



PATIENT

Ella Piggott

SPECIES

Canine

BREED

Cocker Spaniel Cross

SEX

Spayed female

AGE

14 years

WEIGHT

4.14 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Morgan RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfon

INVOICE

43125

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: recent onset of hunched back, some back and neck pain noted; ran bloodwork due to some vomiting and inappetence following this event, negative response to Onsior, ok on gabapentin; reduced appetite, vomiting bile, recent onset of anemia and elevated liver enzymes, no known ingestions Dental completed April 2021, otherwise doing well since

Abnormal PE/Chem/CBC/UA Results: ALT (443), ALP (297) and AST (117) elevated cPL pending Lipase 408 H mild anemia noted - all findings not present on prior bloodwork done July 2022 SDMA 15 (was 19 prior) 4dx negative, T4 21.6

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 was 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.6 cm. The left kidney measured 3.6 cm.

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.

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 was 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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



PATIENT

Gastrointestinal

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The **pylorus** was mildly thickened in this patient. The small intestines and colon were unremarkable.

SPECIES

Pancreas

Canine

The **pancreas** was enlarged and irregular measuring up to 2.0 cm in width.

BREED

Cocker Spaniel Cross

ULTRASONOGRAPHIC FINDINGS

Prominent, irregular pancreas. Hyperplasia versus chronic active pancreatitis.

SEX

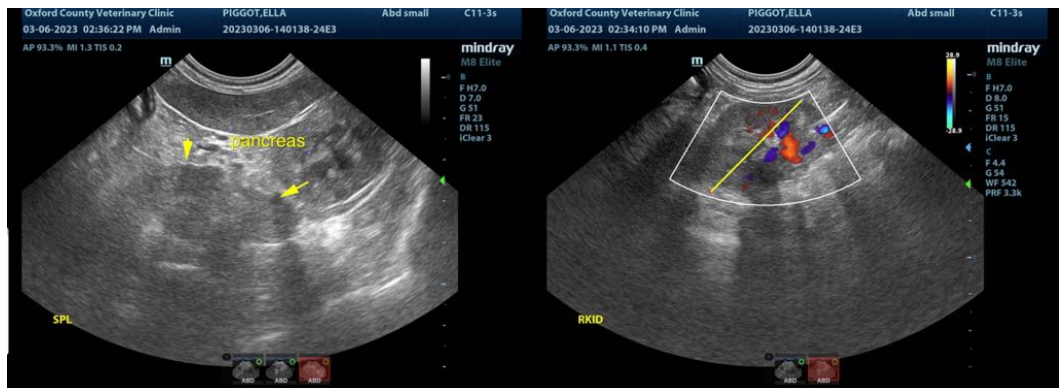
Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain in the region of the pancreas. Given the ALT elevation FNA of the liver is indicated +/- FNA of the pancreas. The abdominal findings may be completely incidental other than the vomiting. Pain related anorexia may be playing a role. Supportive care for pancreatitis and GI is warranted as well as addressing any orthopedic issues.

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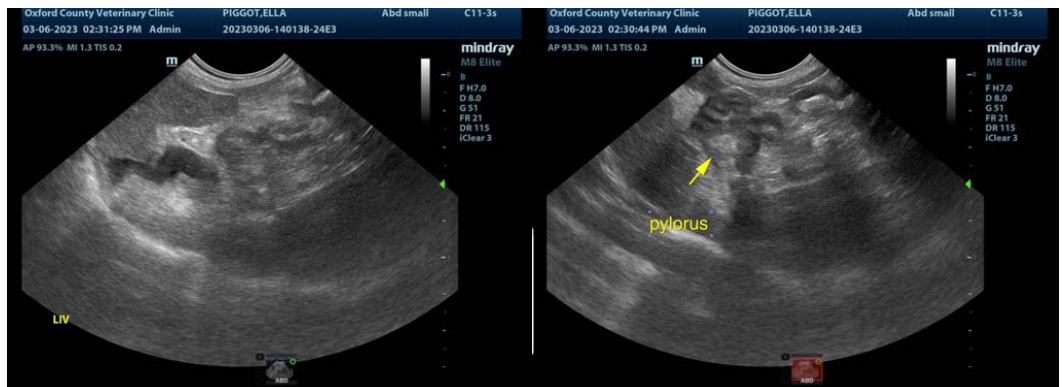
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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