

**DATE**

03/11/2022

PRESENTING CLINICAL SIGNS**PATIENT**

Duk Won McCormick

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

10 years

WEIGHT

17.8 pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

INVOICE

10155ag

Presented to AEH on 2/28/22 PC: vomiting, diarrhea, eyelid mass PCV 59/ 8.4- very dehydrated/ hemoconcentrated. CBC/CHEM/LYTES- neutrophilia, plt wnl, ALT 187. Xrays- gas and fluid in stomach and intestines. Initially regurgitated ,subsided. AUS with intrapet performed on 3/1- Pancreatitis, fluid filled stomach, prostate enlarged, urinary bladder thick, adrenomegaly. Date: 03-10-2022 Notes: P presented to AEH today for a recheck. Was diagnosed with pancreatitis last week- has not been eating at all, drank, ate tiny meal this am. is urinating, seems in pain. O states when he was first home was doing better- eating a little but then stopped eating but still drinking. The last 2 days really not eating anything- maybe a nibble of something here and there O is out of medication now- Seems worse than when he was brought home. O unsure if hes getting better. Vomiting- vomits 2x/ day. O has not rechecked with rDVM yet. O worried that she caused him to get worse- fed the pills with peanut butter.

Current Medications: Vitamin B, Ampicillin, Protonix, Cerenia, Buprenorphine.
Lab Results: HCT showed dehydration. Chem 10/Lytes WNL today (previously ALT elevated).
Date of Previous IntraPet Ultrasound: 3/1/22.

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 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 4.8 cm. The left kidney measured 5.09 cm.

The residual prostate presented with mild remodeling measuring 1.09 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 1.99 cm x 0.83 cm caudal x 0.81 cm cranial. The right adrenal gland measured 2.35 cm x 1.3 cm cranial x 0.66 cm caudal.

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

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Gastric stasis was observed, as in prior sonogram. The pylorus appeared patent. No evidence of mural disease.

Pancreas

The pancreas revealed minor areas of remodeling yet no evidence of significant disease

ULTRASONOGRAPHIC FINDINGS

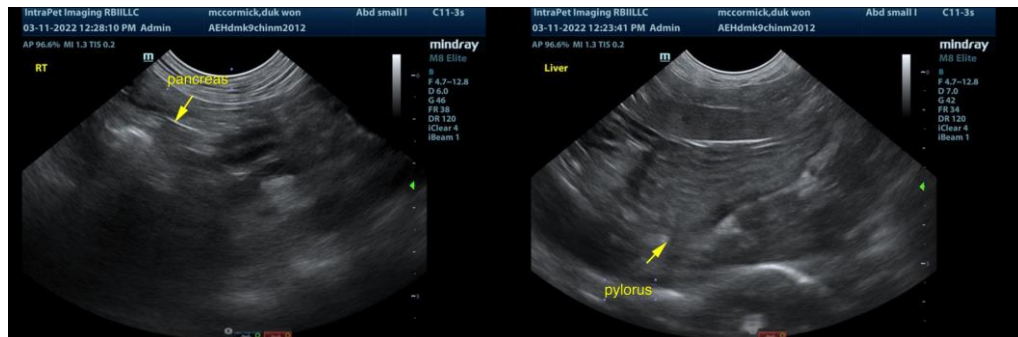
- Delayed gastric outflow/gastric stasis-possible reflux.
- Stabilized pancreas.
- Bilateral adrenal hypertrophy.

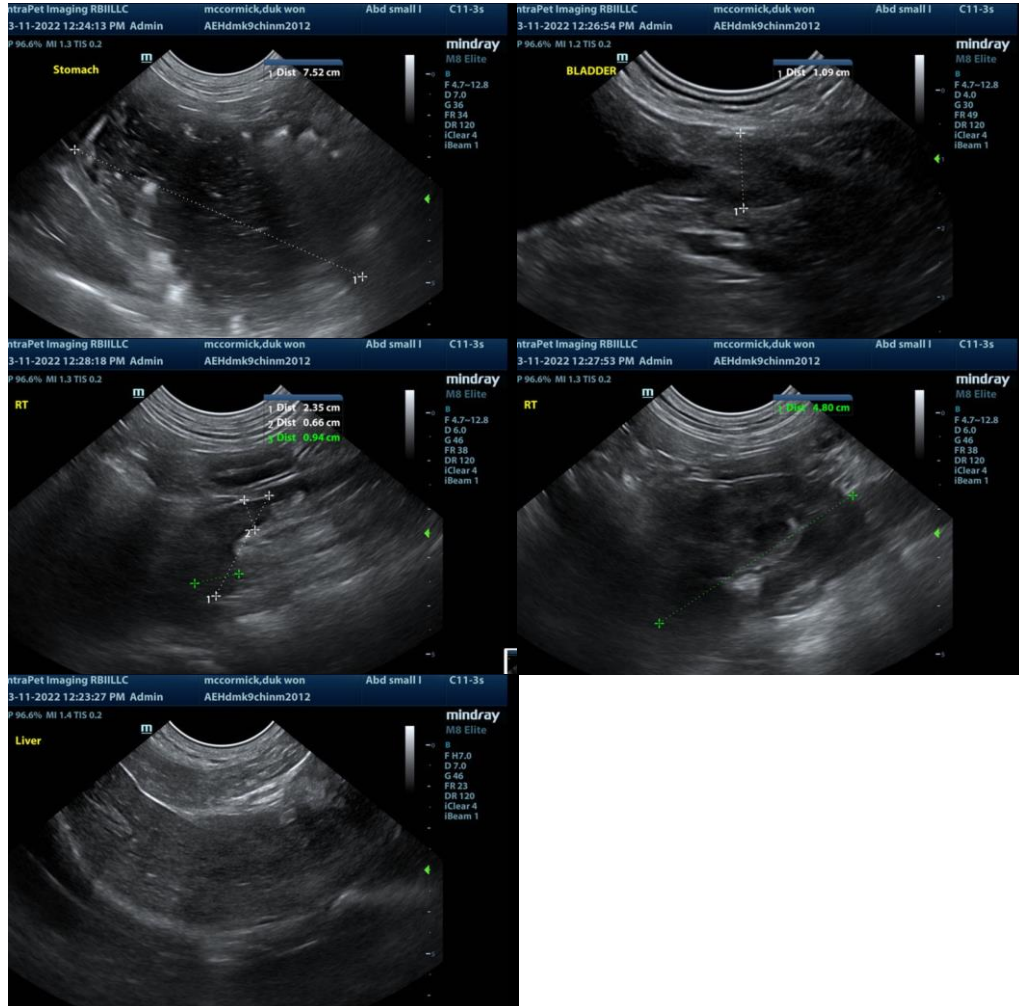
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Promotility medications and GI protectants are indicated. Recommend BID canned feedings in this patient as kibble/bulk may be an issue.

If urine SG is <1.020 then workup for PDH/Cushing's is indicated.

Other than the stomach, the abdominal presentation is similar to the previous sonogram with resolution of the pancreatic presentation.





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