



PATIENT

Abby Dietz

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10.5

WEIGHT

24kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

**IMAGING
PERFORMED BY**

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Longbottom

**INVOICE
14299ag**

**DATE
07/08/2023**

PRESENTING CLINICAL SIGNS

Brief History Seen 2 weeks ago for vomiting and retching while O was on vacation; saw vet in NY - diagnosed with pancreatitis - waiting on records. Recheck with Rdmv 6.29.23 rec d/c metacam and continue cerenia and clavamox. Presented 7.6.23 for pacing and nausea/restlessness. Diagnosis 1. Gastric material, non obstructive 2. Pneumonia - suspect aspiration 3. Suspect pancreatitis Assessment - unstable (oxygen dependent) - gastric FB, non obstructive - pneumonia (suspect aspiration) - Febrile, neutropenia - Mild elevation in AKP, hepatomegaly - h/o suspect pancreatitis - hypotensive

Abnormal PE/Chem/CBC/UA Results: 7.6.23 Day CBC: WBC 1.32 Neuts 0.97 Lymphs 0.19 PCV/TS: 54%/5.8 EPOC: BG 89, Na 156 SpO2: 93/98/100 BP: 78 CXR: Right midlobar consolidation. Mild bronchointerstitial pattern left caudal lung fields. AXR: Soft tissue density striated material remains in stomach. Barium in cecum and colon.

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 left kidney measured 6.55 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as being swollen yet measurably within normal limits. 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 2.55 cm in length by 1.04 cm caudal pole width by 1.01 cm cranial pole width. The right adrenal gland measured 2.69 cm in length by 0.81 cm caudal pole width by 0.99 cm cranial pole width.

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 was diffusely hyperechoic to falciform fat with occasional hypoechoic nodular changes. This is consistent with metabolic hepatopathy and nodular hyperplasia. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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Examination of the gastrointestinal tract revealed a stomach containing non-obstructive shadowing material measuring ~ 2-3 cm. The intestine was free of stasis, of normal wall thickness with 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.

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Pancreas

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Metabolic hepatopathy with nodular hyperplasia pattern.
- Potential emerging Cushing' syndrome/PDH.
- Non-obstructive shadowing material in stomach- oral medication history and feeding history should be considered.
- Mild pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A bile acid profile and FNA of the hepatic parenchyma/nodules is warranted.

Given the patient's history gastroscopy with mucosal biopsies may be indicated for retrieval of any luminal material. Otherwise, supportive care should prove beneficial.

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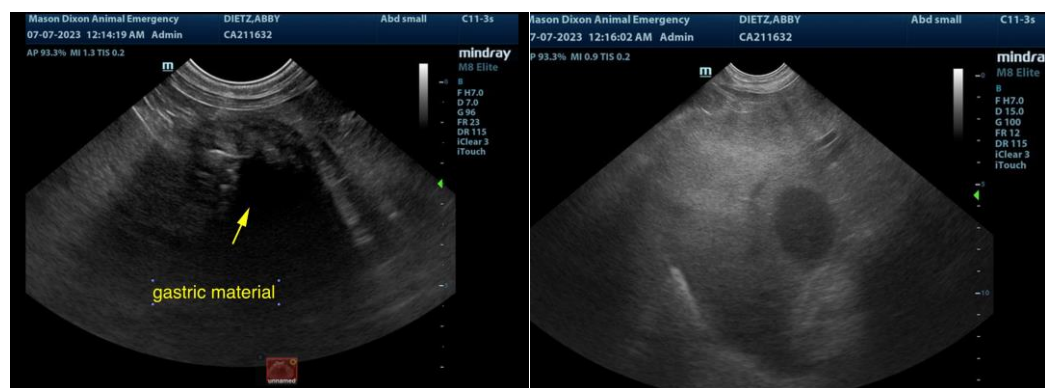
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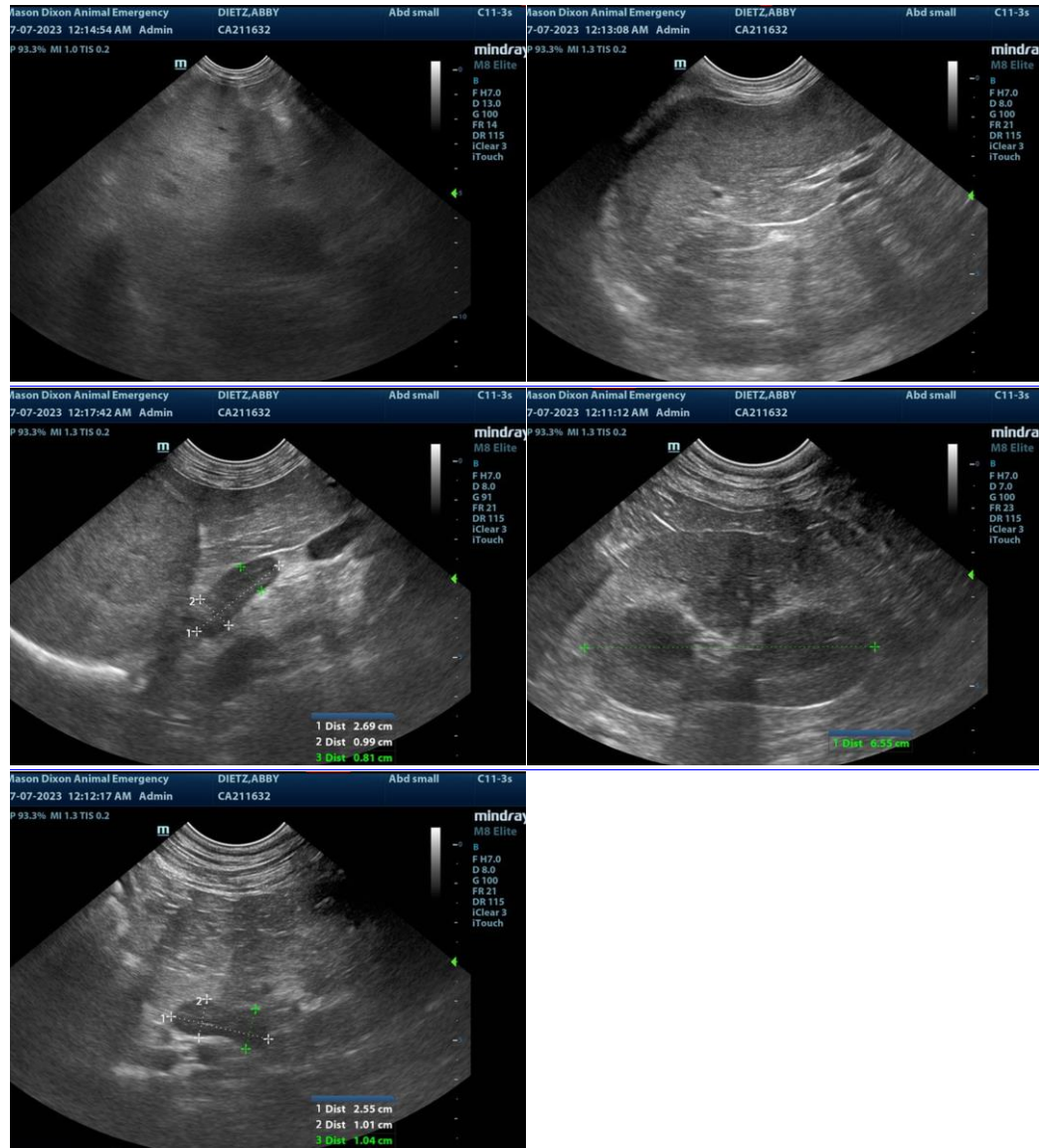
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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