

**DATE**

6/9/22

PRESENTING CLINICAL SIGNS

Chronic history of IBD, vomiting and pancreatitis. P seen at AEH on 5/1/22 for vomiting and has not gotten better.

PATIENT

Bella Evans

Current Medications: Cerenia 16 mg- 1 SID, Pancreplus Tabs- 2 BID before meals, Soloxine .2 MG- 1 BID, Denamarin advanced small dog-1 Tablet SID in AM 30 minutes prior to meal, ZD diet

Lab Results: Spec CPL- 1550, Lipase -167, Amylase- 1769

Date of Previous IntraPet Ultrasound: 9/29/20. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDINE**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 was noted. Ureteral papillae were normal.

SEX

Spayed Female

The **kidneys** revealed moderate degenerative changes and irregular contour. The kidneys were subnormal in size. Corticomedullary calculi were noted and non-obstructive. The right kidney measured 3.42 cm. The left kidney measured 3.72 cm.

AGE

3/28/09

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 1.83 x 0.55 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 2.1 x 0.52 cm at the caudal pole and 0.5 cm at the cranial pole.

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented a persistent lipogranuloma that measured 1.0 cm.

HOSPITAL NAME

Celebrie VH

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.

REFERRING VET

Dr. Garrett

The apex of the gallbladder revealed a cystic structure. This is a new development and measures 1.5 cm. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

INVOICE

30948

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 right limb of the **pancreas** was enlarged, irregular and nodular measuring 4.36 x 2.0 cm in the right limb. The left limb was also enlarged, irregular and hypoechoic measuring up to 2.72 cm.

ULTRASONOGRAPHIC FINDINGS

Chronic active pancreatitis and remodeling pattern.

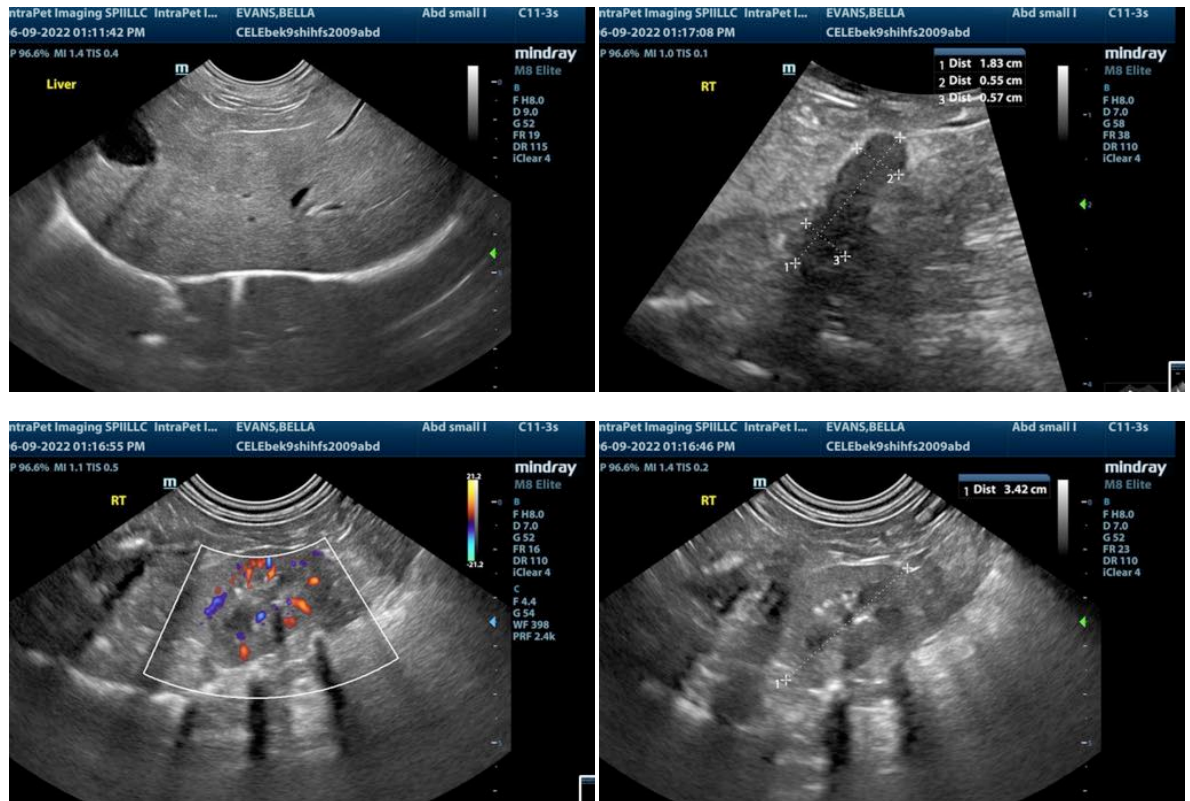
Mural gallbladder cyst or nodule to monitor.

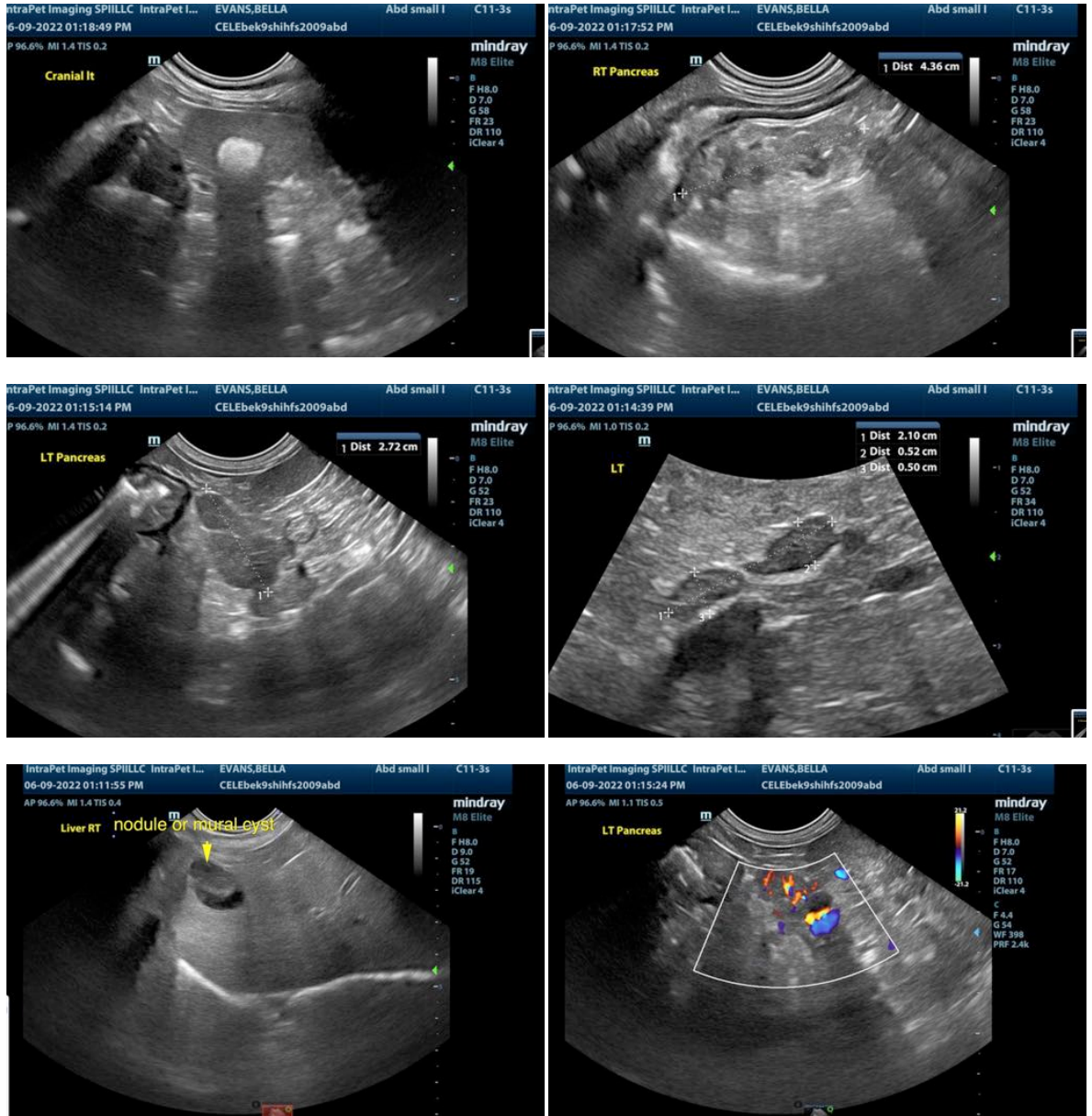
Subjectively benign hepatopathy.

Moderate degenerative renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain-solicited response +/- FNA of the pancreas and liver for further definition. Recheck sonogram is recommended in days after empirical therapy for pancreatitis. 24- hour n.p.o., 72 hour IV fluid support, Enrofloxacin, Metronidazole and GI protectants are all indicated. Hydrolyzed diet is likely in this patient's best interest long term.





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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