

**DATE**

4/25/22

PRESENTING CLINICAL SIGNS

Pipa is a 10 y/o FS Maltese who presents for lethargy and anorexia - stopped eating yesterday, was more lethargic - not moving around, having to be carried outside to U/D - urinated today, no obvious blood, did drink some - soft feces, orange in color, has not defecated since - no interest in eating even treats - no vomiting - exercise intolerant - Wednesday did choke/cough/hack - some weight loss was 14 lbs about 2 weeks ago - no known FB or toxin ingestion, will eat tissues, no recent ingestion - diet: urinary diet for previous stones - vaccinated for rabies 2 weeks ago, did have a lump on the right thigh, seemed to resolve
Current Medications: Entyce, Buprenorphine, Prednisone, Mycophenolate, Clopidogrel, Cerenia.
Lab Results: Anemia, thrombocytopenia, elevated WBC, elevated Tbili and BUN.

PATIENT

Pipa Tembra

SPECIES

Canine

BREED

Maltese Mix

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

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.

AGE

4/22/12

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 this age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia of the right kidney was noted and measured 0.36 cm. Multiple calculi were noted in the right kidney. The largest calculus in the right kidney measured 0.33 cm. The right kidney measured 4.21 cm. The left kidney measured 4.41 cm with the largest calculus measured 0.45 cm.

WEIGHT

14.2 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The right **adrenal gland** was 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 1.62 x 0.66 cm at the caudal pole and 0.58 cm at the cranial pole. The left adrenal gland was mildly heterogenous with a 1.03 x 0.38 cm hyperechoic, non-expansive, non-disruptive nodule. The left adrenal gland measured 1.7 x 0.58 cm at the cranial pole and 0.58 cm at the caudal pole.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Thompson

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.

INVOICE

99501

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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative

pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** was over distended with chyme and fluid. Gastric distension was noted and measured over 6.0 cm. The small intestines and colon were unremarkable.

Pancreas

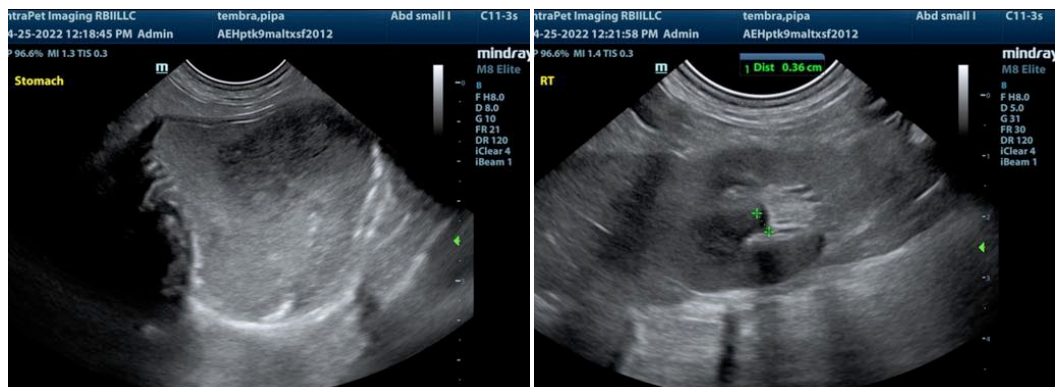
The right limb of the **pancreas** revealed mixed, hypoechoic parenchymal changes with enhanced surrounding mesentery enveloping the upper duodenum.

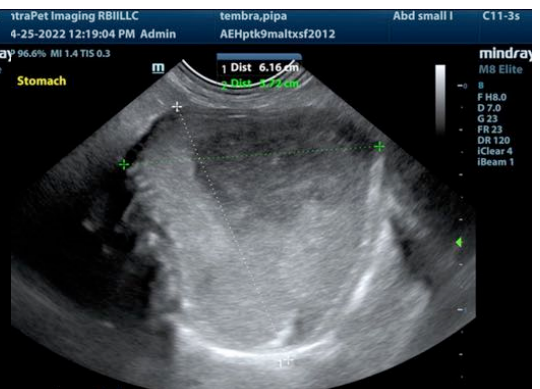
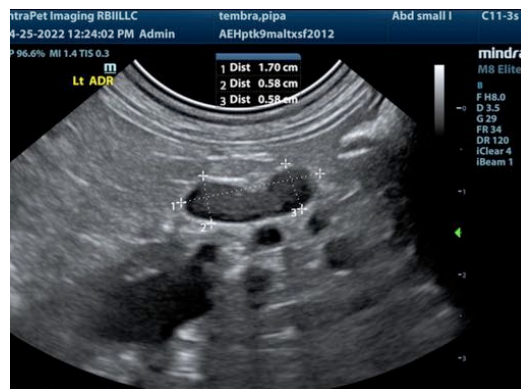
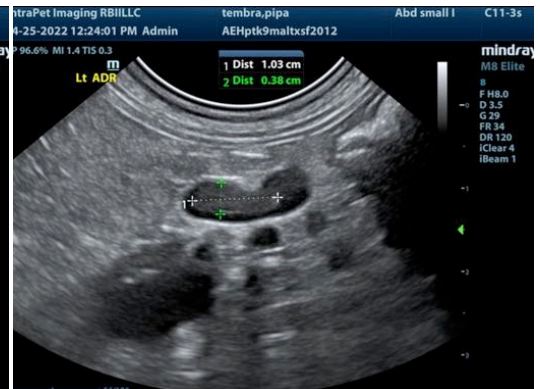
ULTRASONOGRAPHIC FINDINGS

Mild, chronic active pancreatitis with delayed gastric outflow.
Renal calculi, non-obstructive.
Degenerative renal changes.

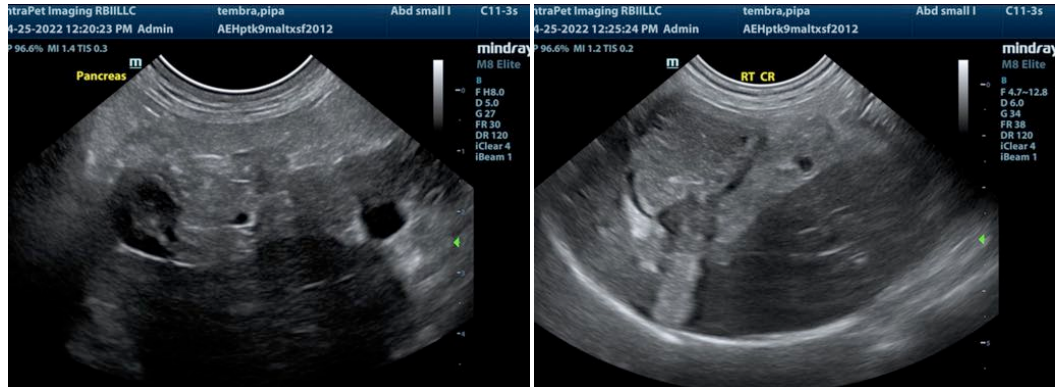
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of overt obstruction noted in the pylorus; however, tethering of the upper duodenum owing to pancreatic pathology is likely playing a role. Treatment for pancreatitis is warranted as well as pain management especially if subxiphoid palpation reveals discomfort. Promotility medications can also be considered. I recommend 24 hour n.p.o., GI protectants, broad spectrum antibiotics and plasma expanders are all indicated followed by b.i.d. canned feedings. Bulk dry food will likely cause irritation and pyloric outflow delay. Recheck sonogram is recommended in 5-7 days. Given the anemia with bilirubin elevation, hemolytic disease should be considered. CBC path review is warranted. There was no evidence of structural hepatic disease present or post obstruction.









The information and recommendations provided are based on the images presented by the referring veterinarian. 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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