



PATIENT

Manchichi Oliveras
Hernandez

SPECIES

Canine

BREED

Mixed Chihuahua

SEX

Spayed Female

AGE

11 Years

WEIGHT

9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Belen Acevedo

INVOICE

16054

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral emergency Abdominal Ultrasound for evaluation of acute onset of vomiting, fever, increase liver enzyme and increase WBCs.

Abnormal PE/Chem/CBC/UA Results: PE: W:9# Temp 103.2F, Tense and pain on abdominal palpation. BW: ALP: 225 (20-150) CBC: increase WBCs ALT: 297 (10-118)

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 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 mineralization was present. The right kidney measured 4.38 cm. Slight pyelectasia was noted. The left kidney measured 4.04 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 0.54 cm. The right adrenal gland measured 0.62 cm.

Spleen

The **spleen** itself was mildly heterogeneous and slightly irregular. Splenic fold was noted.

Liver

The **liver** was uniformly swollen and irregular in contour. The gallbladder was double layered and edematous with excessive debris and mild overdistention. Some striating bile was noted. Regional inflammation was noted around the gallbladder.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable with normal curvilinear patterns.

Pancreas

The **pancreas** revealed hyperechoic changes, consistent with remodeling. The right limb of the pancreas presented mixed echogenic changes, enveloping the upper duodenum, consistent with pancreatitis, primarily localized to the right limb.

Free Abdomen



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Minor regional reactive **lymph nodes** noted, measuring up to 0.5 cm. Slight echogenic free fluid noted adjacent to the spleen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cholecystitis mucocele formation
- Concurrent pancreatitis

Secondary Findings

- Age-related renal changes with pyelectasia
- Mildly heterogeneous spleen with splenic fold
- Echogenic free fluid noted adjacent to the spleen
- Reactive lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided abdominocentesis of the free fluid and cytology and culture indicated. Treatment for pancreatitis/cholangitis indicated. Cholecystectomy is likely in this patients best interest, especially if bilirubin values and alkaline phosphatase and ALT are a primary issue. Treatment for pancreatitis with plasma expanders and broad-spectrum antibiotics. GI protectants could be considered if the patient is stable. Recheck sonogram in 48 hours. Cholecystectomy may be necessary in this patient. This is not a typical mucocele, however, some aspects of mucocele formation and some pericapsular inflammation noted.

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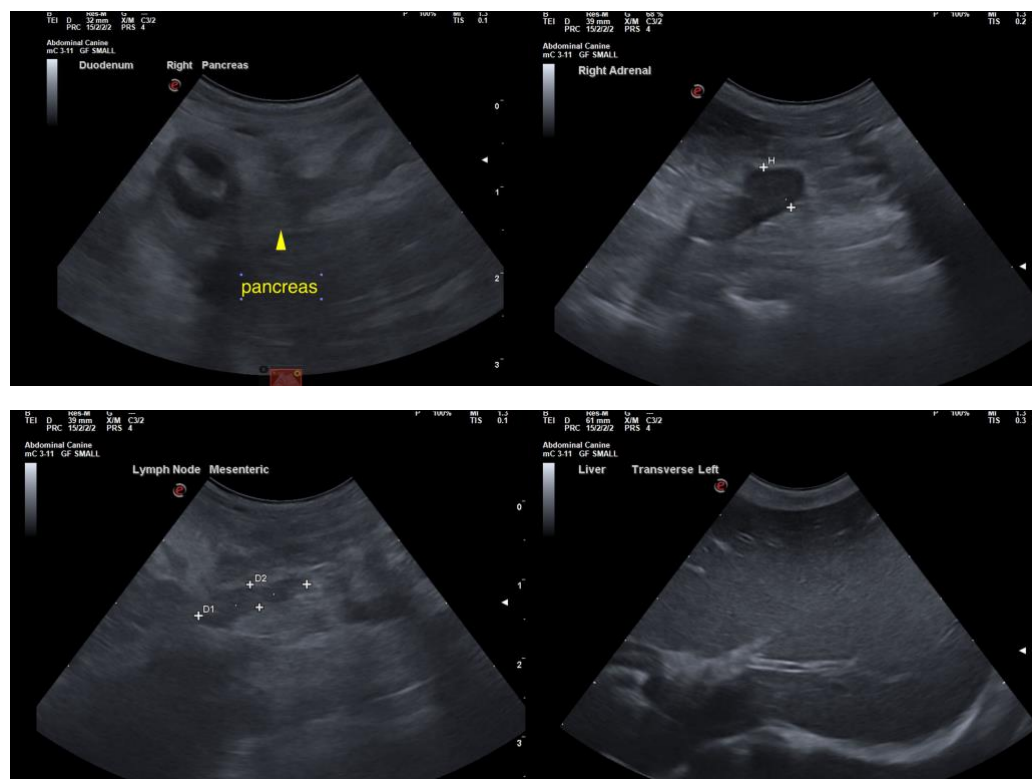
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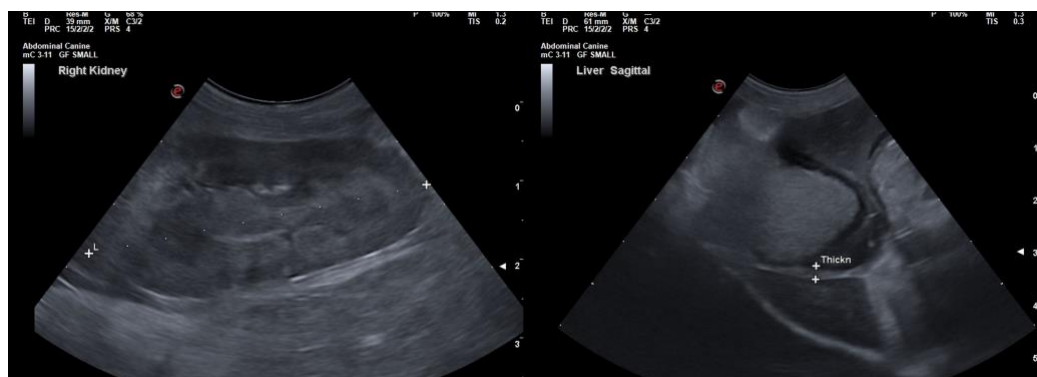
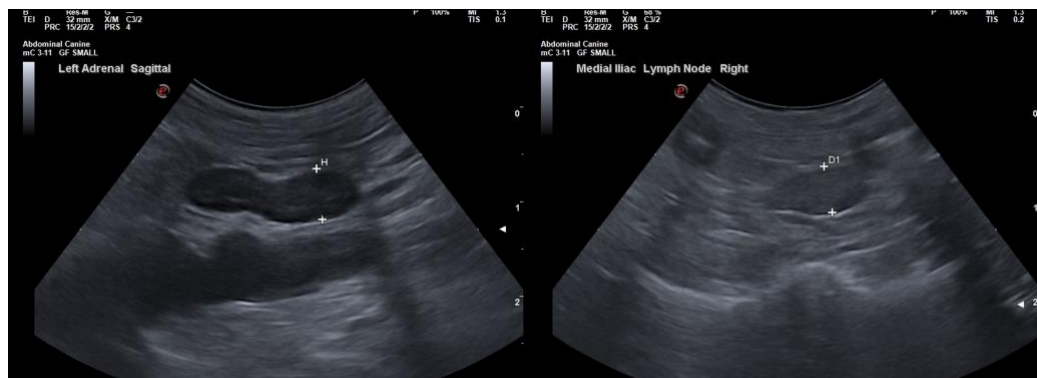
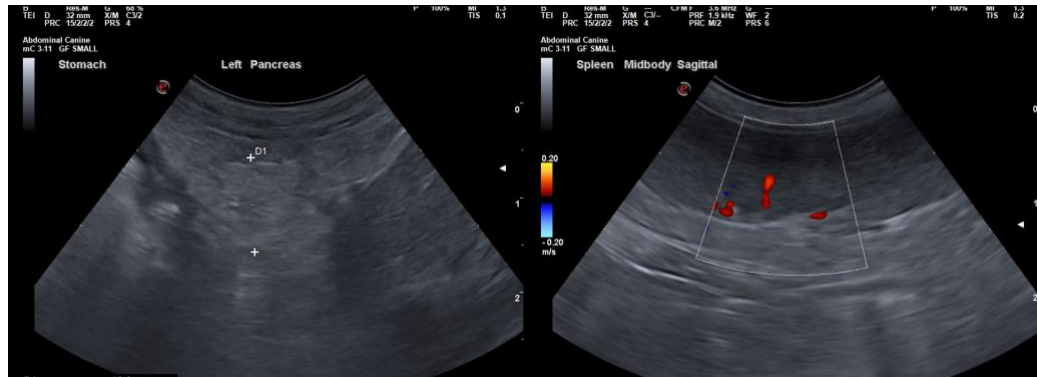
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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