

**DATE**

4/5/22

PATIENT

Skittles Engram

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

12/22/11

WEIGHT

17.2 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Davies

INVOICE

36736

PRESENTING CLINICAL SIGNS

Skittles has been vomiting a little prior to starting Clavacillin. Since starting Clavacillin, she has been vomiting daily in the morning about 10 minutes after eating. She vomited this morning despite not having Clavacillin since yesterday's morning dose.

Current Medications: None current.

Lab Results: see attached.

Radiographs: Quick ultrasound shows lots of debris in the gallbladder (suspected mucocele).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 **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 5.07 cm. The left kidney measured 4.81 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Upper limits of normal on size. The right adrenal gland measured 2.09 cm x 0.60 cm at the caudal pole and 0.80 cm at the cranial pole. The left adrenal gland measured 2.19 cm x 0.63 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The **spleen** was hypoechoic and irregular. A nodule measuring 2.14 x 1.66 cm was noted at the mid body.

Liver

The **liver** presented uniform swelling with slight increased portal markings. Minor heterogeneous changes noted. A hyperechoic nodule was noted in the left cranial liver measuring 1.36 cm. 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. Common bile duct measured 0.34 cm. A cystic hepatic lymph node was noted measuring 2.36 cm, not pathological.

Gastrointestinal

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.

Pancreas

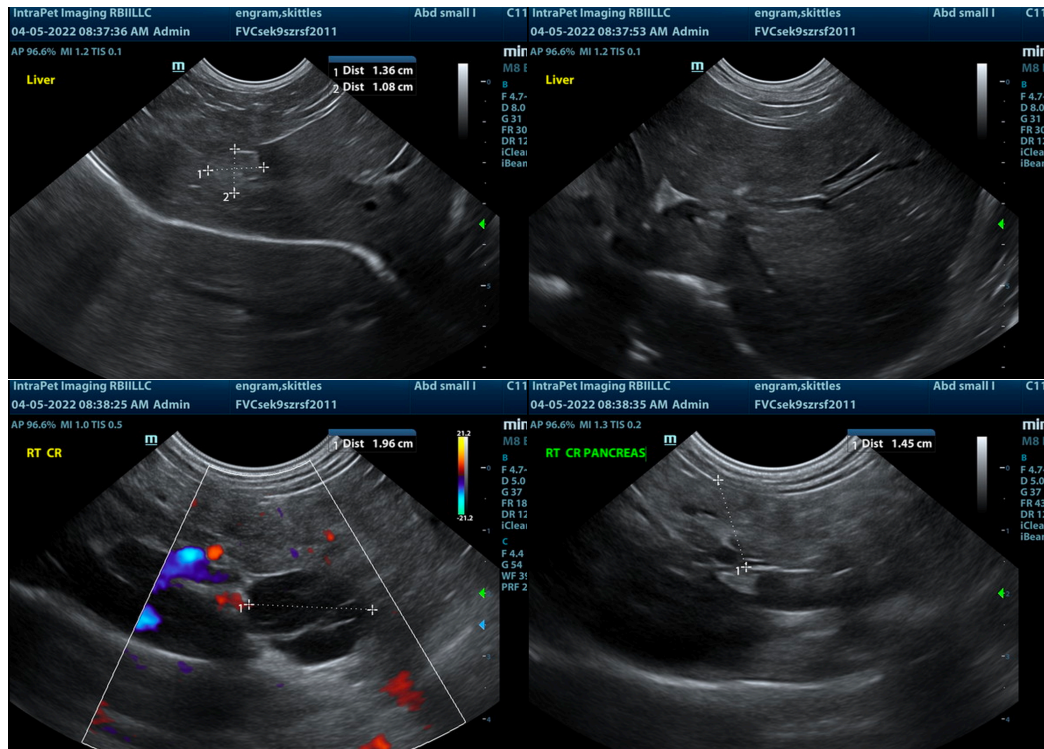
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

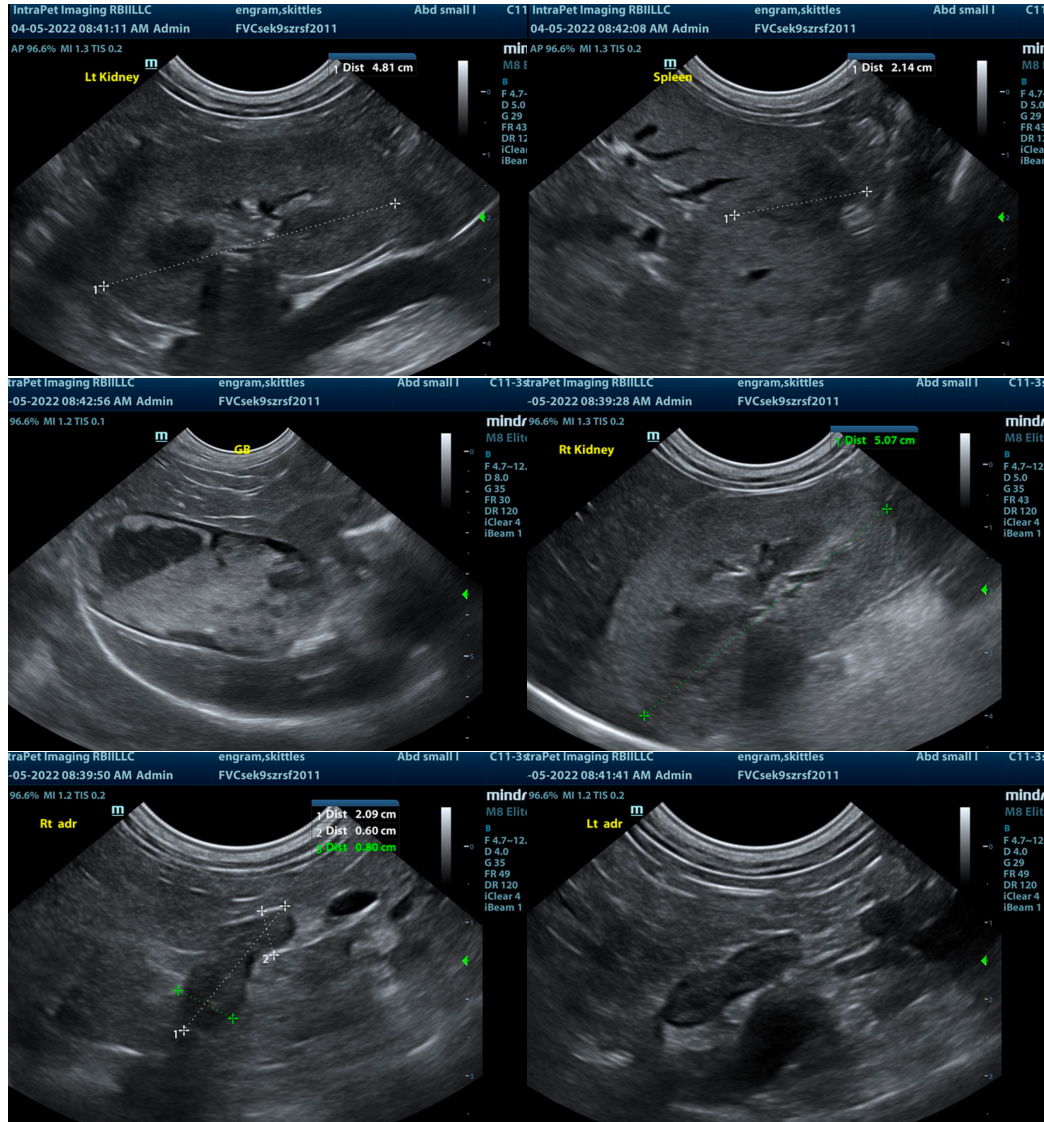
ULTRASONOGRAPHIC FINDINGS

- Cystic hepatic lymph node
- Undefined splenic nodule – hyperplasia versus round cell neoplasia
- Mild pancreatic remodeling
- Excessive gallbladder debris, not to the level of mucocele formation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for non-specific GI upset should prove effective. Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. FNA of the splenic nodule would be ideal. Ursodiol therapy warranted over the next 6 weeks and recheck gallbladder at that time as well as the splenic nodule. Underlying dietary intolerance, helicobacter, occult parasitism are all potentials.





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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