



PATIENT

Shiloh McCommon

SPECIES

Canine

BREED

JRT Mix

SEX

FS

AGE

9 yr

WEIGHT

23.4 lb

PRESENTING CLINICAL SIGNS

History: History of pancreatitis episodes - well controlled on i/d low fat diet. Owner reports P has been stable without episodes for ~2 years. Decreased appetite and sporadic vomiting noted at home last week - minimal response to outpatient therapy (subcutaneous fluids, Cerenia, buprenorphine, mirtazapine). Presented today for hospitalization due to continued inappetence, decreased water intake, lethargy.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 5/7: Lipase 2,534 (200 - 1,800 U/L) ALT 135 (10 - 125 U/L)

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. An anechoic 5 mm cyst was noted in the medial cortex of the right kidney. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal was subnormal in size. 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 0.3 cm caudal pole width by 0.29 cm cranial pole width. The right adrenal gland measured 2 cm in length by 0.4 cm caudal pole width by 0.6 cm cranial pole width.

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 images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run
Veterinary Clinic

REFERRING VET

Jack Reese DVM

INVOICE

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PATIENT

Gastrointestinal

Shiloh McCommon

Examination of the gastrointestinal tract revealed mixed hyperechoic changes with upper duodenal spasming. The distal small intestine revealed minor increased submucosal echogenicity and thickness suggestive of a history of chronic IBD.

SPECIES

Canine

Pancreas

The right limb of the pancreas was heterogenous. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

JRT Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Focal duodenitis
- Pancreatitis-right limb
- Benign renal cyst

FS

AGE

9 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right subxiphoid palpation is recommended to assess for discomfort. IVF support is recommended with GI protectants, enrofloxacin/metronidazole combination is suggested. Plasma expanders are suggested even though this region of pancreatitis is focal it is in a strategic position to cause significant clinical signs at the right pancreatic base and enveloping the upper duodenum. Recheck sonogram in 5-7 days.

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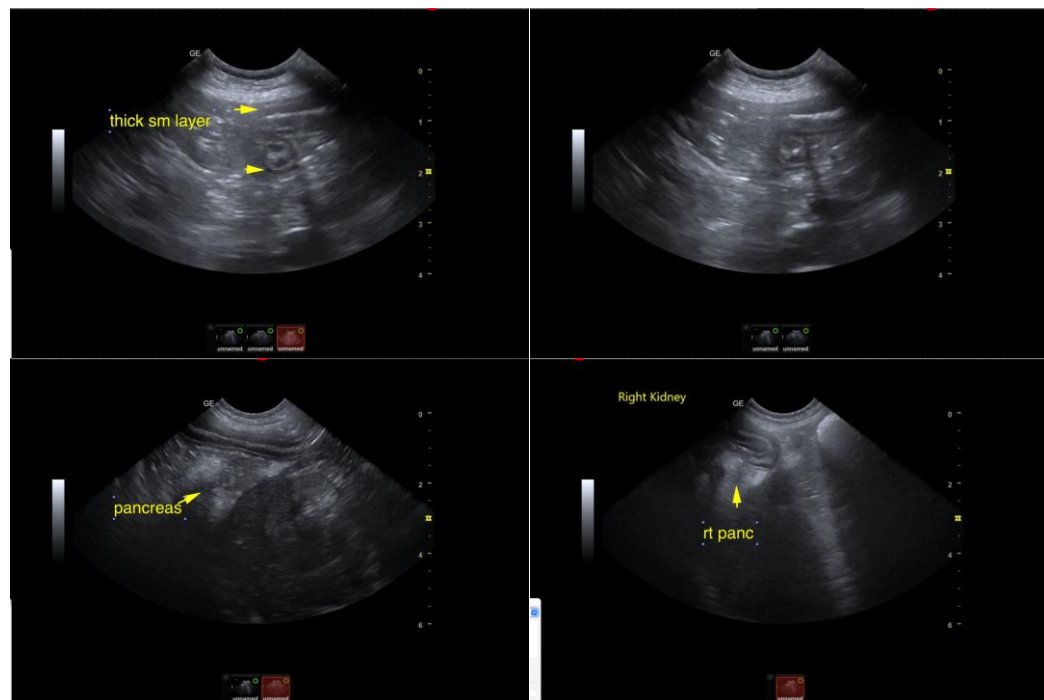
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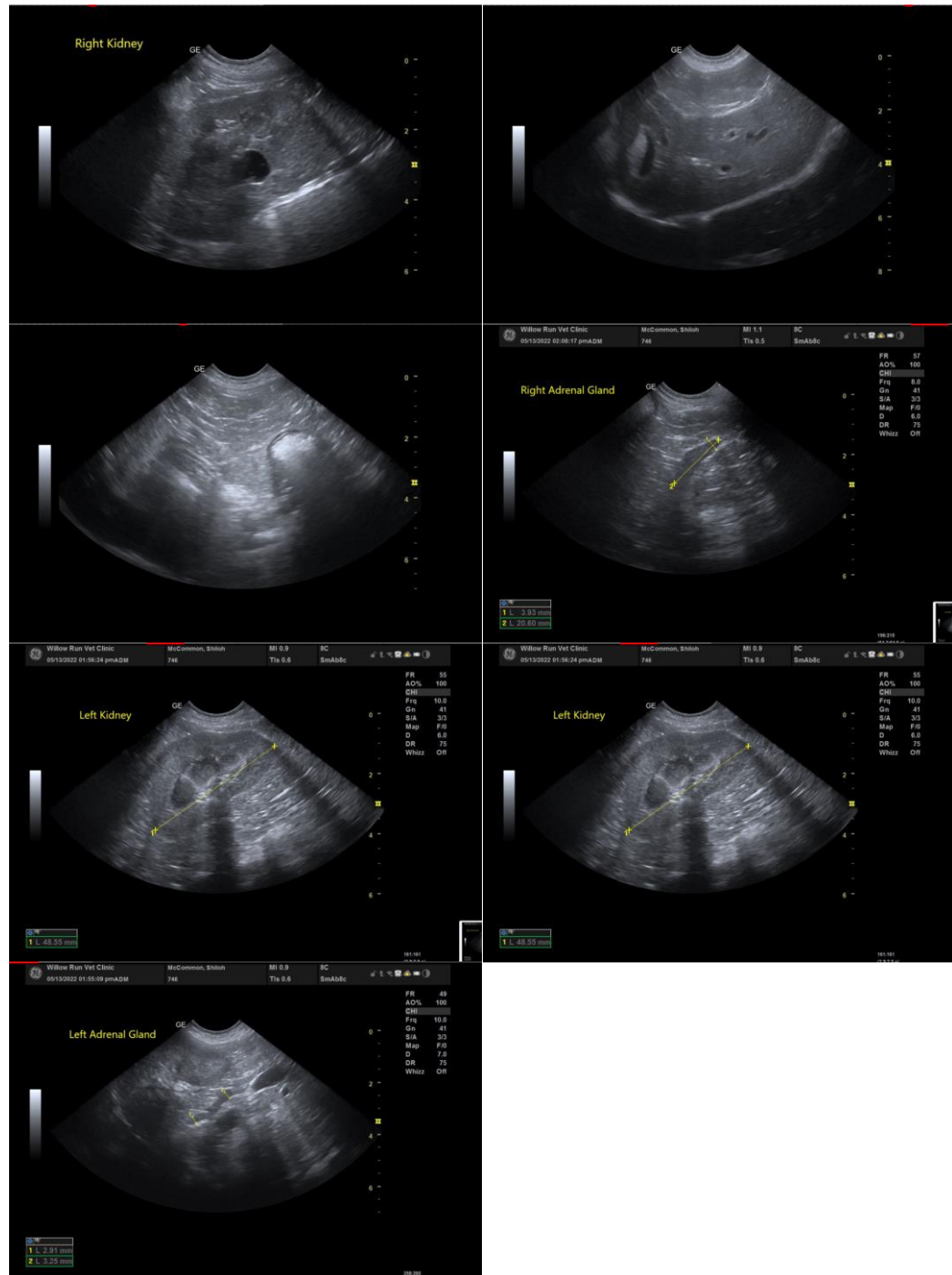
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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