

**PATIENT**

Pippen Dzekute

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered Male

**AGE**

4 Years 4 Months

**WEIGHT**

7.8 kg

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

Tom McNell

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Graham

**INVOICE**

21013

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: Pippen, a 4 years and 5 months old MN Terrier Mix was presented to the MVS Emergency Service on Feb 06, 2023, at 6am, for evaluation of having a tense and painful abdomen. Owner says Pippen has had a tense abdomen since last evening, has been clingy, and has started excessively panting this morning and crying when abdomen touched. There has been no vomiting or diarrhea or any coughing or sneezing; however this morning has been burping and it is foul smelling. Appetite was fine last night for dinner but Peppin would not take his evening treat which is abnormal. Peppin's has a history of seizures and is on phenobarbital.

Abnormal PE/Chem/CBC/UA Results: Serum lipemic PCV -50% TS - 11.6 Hemoconcentration Mild hepatopathy UA - 4 WBC/hpf >50 rbc/hpf Cocci bacteria suspected. pH - 8 USG > 1.050

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed a small focal nonobstructive calculus with minor acoustic shadowing, measuring 0.31 cm, localized at the cystourethral junction at the time of the sonogram. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.56 cm. The left kidney measured 4.14 cm. Minor pinpoint renal mineralizations were noted.

**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 right adrenal gland measured 0.4 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the cranial pole and 0.61 cm at the caudal pole.

**Spleen**

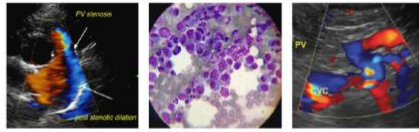
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

Exam of the cranial abdomen demonstrated mildly excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease

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processes either endocrine (Diabetes, Hypothyroidism, Cushing’s disease), “antigen surveillance” from the gut/pancreas, or idiopathic breed predisposed progressions. Slight hypoechoic nodular changes were noted in the left medial liver.

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**Gastrointestinal**

A large amount of **gastric** stasis was noted and delayed outflow pattern, likely owing to the pancreatic pathology. The duodenum appeared to be enveloped by the pancreatic pathology, causing delayed outflow. The distal small intestine and colon were unremarkable.

**BREED**

Terrier Mix

**Pancreas**

The **pancreas** revealed extensive mixed hypoechoic parenchyma with enhanced surrounding hyperechoic saponification of fat. Nodular pancreatic changes were noted, the largest width measured 2.1 cm. Trace amounts of free fluid were noted around the pancreas.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Extensive pancreatitis
- Delayed gastroduodenitis with delayed outflow
- Small bladder calculus, nonobstructive
- Minor pinpoint renal mineralizations
- Benign hepatopathy with nodular changes in the left medial liver (nondisruptive)

**AGE**

4 Years 4 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the hypoechoic portions of the pancreas would be ideal in this patient for further definition. 48–72-hour IV fluid support with plasma expanders is warranted and treatment for pancreatitis. Prognosis is guarded. Phenobarbital therapy may be influencing the presence of pancreatitis.

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7.8 kg

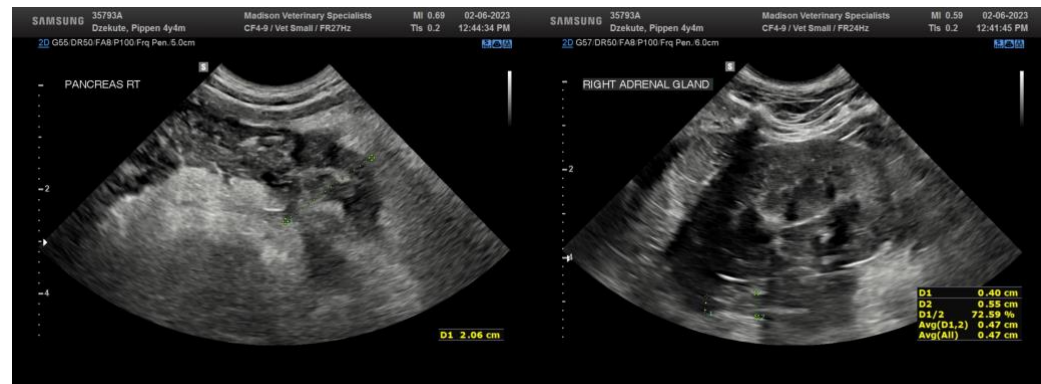
The lower urinary tract signs are likely owing to periodic passage of calculi, yet no obstructive disease was noted at the time of the sonogram yet the small calculus may be entering into the pelvic urethra periodically.

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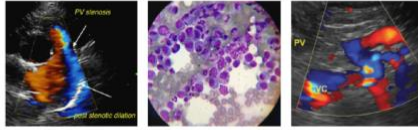
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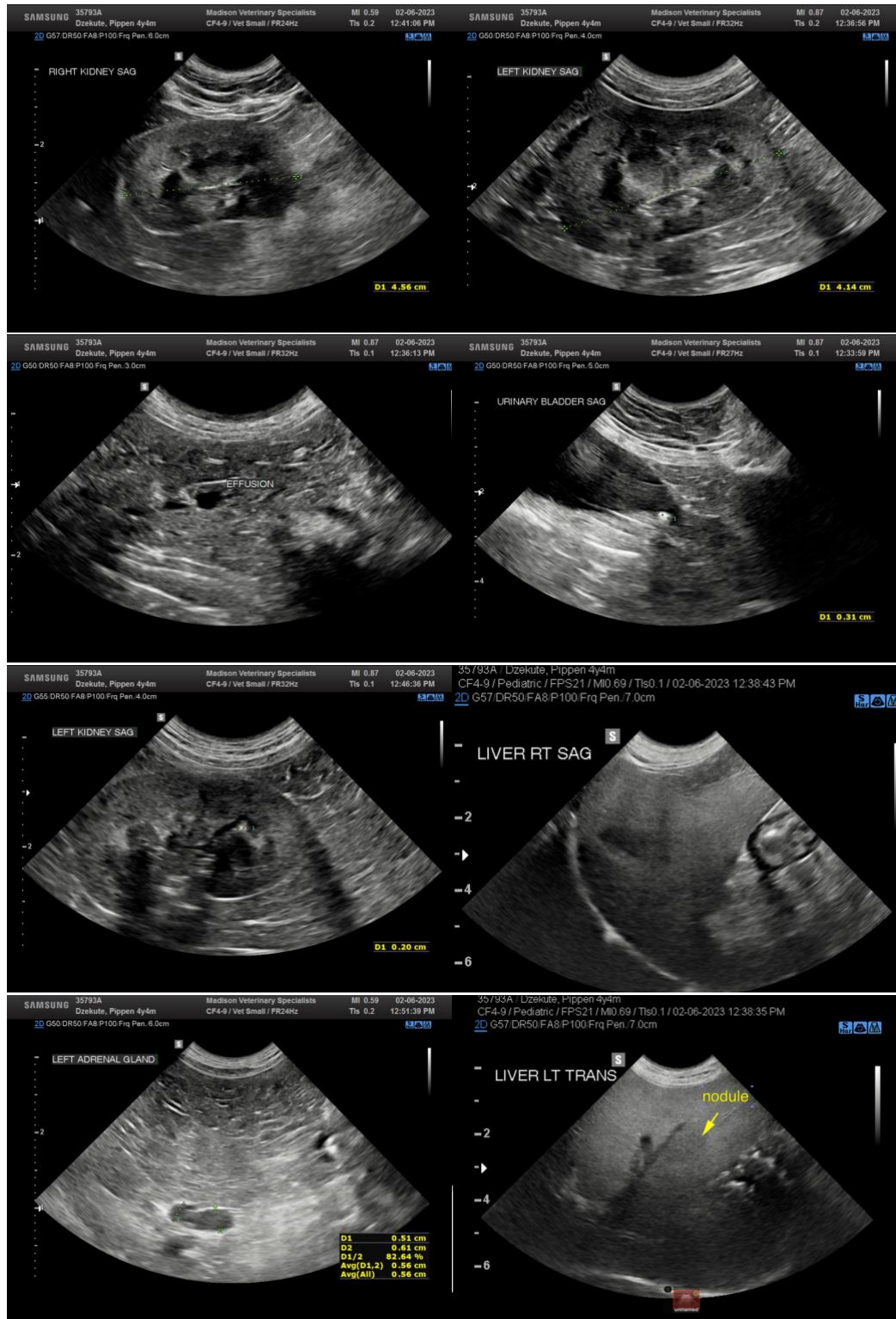
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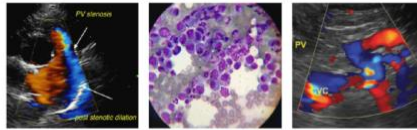
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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