

**DATE PRESENTING CLINICAL SIGNS**

5/5/23 History: Frequent pancreatitis (feeds bland RX diet) with weight loss

PATIENT

Zoey Rickmers

Current Medications: Cerenia PRN, Clavamox.
 Lab Results: Pancreatitis.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

8/12/08

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

22337

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 moderate 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 and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The right kidney measured 4.4 cm. The left kidney measured 5.11 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 mild and likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.87 cm x 0.62 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured the upper limits of normal, measuring 1.95 cm x 0.68 cm at the caudal pole and 0.75 cm at the cranial 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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These

presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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 **pancreas** was hypochoic, irregular and hypervascular with undulating contour, primarily in the right limb. Hyperplasia vs active pancreatitis are primary concerns

Other

The **uterine stump** was particularly prominent in this patient, measuring approximately 9.0 mm.

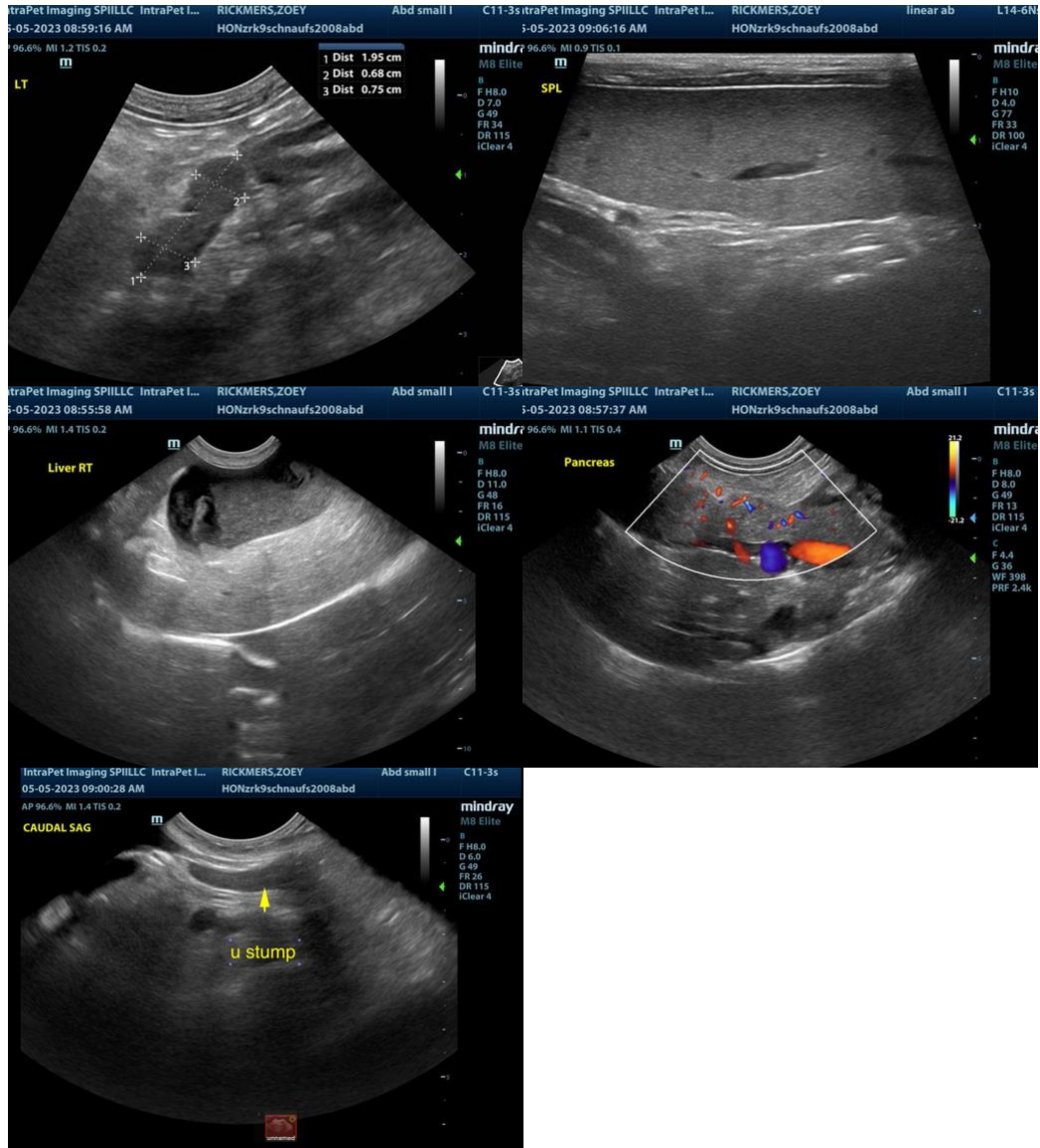
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Mild bilateral adrenal enlargement, potential emerging PDH
- Low grade right limb pancreatitis is suspected
- Prominent uterine stump
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Full adrenal panel (to the University of Tennessee) would be ideal in this patient +/- work up for traditional Cushings. Potential for underlying emerging PDH. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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