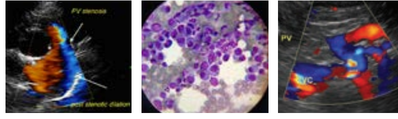


DATE
6/8/22

PATIENT
Bella Swann

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
11/21/15

WEIGHT
12.38 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Stephanie Pearce
RDCS, RVT

HOSPITAL NAME
Westminster VH

REFERRING VET
Dr. Hall

INVOICE
38537

PRESENTING CLINICAL SIGNS

Pet was seen on 4/22/22 for abdominal discomfort and diarrhea. Pet has a history of pancreatitis. On Hydrolyzed protein. Bloodwork revealed elevated elevated ALP and confirmed pancreatitis. Pet responded well to treatment, repeat bloodwork was completed on 5/11/22 which revealed a still elevated ALP but worsening spec cPL.

Current Medications: Apoquel 2.7mg PO SID started 04/2019. Gabapentin 50mg upon arrival to hospital for scan.
Lab Results: 4/22/22: CBC: Reticulocytes 119K/uL (10-110); Lymphocytes: 0.756K/uL (1.06-4.95); slight polychromasia, slight anisocytosis; Chem: Glucose: 116mg/dL (63-114); Potassium: 3.9mmol/L (4.0-5.4); Na:K Ratio: 38 (28-37); Albumin 4.0 g/dL (2.7-3.9); ALP: 480U/L (5-160); Amylase: 1,792U/L (337-1469); Lipase: 1,354U/L (0-250); spec cPL: 1,298ug/L (0-200). 5/11/22: CBC: MCH: 26.4pg (21.9-26.1); Chem: Albumin: 4.2g/dL (2.7-3.9); ALP: 430U/L (5-160); spec
cPL: 2,000ug/L (0-200).
Date of Previous IntraPet Ultrasound: 1/16/19. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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. The right kidney measured 3.93 cm. The left kidney measured 3.35 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 right adrenal gland measured 1.41 cm x 0.75 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 1.33 cm x 0.56 cm at the caudal pole and 0.35 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
The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal
A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Fluid filled gastric fundus. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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** revealed hyperechoic parenchymal changes with ill-defined contour, suggestive for low-grade smoldering pancreatitis enveloping the upper gastrointestinal tract.

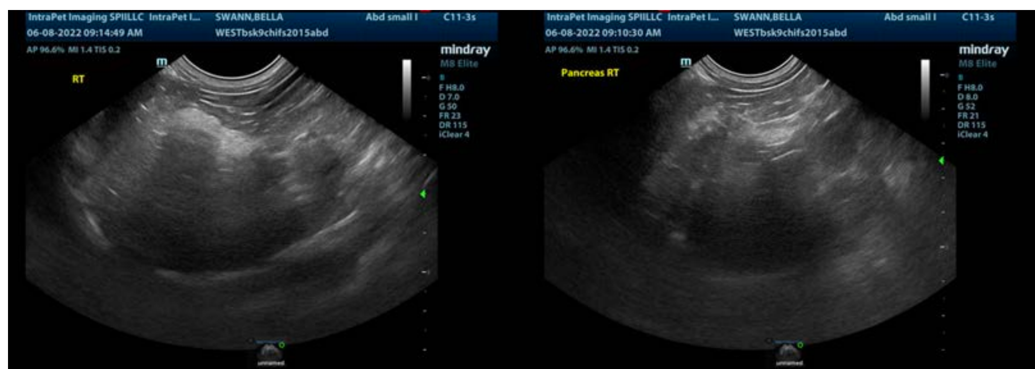
ULTRASONOGRAPHIC FINDINGS

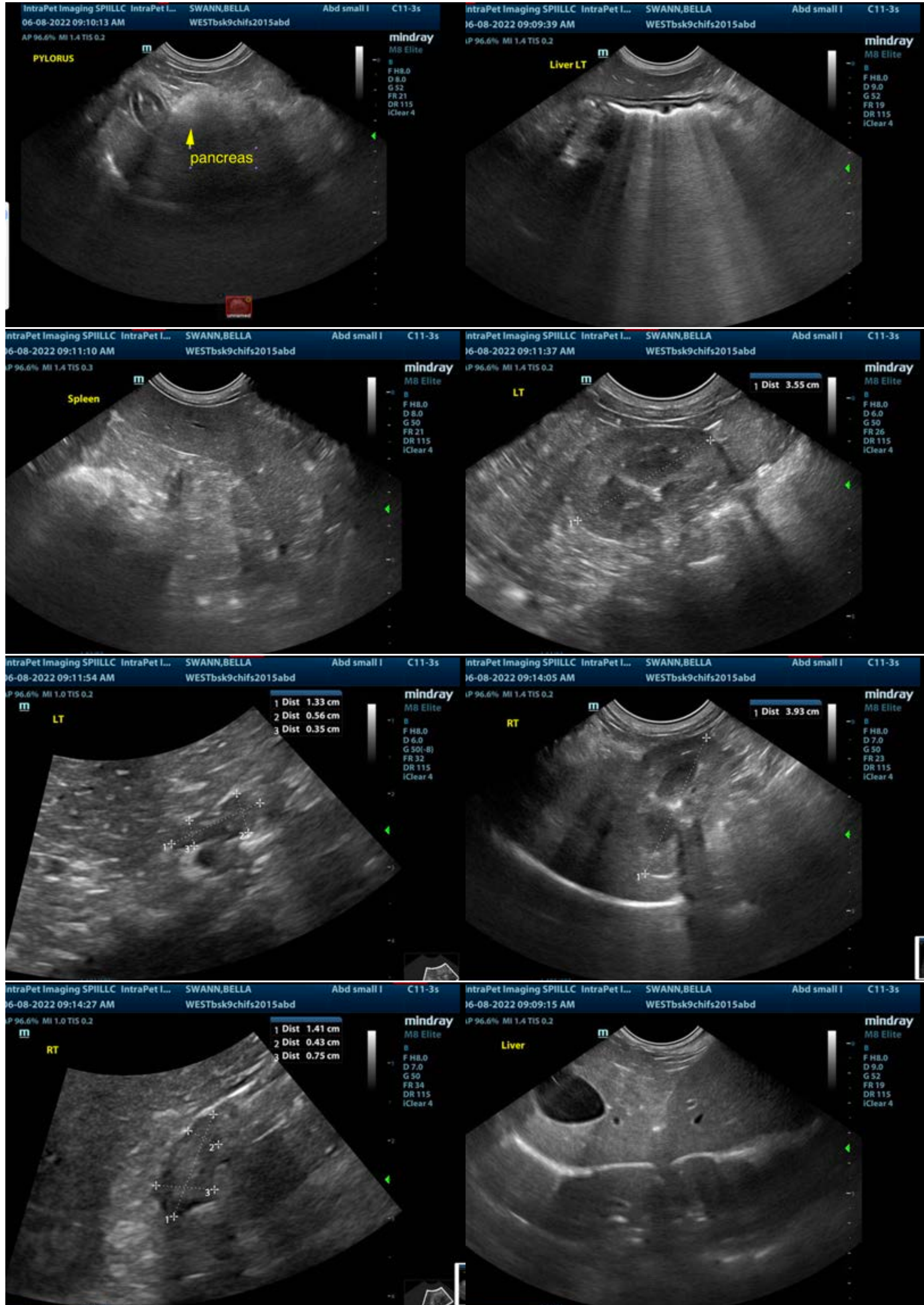
- Chronic active pancreatitis presentation in the right pancreatic base

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective. Depending upon the clinical status of the patient, hospitalization, 72-hour IV fluid protocol and 24-hour NPO may prove effective. The region in question is localized in an approximately 3.0 cm x 4.0 cm area of the right pancreatic base and cranial aspect of the right pancreatic limb. No evidence of neoplasia. Recheck sonogram in two weeks.

Helicobacter/Gastritis protocol
A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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PYLORUS
pancreas
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Liver LT
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Spleen
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LT
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LT
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3 Dist 0.35 cm
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3 Dist 0.75 cm
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Liver

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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