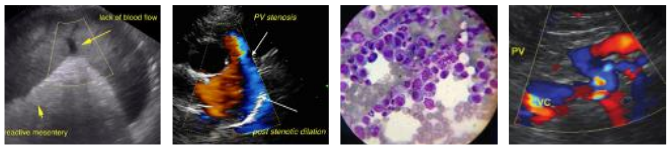
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Princess Schonlau

SPECIES

Canine

BREED

Bassett Hound

SEX

Spayed Female

AGE

7.5

WEIGHT

74

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Reser

INVOICE

22255

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: Inappetence, vomiting for 24 hours. Had hx of pancreatitis a year ago.

Abnormal PE/Chem/CBC/UA Results: Depressed, Temp normal. Painful cranial abdomen. The following were high: HCT (70), Crea (2.9), BUN (32), ALP (580), ALT (154), Globulin (5), Phos (6.9), T. Bili(1.9), Amylase (>2400), Lipase (5817). Na (143) and K (3.4) were both low. USG >1,040

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 5.7 cm. The right kidney measured 5.7 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 0.5 cm. The right adrenal gland measured 0.76 cm at the cranial pole and 0.5 cm at the caudal pole.

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 were noted.

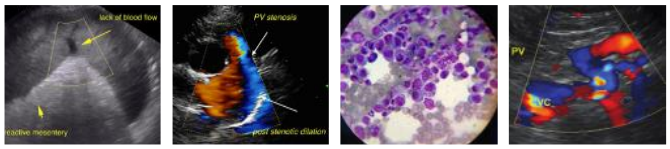
Liver

The **liver** was mildly swollen with slight increased portal markings. The gallbladder was overdistended with suspended debris and possible gas accumulation with echogenic foci. Posthepatic obstruction is suspected, but the common bile duct was not overtly visualized.

Gastrointestinal

The **pylorus** was thickened in this patient with reactive surrounding mesentery. The upper duodenum was also thickened. *See Pancreas section.

Pancreas



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Extensive mixed hypoechoic right limb **pancreatic** pathology was present. The region of inflammation extended for approximately 10 cm around the right limb of the pancreas, base of the pancreas and pyloric outflow. The left pancreatic limb appeared unremarkable.

Free Abdomen

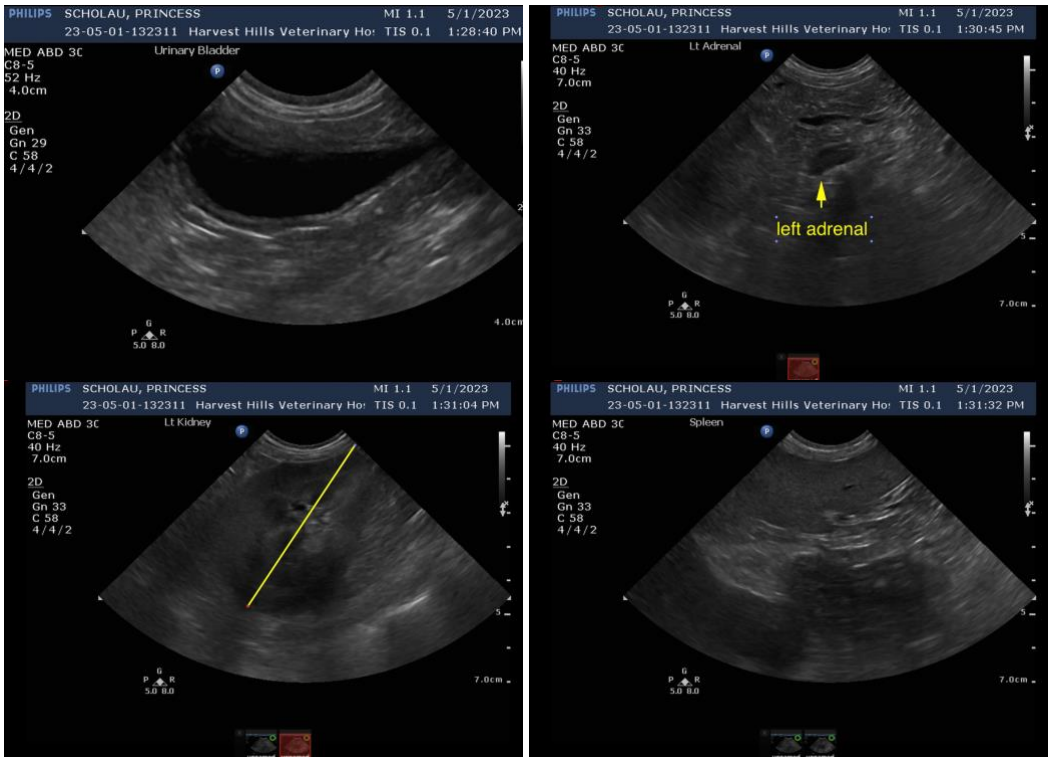
A regional **lymph node or abscess** was enlarged, hypoechoic and irregular, measuring approximately 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/duodenitis with probable cholangitis and posthepatic obstruction
- Pyloric thickening
- Enlarged, hypoechoic and irregular lymph node or abscess

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is strongly recommended with expectations toward cholecystectomy and common bile duct lavage. Underlying carcinoma is a potential. Upper gastrointestinal, pancreatic and lymph node biopsies are indicated. Ultrasound guided FNA of the hypoechoic portions of the pancreas, liver and the regional lymph nodes could be considered from a noninvasive screening approach. Prognosis is very guarded.



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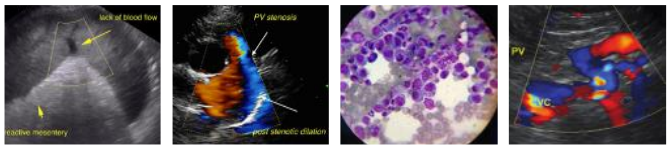

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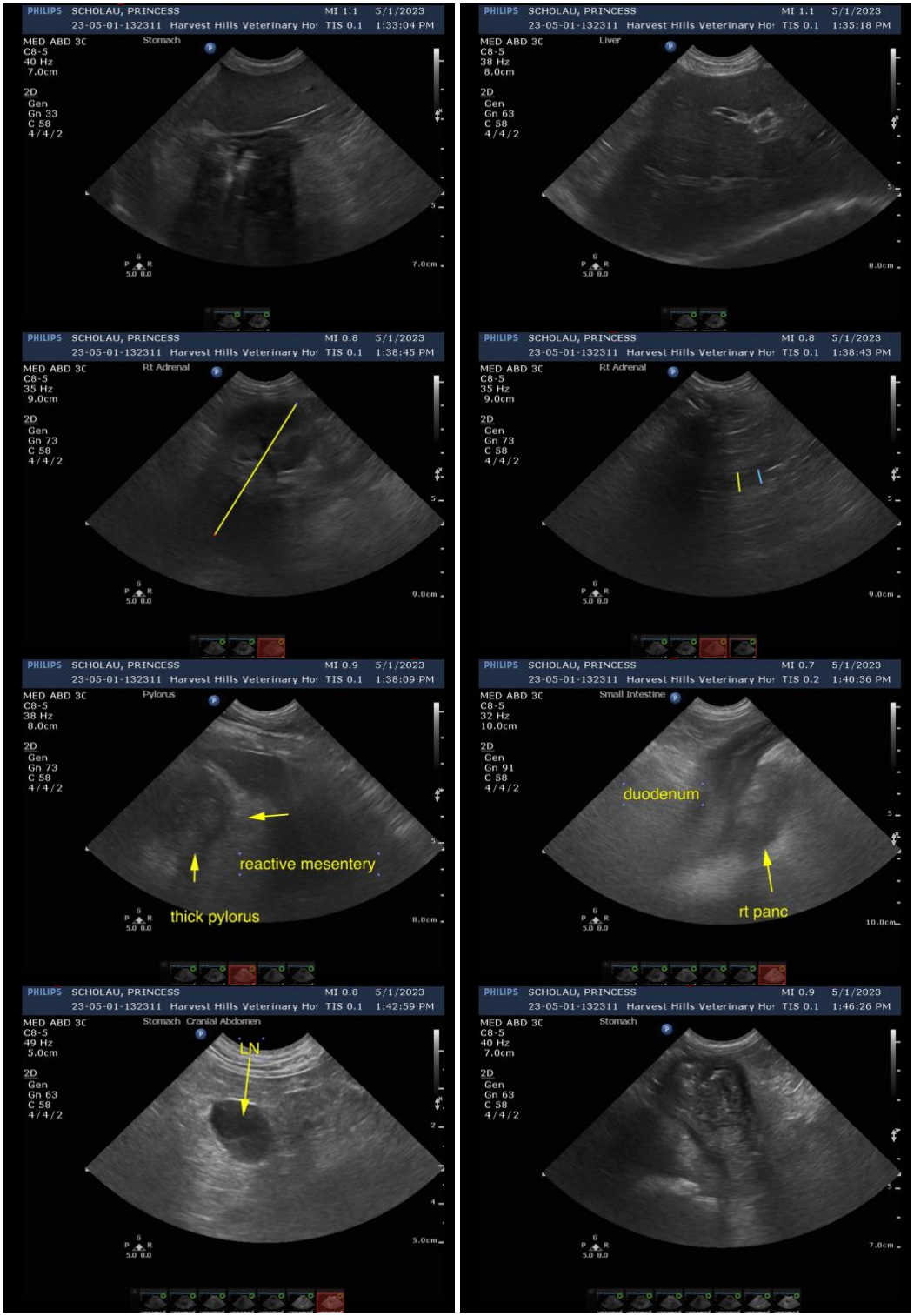

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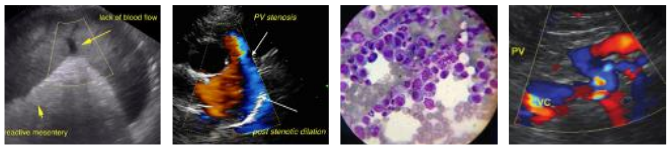

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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