



PATIENT

Silvia Butterworth

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

13 years

WEIGHT

37 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

99447

DATE

4/21/22

PRESENTING CLINICAL SIGNS

Previous episodes of pancreatitis recurrent vomiting, more frequent in last few weeks - appears to be feeling better today at time of ultrasound Patient eating I/D lowfat and taking Pepcid AC and Galliprant No weight loss

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/UA/T4 normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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. Slight pinpoint mineralization was noted. The right kidney measured 6.0 cm. The left kidney measured 5.55 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. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.9 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The upper duodenum was thickened with increased submucosal echogenicity. The remainder of the intestinal tract was unremarkable.



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Pancreas

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The **pancreas** revealed mixed echogenic changes noted in the left and right limbs with enhanced surrounding mesentery. Mixed, echogenic pancreatitis pattern was noted in the right pancreatic limb.

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ULTRASONOGRAPHIC FINDINGS

Chronic cholangitis liver pattern with chronic duodenitis.

BREED

Chronic active pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic food intolerance may be playing a role in this patient. Bile acid profile would be indicated to assess early hepatic dysfunction given the degree of remodeling. Ultrasound-guided FNA or core liver biopsy would be ideal. Hydrolyzed canned diet is recommended to allow for better pyloric outflow and Enrofloxacin and Metronidazole combination. Further treatment is recommended based on FNA or core biopsy results.

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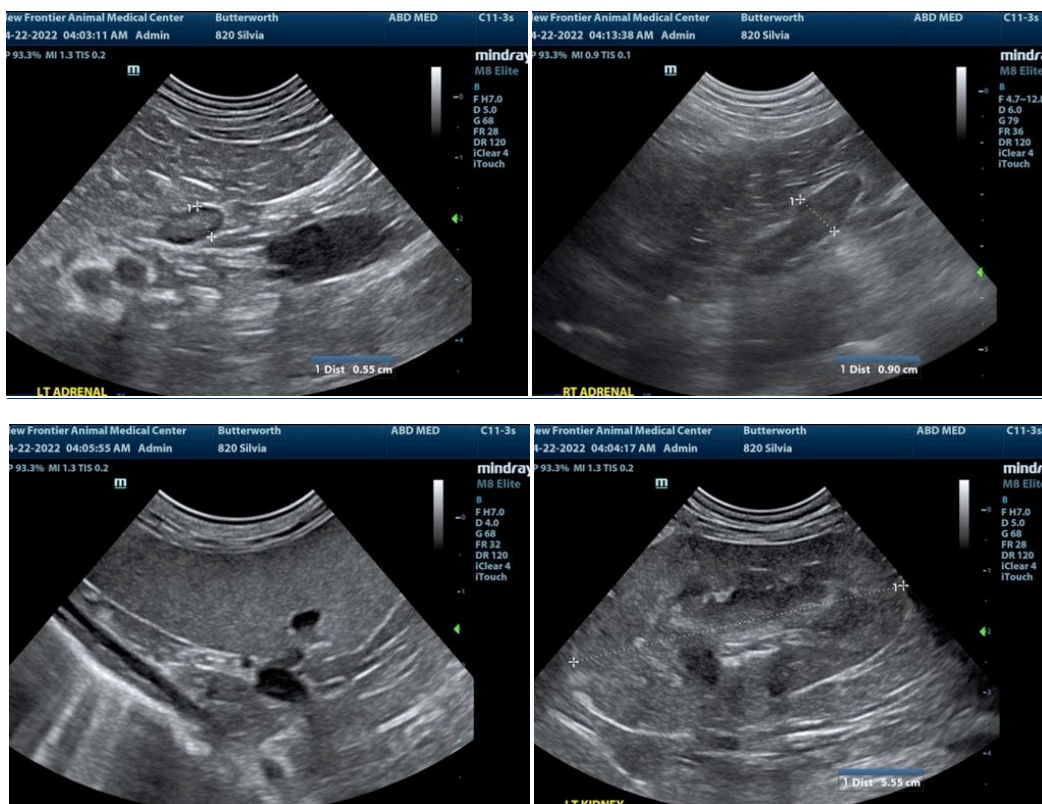
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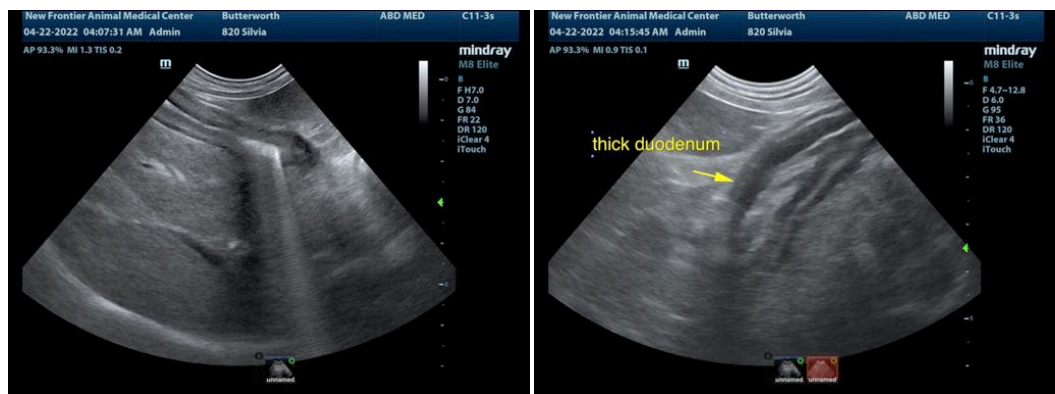
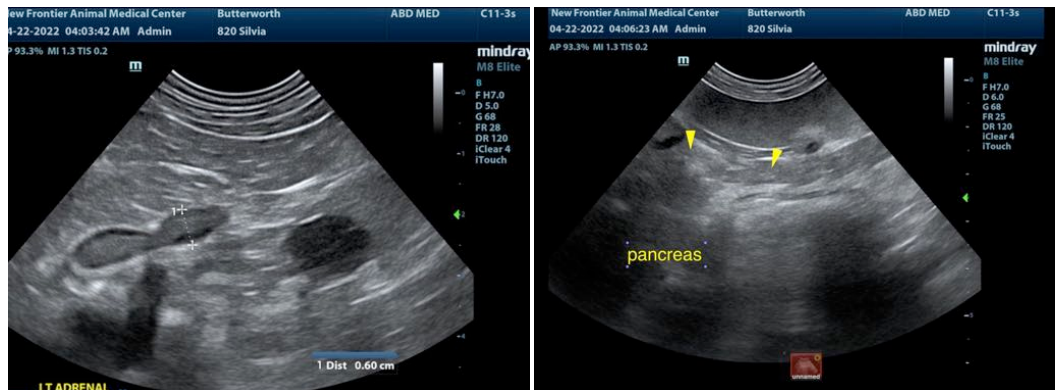
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com