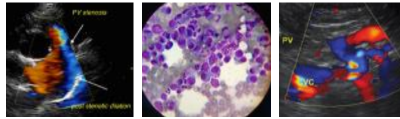
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
5/27/22

PATIENT
Sparky Maul

SPECIES
Canine

BREED
Shih Tzu Mix

SEX
Neutered Male

AGE
8/1/13

WEIGHT
17 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
15778

PRESENTING CLINICAL SIGNS

History: Not eating, not taking anti-seizure meds, shaking, twitching, lethargy Known epilepsy Seizure tonight lasted ~4 minutes vomited- didn't take meds am and afternoon Current Medications: - Keppra 250 mg 1 tab Q8 (gives at 6am, 2pm, 10pm) - Gabapentin 50 mg 1 tab PO Q12 (9am, 9pm). According to Owner: 6am given keppra 9am gabapentin given didn't eat between, vomited night before dinner- vomited undigested food 2pm given keppra/ lunch- not eating 6:30pm O came home from work, licked keppra (in pill pocket initially) then did not eat. Shaking, very lethargic Had seizure when waiting in Q, lasted 4 min, after seizure very lethargic/ limp Sees Fullerton: blood drawn, and sent out keppra levels- pending sent to auburn university Here in April had 9min seizure, no bw since O thinks First diagnosed with seizures in jan/ feb O tracks seizures in phone March- 2 April- 3- increased dose from 1/2 tab keppra Q8 to 1 pill in am, 1/2 afternoon/ om May 9 min seizure, had cluster- inc keppra to 1 whole tab Q8 and gabapentin Urinating, drinking same- saw him drink today Defecated no hx of DI does eat trash Eats science diet wet/ canned-sensitive stomach and skin Hx of skin disease/ allergies and hx of dental disease Adopted thinks 9-9.5 yrs of age Receives Heartworm 12 months shot NOT on flea/ tick but does get tested- 4dx neg in feb
Lyme and lepto vaccinated O brought in videos of seizure, lethargy Normally LOVES food and is not picky

Current Medications: Levitiracetam, Gabapentin, Ampicillin, Cerenia, Protonix.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the left kidney. The left kidney measured 4.49 cm. The right kidney measured 4.63 cm.

Adrenal Glands

The **left adrenal gland** was slightly enlarged, uniform, measuring 2.29 cm x 0.75 cm at the cranial pole and 0.77 cm at the caudal pole.

The **right adrenal gland** measured the upper limits of normal at 1.99 cm x 0.73 cm at the cranial pole and 0.71 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 uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with mild vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **stomach** itself was unremarkable. The descending duodenum appeared to be enveloped by the pancreatic pathology. Some delayed outflow pattern noted.

Pancreas

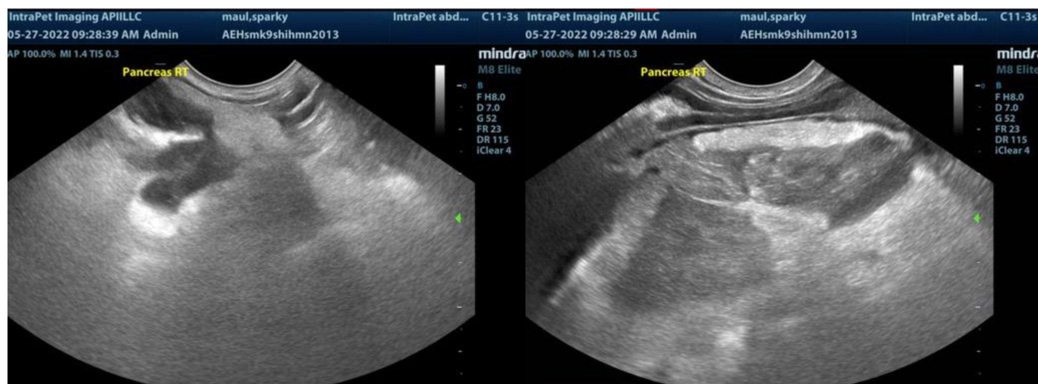
The right limb of the **pancreas** revealed extensive mixed hypoechoic undifferentiated parenchymal changes with regional hematomas or abscesses. Enhanced surrounding mesentery noted, consistent with pancreatitis, appeared to envelop the upper gastrointestinal tract. Extensive pancreatitis present. The pancreatic pathology was largely localized to the right limb of the pancreas. Regional free fluid was noted.

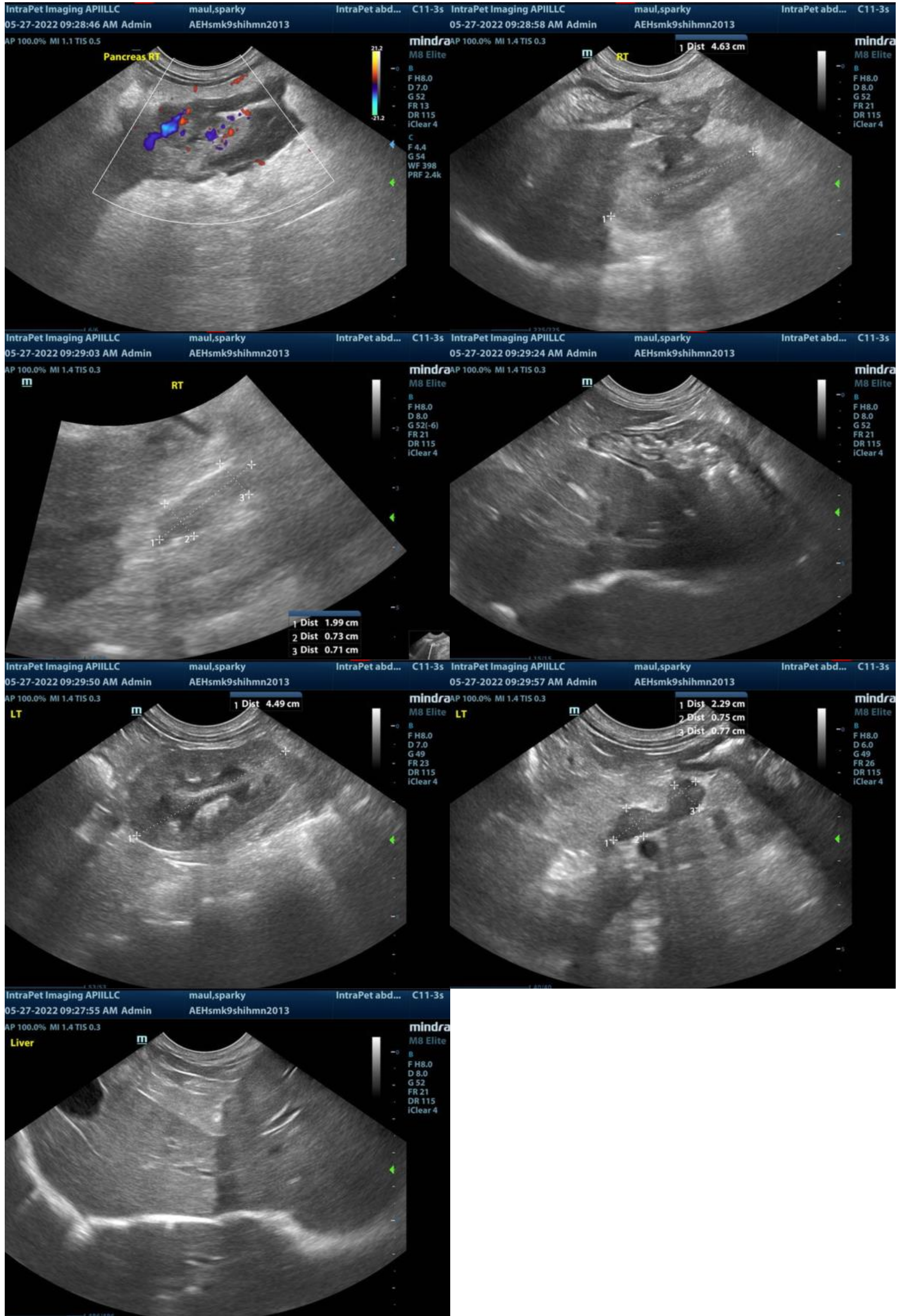
ULTRASONOGRAPHIC FINDINGS

- Extensive right limb pancreatitis/necrosis pattern with duodenal envelopment and peritonitis
- Hepatopathy
- Left adrenal gland slightly enlarged and right adrenal gland measured the upper limits of normal size
- Age-related renal changes with left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the hypoechoic portions of the pancreas, as well as fluid pocket drainage and culture indicated. Mild potential for underlying pancreatic carcinoma. Plasma expanders, broad spectrum antibiotics, pain management and recheck sonogram in 3 days recommended. Guarded prognosis. Eventual resection of the necrotic pancreatic tissue may be necessary from a surgical approach.





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
Eric.Lindquist@SonoPath.com