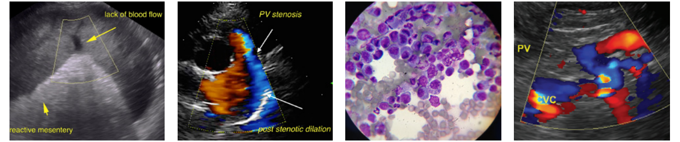


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Scruffy Kaiser

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Drummond

INVOICE

36130

DATE

3/12/22

PRESENTING CLINICAL SIGNS

Intermittent vomiting and bloody diarrhea past week, was seen here on emergency on 3/5 and treated with supportive outpatient care, symptoms returned once meds (metronidazole. famotidine, Diagel, Cerenia) were finished.
Abnormal PE/Chem/CBC/UA Results: PE abnormalities: Heart murmur 4/6 left apical Labwork (full chem/cbc) pretty unremarkable other than slight elev ALT (137), cPL is normal. Radiographs have not been done

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 4.85 cm. The left kidney measured 4.69 cm with trace pyelectasia.

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 0.50 cm. The right adrenal gland measured 0.50 cm.

Spleen

The **spleen** presented scalloping contour with hypoechoic parenchyma.

Liver

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 was mildly edematous.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening noted, measuring up to 0.51 cm. Areas of 1:1 muscularis/mucosa ratio noted.

Pancreas

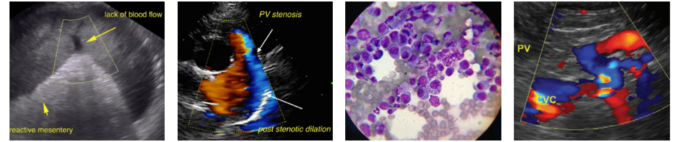
The **pancreas** presented mixed hypoechoic parenchymal changes with hyperechoic surrounding fat.

Free Abdomen

Reactive mesentery noted throughout the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Swollen spleen – likely reactive.
- Gastroenteritis/acute on chronic inflammatory bowel presentation



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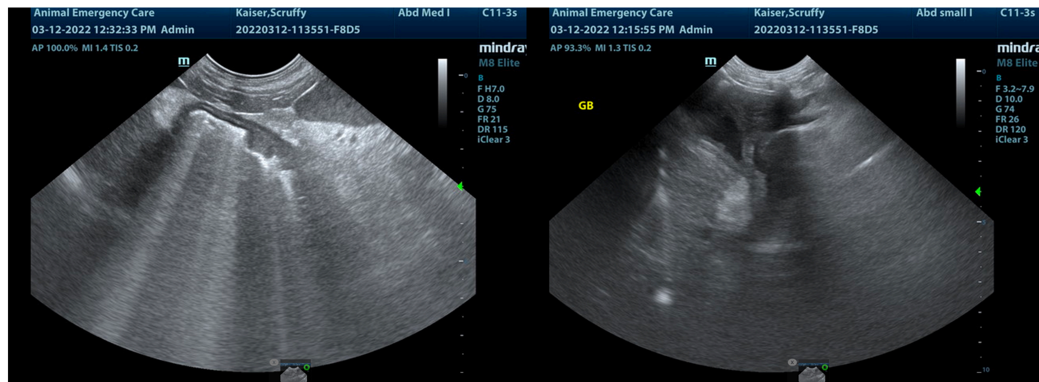
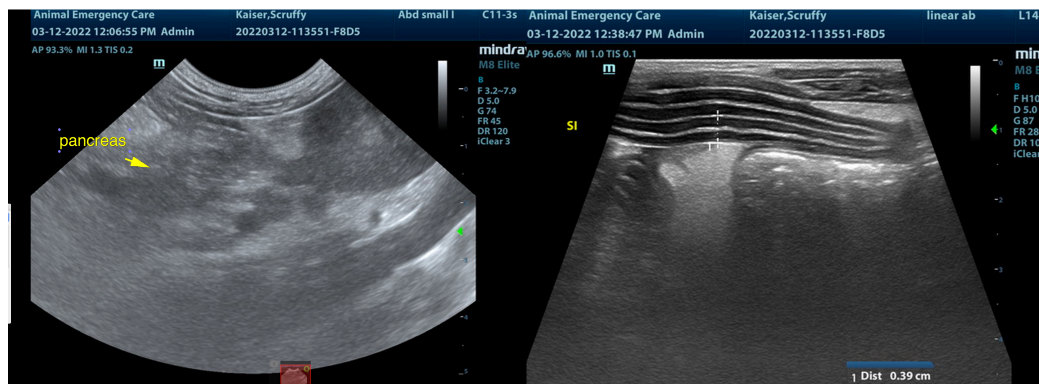
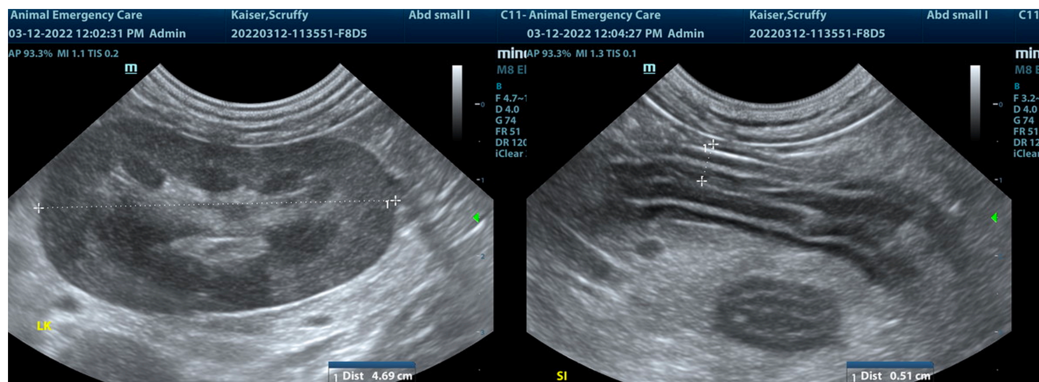
- Chronic active pancreatitis and cholangitis pattern

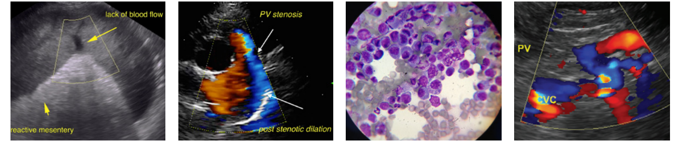
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen warranted to ensure more significant disease is not present. Aggressive treatment for acute on chronic pancreatitis warranted. Long-term management should take into consideration likely underlying inflammatory bowel. No overt evidence of neoplasia noted. However, FNA of the spleen would be ideal to ensure no emerging round cell neoplasia is playing a role. Significant reactive mesentery noted associated with the intestine and pancreas. Recheck sonogram in 48-72 hours. Enrofloxacin/Metronidazole combination, GI protectants, plasma expanders, pain management all indicated. 24-hour NPO followed by slurry feeding and hydrolyzed diet long-term likely in this patient's best interest.









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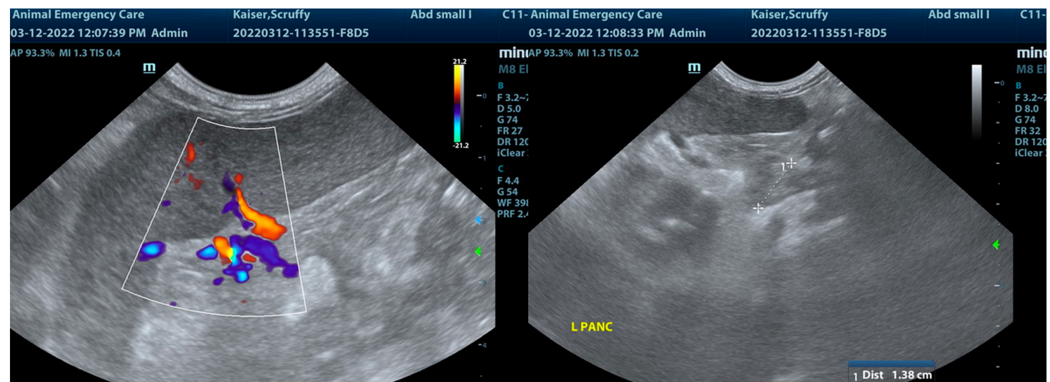

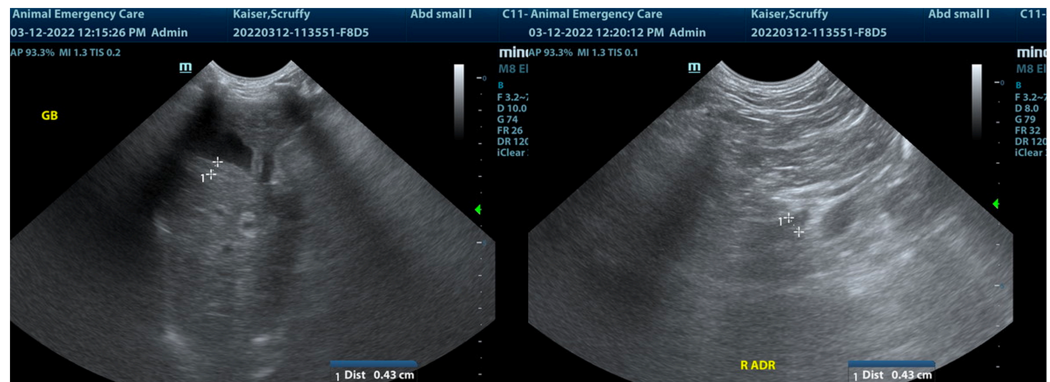

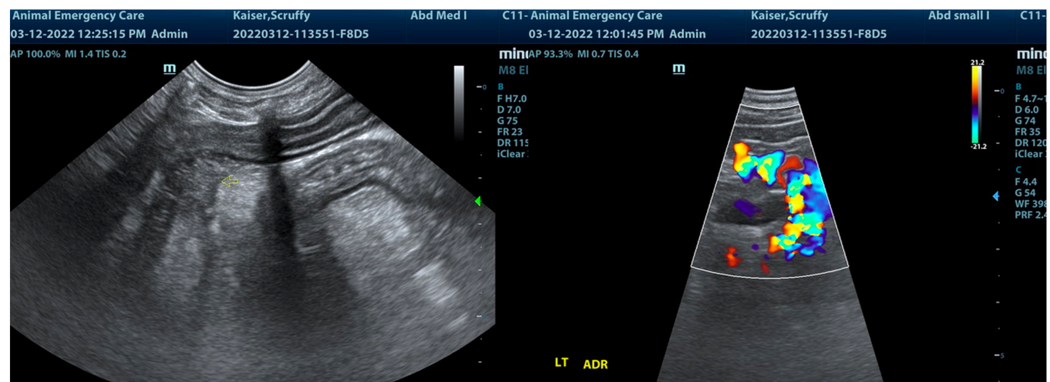

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com