

**DATE PRESENTING CLINICAL SIGNS**

4/14/23

In Feb was having intermittent episodes of vomiting - owners changed the food and patient improved. Stopped wanting to eat her dog food - has been on and off for the past 2 months - owners kept changing foods but she would eventually stop eating it Past 3 weeks she has been cutting off food - would eat people food like chips, peanut butter sandwich, hot dog Was drinking like normal Has still be acting normal otherwise Known to try and drink puddles Around christmas got a raw hide dog treat from family member - from a dollar tree that was being fumigated for mice - that night had an episode of vomiting and drank a bunch of water. Presented to rdvm 4/12: - Bw: Wbc 18.18 (6-17), Neu 14.53 (3-12), Alp to high to read, Alt 387 (10-125), Ggt 55 (0-11), Tbil 14 (0-0.9), Chol 344 (110-320), Bun 3 (7-27) -Cpl abnormal - Fecal (-) - Tx: SQ fluids, convenia, cerenia - Meds sent home: tramadol 50 mg (2 tab q12), entyce (2 mls q24), denamarin advanced large canine (1 tab q24), cerenia 60 mg (1 tab q24) Current medications - Tramadol - last given 12p - Entyce - last given 9p - Denamarin - last given 11a - Cerenia - has not gotten today.

PATIENT

Dixie Lepus

SPECIES

Canine

BREED

German Shepherd X

SEX

Current Medications: Unasyn, Cerenia, Bbuprenorphine, Vitamin B.
 Lab Results: See attached.

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.

AGE

Sedation: Not required to complete full diagnostic ultrasound.

8/15/16

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

WEIGHT

54.7 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAMEAnimal Emergency
Hospital

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 6.86 cm. The left kidney measured 7.44 cm.

REFERRING VET

Dr. Nacke-Horney

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 right adrenal gland measured 2.88 cm x 0.63 cm at the caudal pole and 0.7 cm at the cranial pole. The left adrenal gland measured 2.78 cm x 0.61 cm at the caudal pole and 0.6 cm at the cranial pole.

INVOICE

21990

Spleen

The **spleen** was mildly enlarged with slight swollen contour and slight heterogenous reticular pattern. This is most consistent with reactive spleen or possible splenitis, less likely round cell neoplasia. Sources of immune stimuli should be investigated.

Liver

The **liver** revealed slight coarse architecture, minor increased portal markings and slight irregular contour. The gallbladder was mildly overdistended with striating bile, not to the level of mucocele formation, however, ursodiol therapy would be encouraged.

Gastrointestinal

The **gastrointestinal tract** was largely unremarkable, except for mild to moderate gastric hypertrophy. The lumen was empty.

Pancreas

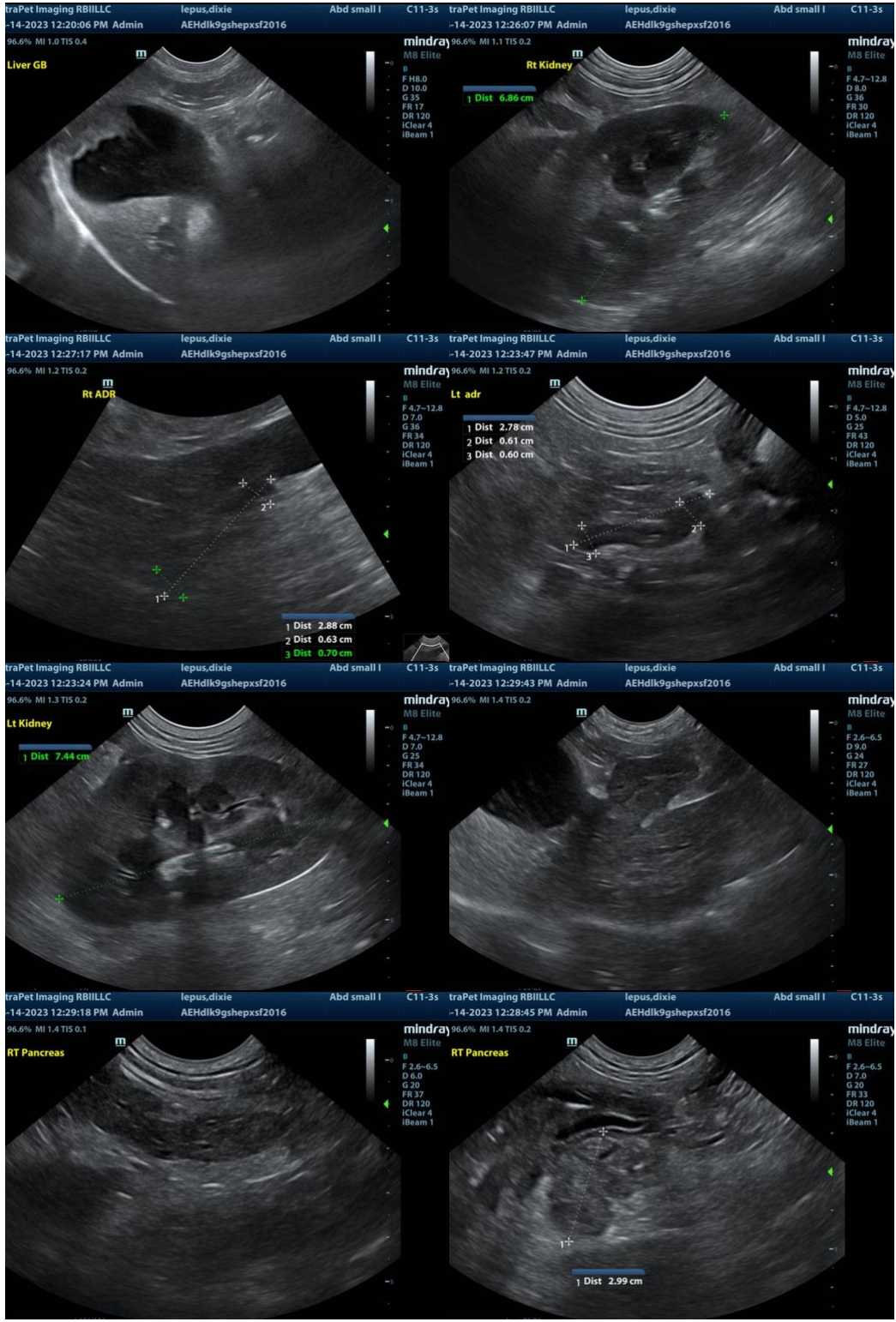
The right **pancreatic** limb was hypoechoic and edematous with enhanced surrounding mesentery, consistent with low grade pancreatitis. The right limb was expansive at 3.0 cm. Both left and right limbs of the pancreas appeared to be affected.

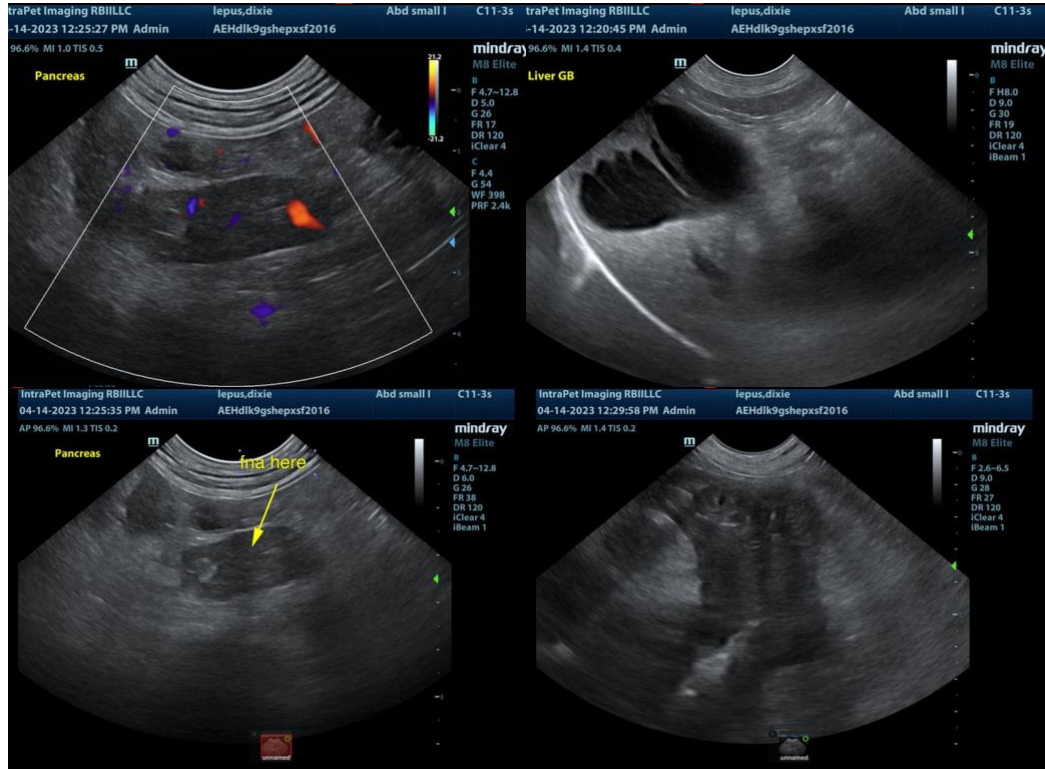
ULTRASONOGRAPHIC FINDINGS

- Low grade chronic active pancreatitis
- Mild cholangitis liver pattern
- Striating bile in the gallbladder, not to the level of mucocele- Ursodiol therapy would be encouraged.
- Reactive spleen
- Mild to moderate gastric hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas and liver would be ideal. The key in this patient and the reason for FNA of the pancreas, is to assess inflammatory cell type, as to lymphoplasmacytic vs neutrophilic. Ursodiol therapy is indicated over the next 6 weeks and/or gallbladder motility study would be ideal in this patient given that this is an atypical emerging mucocele type presentation. Recheck sonogram in one week to ensure the pancreatic presentation is resolving, as well as at 6 weeks to ensure the gallbladder is adequately emptying. 24-hour NPO, GI protectants, treatment for pancreatitis, broad spectrum antibiotics, fluid therapy, and pain management, are all indicated. Hydrolyzed diet may be in this patients best interest. No evidence or suspicion of neoplasia.





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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