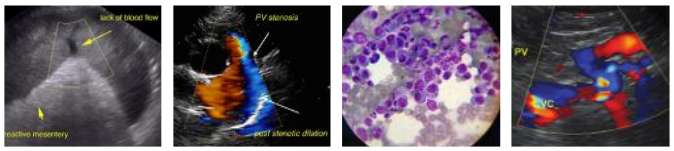

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1-800-838-4268 info@sonopath.com

PATIENT

Dakota Hansen

SPECIES

Canine

BREED

Sheepdog Mix

SEX

MN

AGE

7yr

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Borud

HOSPITAL NAME

Red River Animal Emergency Hospital and Referral Center

REFERRING VET

Dr. Borud

INVOICE

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DATE

07/11/2023

PRESENTING CLINICAL SIGNS

Originally presented to rDVM on 7/9 for lethargy and diarrhea. Labs that day HCT was 44.2%, T. bili 2.9, BUN 28, normoglycemic. Diagnosed cholangiohep and sent home on zeniquin, Cerenia. Seen next day by different rDVM. HCT 15.5 (inappropriate/nonregenrative), BG 59, t. bili 7.0, BUN 52. Liver enzymes have been normal both days. Also mild hyperglobulinemia both days. Presented here yesterday. Tick panel pending, negative slide agglutination, BUN 60, CBC path review some spherocytes, no CBC pathogens. PT normal, PTT 213. Baseline cortisol >10. Received pRBC last night and PCV up to 24%. Currently getting plasma. Was initially febrile on 7/9, but then normothermic on initial presentation but no again febrile. On physical exam, dull to obtunded, tachycardic, no melena or hematochezia on rectaal exam, Pale icteric MM. Normotensive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented a large amount of dependent debris that may be owing to coagulopathy and hemorrhage. Suspended debris was also noted in the bladder. The 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.

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 left kidney measured 5.0 cm.

The right kidney measured 5.0 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 0.5 cm.

Spleen

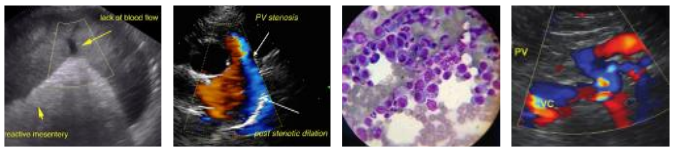
The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The liver was enlarged and hypoechoic with irregular contour. Minor increased portal markings were present. The gallbladder was double layered with striating bowel and was mildly overdistended. This presentation is consistent with emerging mucocele.

Gastrointestinal

Examination of the gastrointestinal tract revealed an upper duodenum infiltrative pattern with expansive hypoechoic muscularis infiltrate expanding into the area of the pancreas. A secondary



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inflammatory pattern was noted with a thickened muscularis of the pyloric outflow. The duodenal lesion appeared to enter into the pancreas. It is not completely defined whether the lesion derived from the pancreas or upper duodenum.

Pancreas

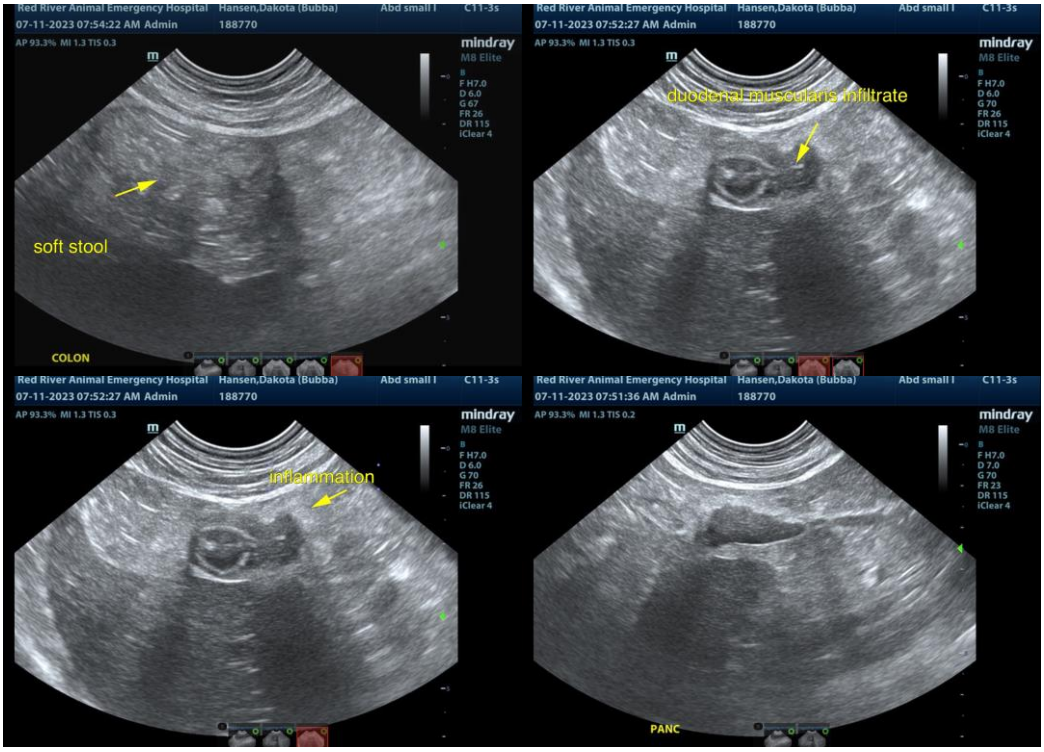
The duodenal lesion appeared to enter into the pancreas. It is not completely defined whether the lesion derived from the pancreas or upper duodenum.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative upper duodenal/pancreas mass.
- Cholangiohepatitis/duodenitis/pancreatitis possible yet infiltrative disease is more likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infiltrative disease is a strong potential. Assuming normal clotting status, an upper duodenal mass and liver for screening cytology is warranted for further assessment.



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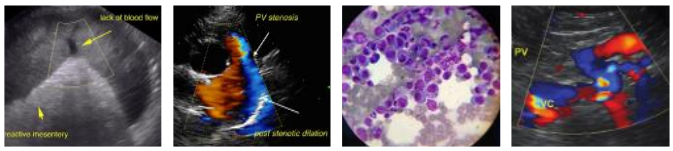

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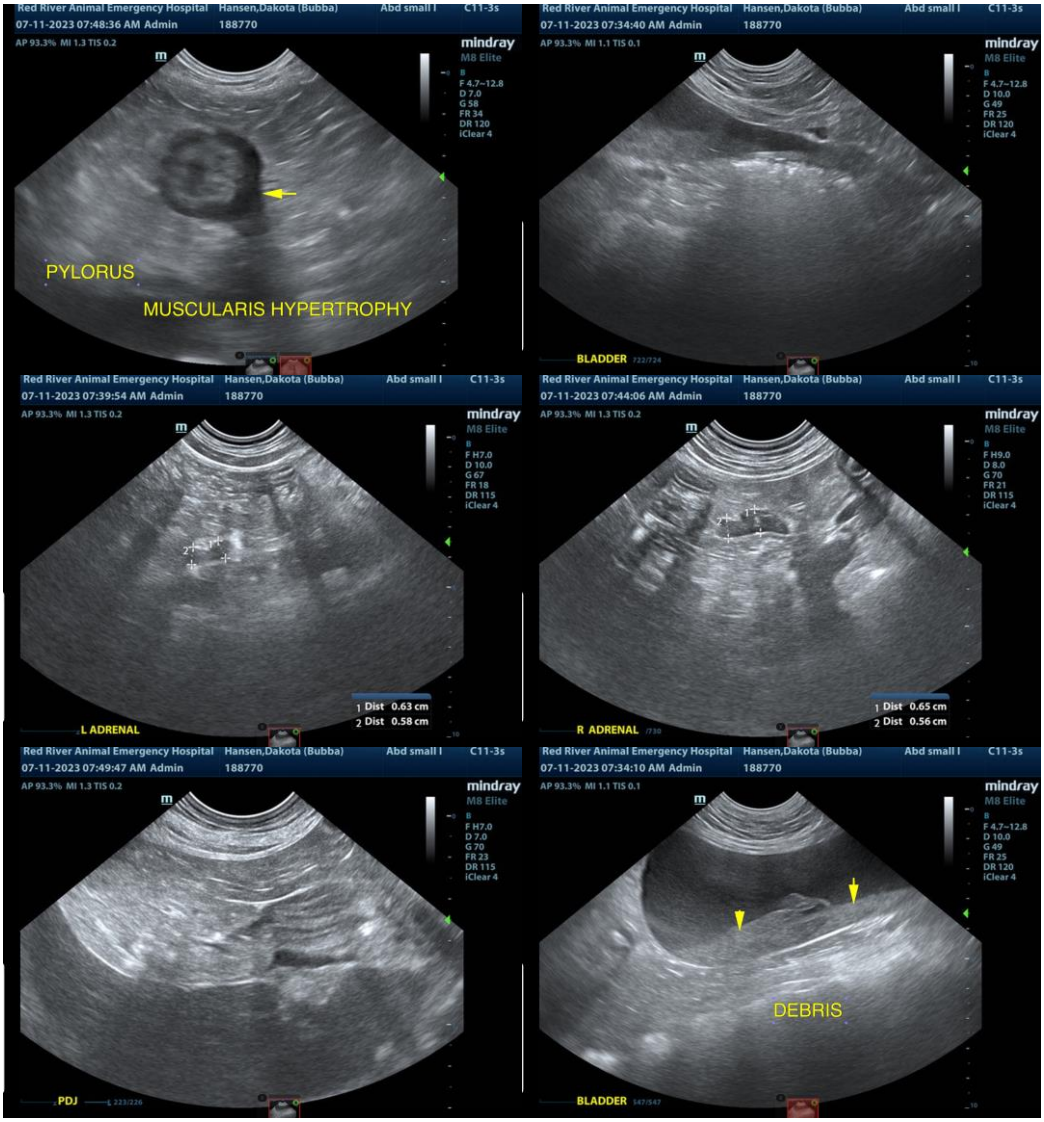

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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