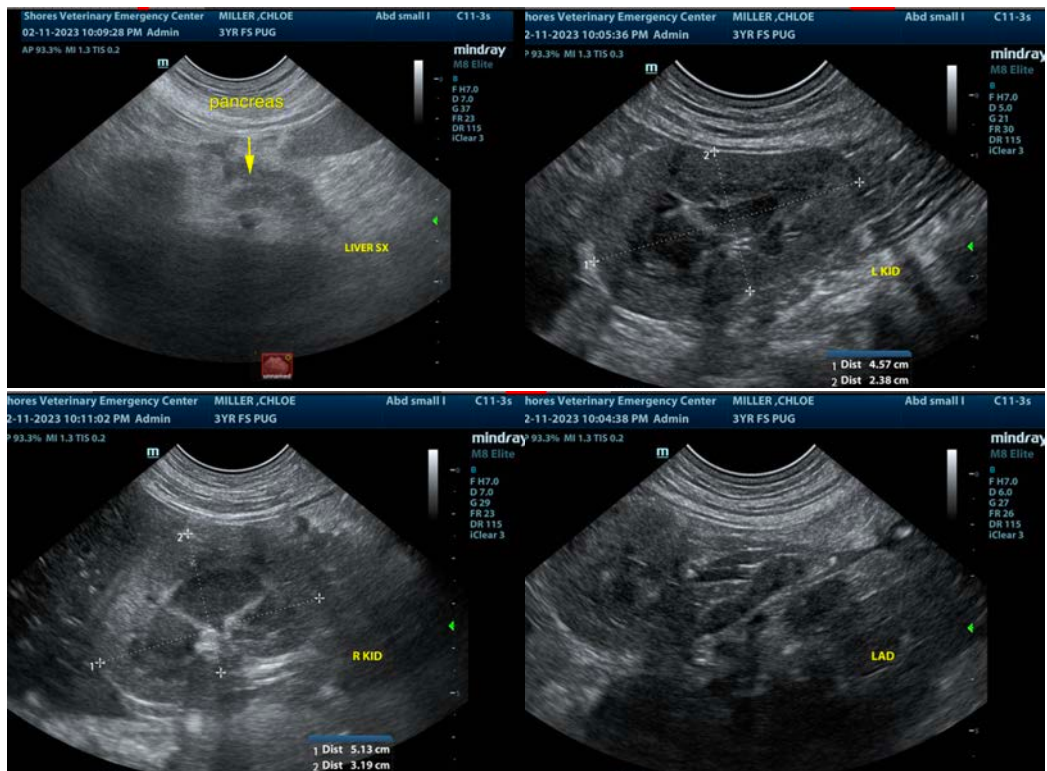
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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