



PATIENT

Nieka Shields

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

33.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

46072

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Chronic diarrhea (banfield notes light brown and mushy with blood streaks had been on propectalin and proviable with no change had increased abdominal pain), chronic pancreatitis. Diarrhea had moved into being more light brown liquid and projectile. Had episode where she seemed quite off owner when she was in previously. Has had history of antibiotic responsive diarrhea. Had telemedicine visit on 3/21 and was recommended coming in for visit and they had started her on Metronidazole. Was not interested in food on 3/21 and was lethargic.

Abnormal PE/Chem/CBC/UA Results: Prior history of liver enzyme elevations Jan 1/14 at Banfield ALP 294U/L, ALT 144 U/L, cholesterol 344 mg/dL, globulin 5.2 g/dL, TP 3.9 g/dL Respiratory effort: Slight increase in effort when she is trying to get out around me out of kennel. Not able to elicit cough on tracheal palpation. Rectal has watery brown diarrhea just liquid in texture Abdomen tense/painful on palpation,

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight anechoic cyst noted at the cranial pole of the right kidney. The right kidney measured 8.0 cm. The left kidney measured 6.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 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 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.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology related to the clinical status. Causes of anorexia such as orthopedic pain, thoracic or CNS disease should be considered. Screening for Addison's would be appropriate, given that the adrenal glands were not overtly visible. Structurally normal liver, likely reactive hepatopathy, not clinically significant.

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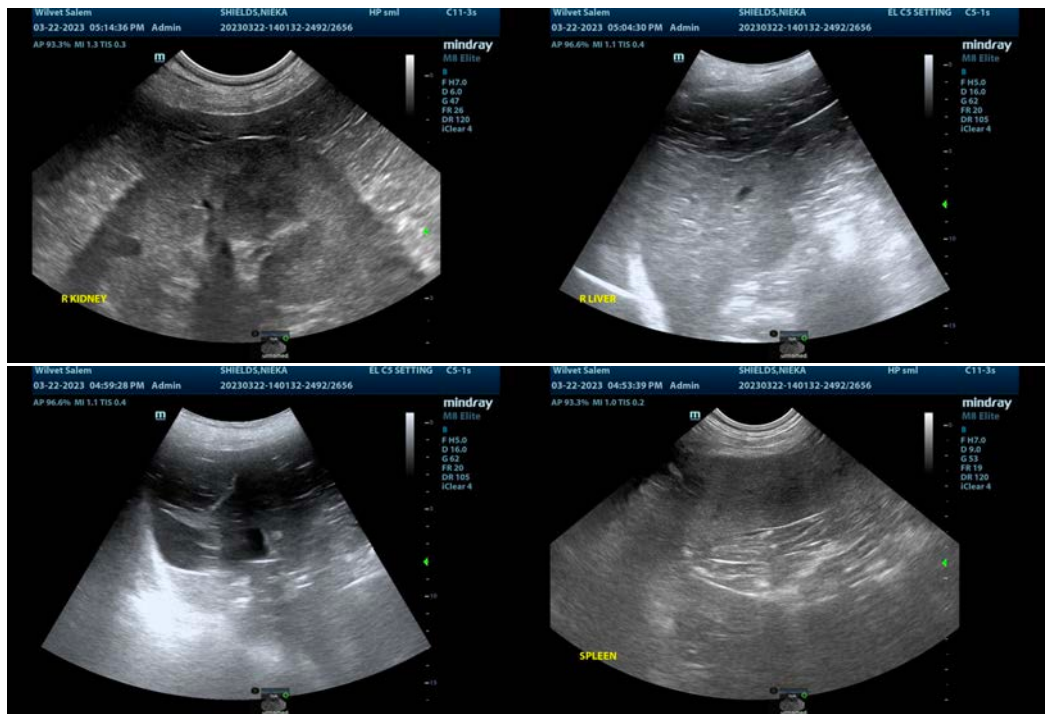
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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