

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

Referral from Edgewood Vet hospital for continued care for pancreatitis. Failed out patient treatment Not eating and continued vomiting 1 week Goal: IVF, pain management, AUS 6/24/22: - Xrays: performed- lateral abdomen (CD attached) – Anal gland expression - Convenia injection - Cerenia injection - Scripted: ID low fat 6/29/22 - Recheck exam- not eating, possible PU/PD? – CPLI Positive - CBC: HCT 57%, wbc-32k, neu-29k, inc monocytes, plt wnl - CHEM 17/lytes: ALKP 554, Amylase 1537, (kidney values wnl), chol high, t4 wnl - TGH with tramadol and More ID low fat 7/1/22: Still not wanting to eat or drink, vomiting, HR 180, no splinting abdominal

**PATIENT**

Holly Sloan

Current Medications: None listed.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Dachshund

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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.

**AGE**

5/17/08

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.06 cm. The right kidney measured 5.35 cm.

**WEIGHT**

22.5 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.35 x 0.79 cm at the caudal pole and 0.82 cm at the cranial pole. The right adrenal gland measured 2.72 x 1.17 cm at the caudal pole and 0.74 cm at the cranial pole.

**HOSPITAL NAME**Animal Emergency  
Hospital**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 was noted.

**REFERRING VET**

Dr. Kalwa

**INVOICE**

31428

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***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** revealed coarse architecture with undulating contour. Ill-defined surrounding mesentery was noted. This is consistent with smoldering, low-grade pancreatitis and remodeling. The pancreatic remodeling is extensive for approximately 5-8 cm. Some of the pancreatic remodeling envelops the upper gastrointestinal tract and appears to be adhered to the serosa.

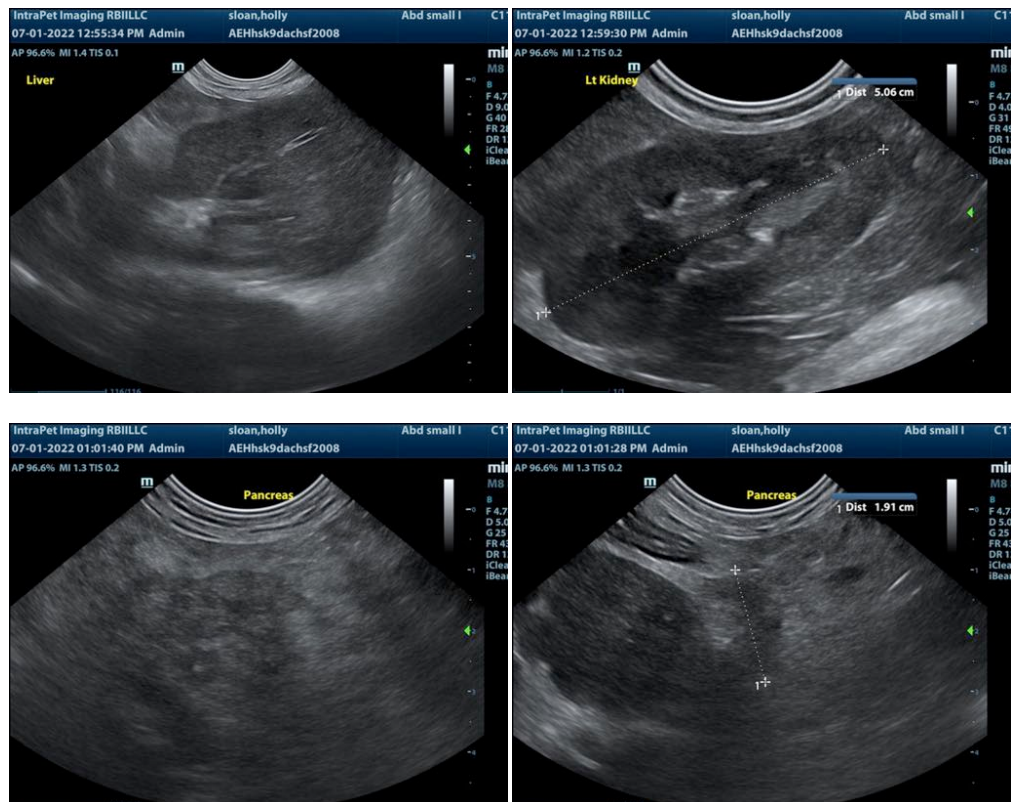
### **ULTRASONOGRAPHIC FINDINGS**

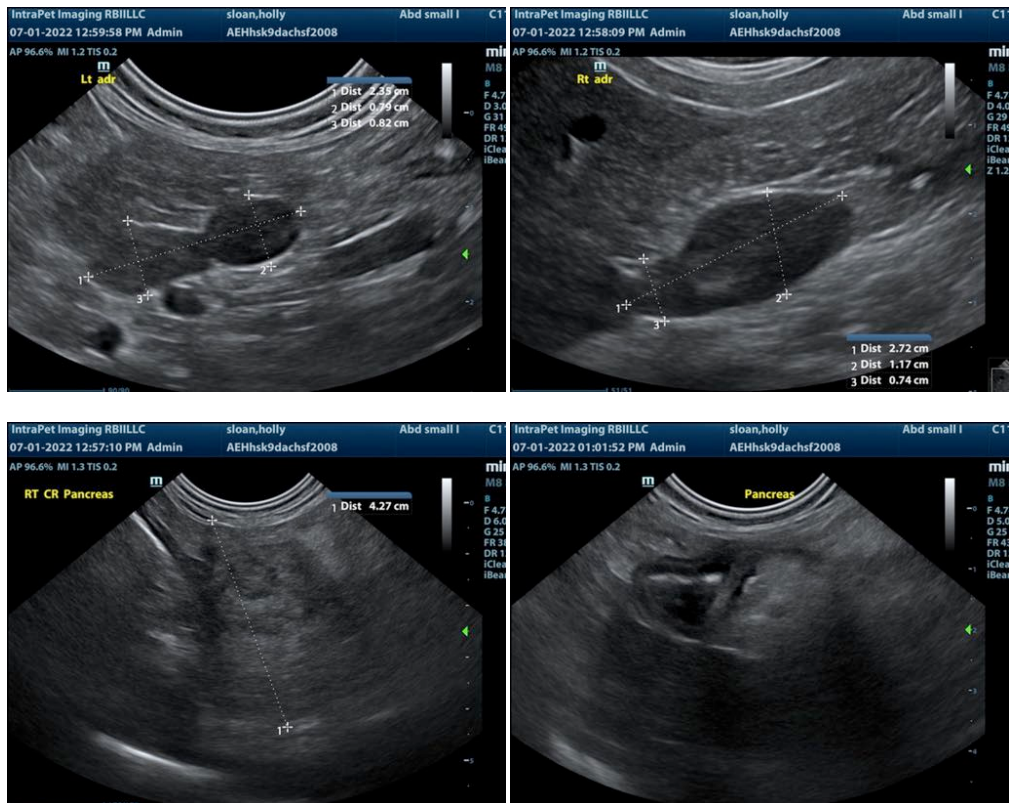
Chronic active pancreatitis pattern.

Bilateral adrenal hypertrophy. There is a strong suspicion for Cushing's /PDH.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Full CNS examination is recommended as well as work-up for Cushing's.





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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