

**DATE**

03/11/2022

PRESENTING CLINICAL SIGNS

History: Piper is a 7 y/o FS Scottish Terrier who was referred for low protein - PU/PD starting over the weekend - diarrhea, liquid, one formed feces and anorexia, typically food motivated and refusing food and treats - appears more bloated in last week -no vomiting - No C/S - no known FB or toxin ingestion, ears of one toy are missing - vx- UTD.

PATIENT

Piper Frey

SPECIES

Canine

BREED

Scottish Terrier

Current Medications: None, Heartgard, no F/T prevention, Cortrosyn.

Lab Results: USG 1.008, remainder of UA unremarkable. Alb 1.5 (L), Chol 98 (L), BUN 6 (L), Ca 7.3 (L), HCT 70%.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed female

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.

AGE

7 years

The right kidney presented mildly swollen with pericapsular inflammatory pattern. The left kidney exhibited similar changes with maintained corticomedullary definition and slight areas of free fluid noted caudal to the spleen and kidneys. The right kidney measured 4.96 cm.

WEIGHT

26.1 pounds

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 2.4 cm x 0.71 cm caudal x 0.61 cm cranial. The right adrenal gland measured 2.3 cm x 0.66 cm caudal x 0.68 cm cranial.

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

REFERRING VET

Dr. Thompson

Liver**INVOICE**

10157ag

The **liver** images submitted revealed subjectively normal liver size, 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 mildly turgid and slightly thickened walls with minor gallbladder sludge. 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 upper gastrointestinal tract was unremarkable however the distal small intestine revealed a fluid filled lumen and variable thickening.

Pancreas

The pancreas exhibited extensive mixed hypoechoic disorganized parenchymal changes with enhanced surrounding mesentery and hypervascular edematous tissue. Areas of mineralization were noted.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis with minor areas of free fluid. Possibility of pancreatic carcinoma. Ultrasound guided FNA strongly encouraged.
- Small intestinal thickening.
- Thickened gallbladder walls with minor sludge.

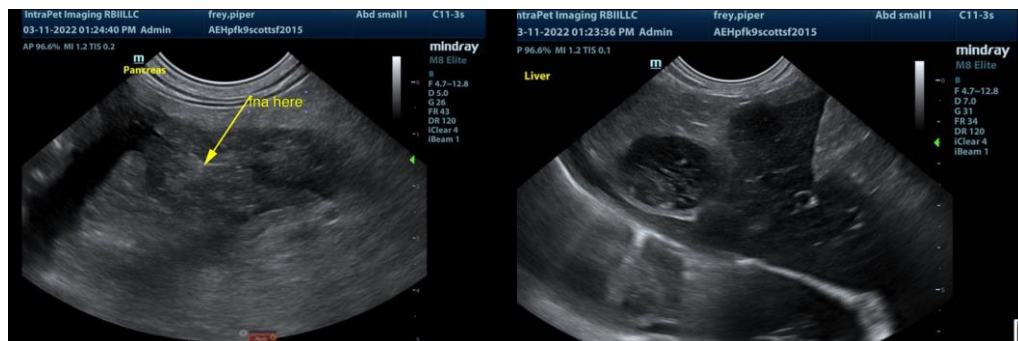
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

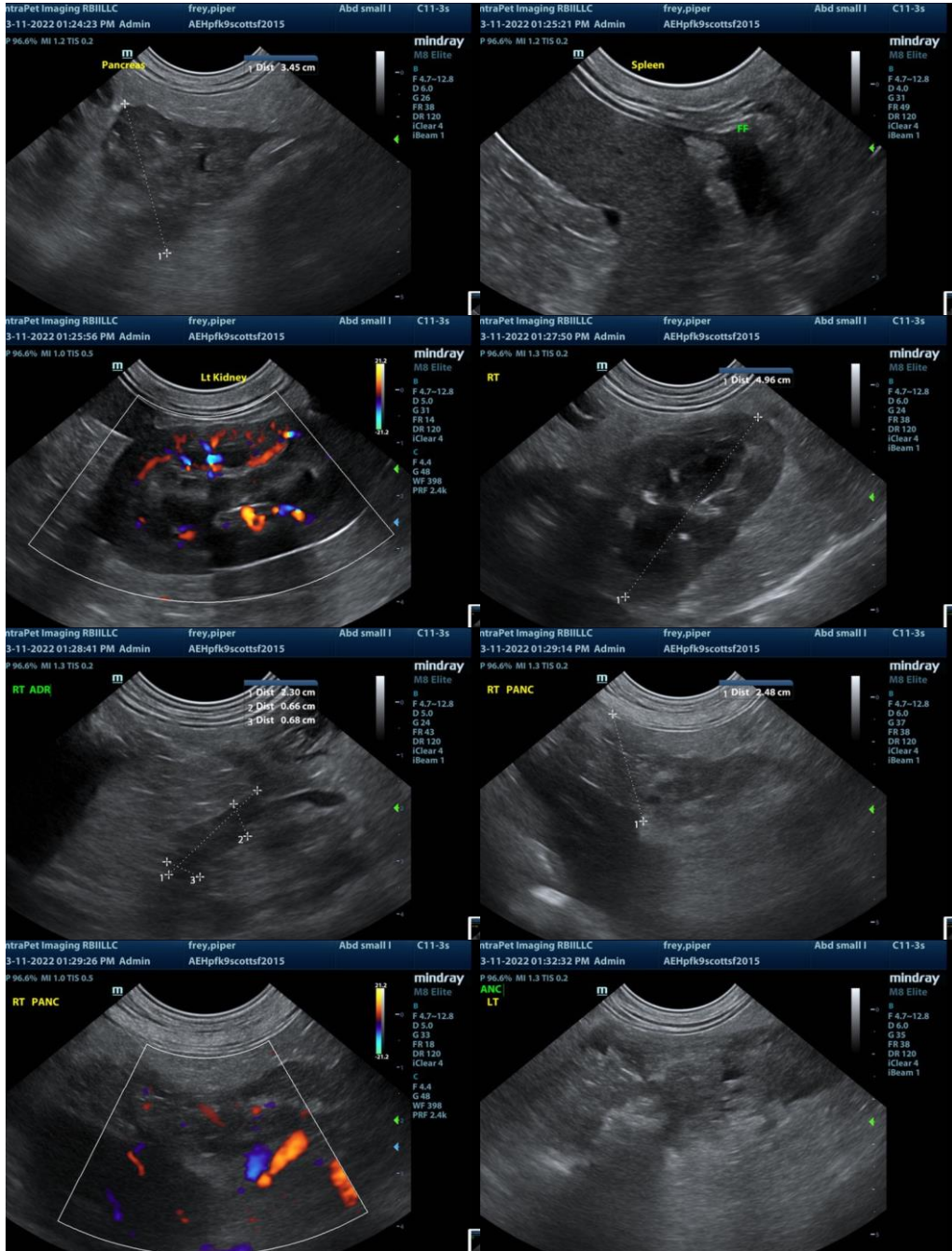
Aggressive treatment for pancreatitis is warranted with ultrasound guided FNA of the pancreas recommended to ensure neoplasia is not an issue.

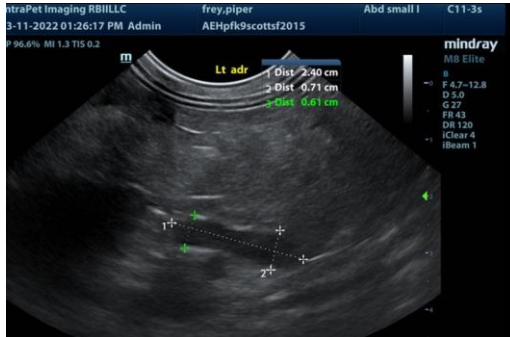
If possible an ultrasound guided abdominocentesis of the free fluid would be indicated with cytospin cytology.

Plasma expanders, broad spectrum antibiotics, GI protectants and pain management are all indicated with recheck sonogram in 48-72 hours.

Prognosis is guarded.







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.

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