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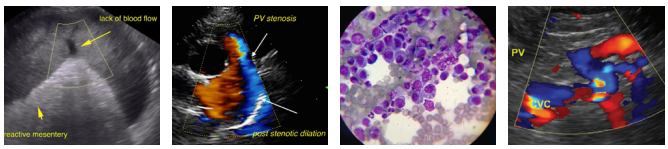

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Smokey Joe Potter

SPECIES

Canine

BREED

Husky

SEX

Neutered male

AGE

8 years

WEIGHT

87 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Sieger

INVOICE

32314

DATE

8/11/22

PRESENTING CLINICAL SIGNS

History: Inappetence and diarrhea since 6/27, slt improvement with appetite stimulants, antiemetics and antibiotics, appetite has continued to wax and wane since then. also tx with doxy since slt low platelets Recheck 7/5 - continued inappetence, random vomiting, added ondansetron and mirtazapine Recheck 7/12 - slt improvement on new meds, ate ok for a few days then regressed, started vomiting and worse diarrhea, recheck labwork more consistent with pancreatitis, rads showed fb in stomach - was able to induce vomiting to remove - pt had been eating rocks; started sucralfate and metronidazole, also started B12 injections with Gi panel pending 8/4 - switched to Tylosin and sent entyce to try as well for appetite stimulation, rec'd u/s
Abnormal PE/Chem/CBC/UA Results: 6/27 - mild low plt - 110, alkp 298 7/5 - normal CBC 7/12 - lipase - 5579, alkp 391, Gi panel - low normal cobalamin (421); PLI > 2000

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 was noted. Ureteral papillae were normal.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Both kidneys measured approximately 6.0 cm.

Adrenal Glands

The left **adrenal gland** was flattened and isoechoic measuring 0.2 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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 swollen and irregular. Hyperechoic, non-disruptive nodules are noted throughout the liver. This is consistent with remodeling and lipogranulomas. The gallbladder and common bile duct were unremarkable.

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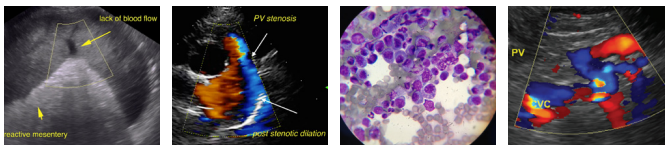

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Gastrointestinal

The **duodenum** was mildly thickened. The small intestines and colon were unremarkable.

Pancreas

The right limb of the **pancreas** revealed a region of 3.0 cm of hypoechoic, ill-defined tissue with hyperechoic surrounding fat that appeared to envelope the upper duodenum. The remainder of the pancreas appeared to be normal. The smoldering portion of inflammation appears to be in a 3.0 x 4.0 cm region, which is localized around the upper duodenum.

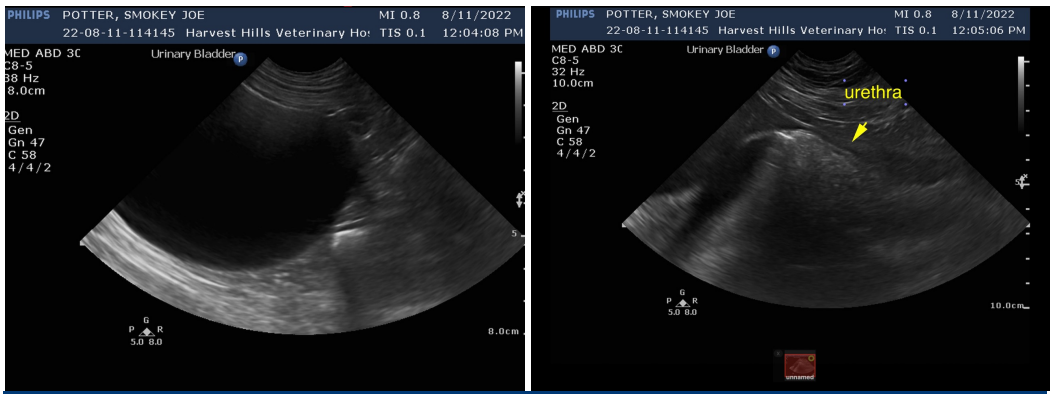
ULTRASONOGRAPHIC FINDINGS

Subnormal adrenal size.

Focal, chronic active pancreatitis and duodenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right subxiphoid palpation is recommended. Smoldering, low-grade, chronic active inflammation involving the duodenum and right cranial pancreatic base is likely in this patient. Screening for Addison's is warranted given the lack of visible right adrenal gland and the appearance of the left adrenal. Broad spectrum antibiotics, 24-hour n.p.o., 72 hour IV fluid support and aggressive pancreatitis therapy is indicated with pain management. Recheck sonogram is recommended after 3 days. Screening for Addison's is warranted in the meantime.



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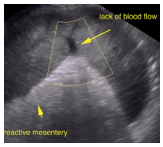

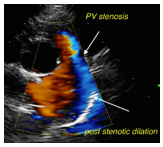

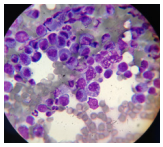
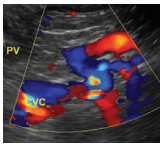

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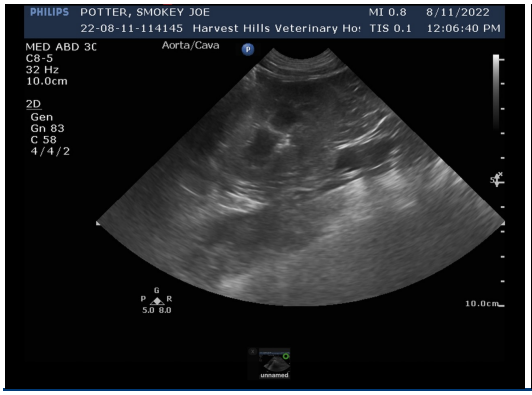

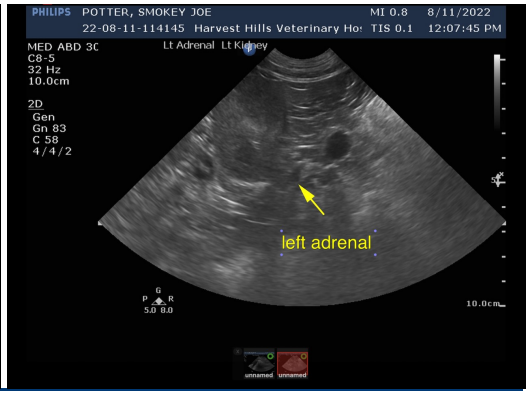

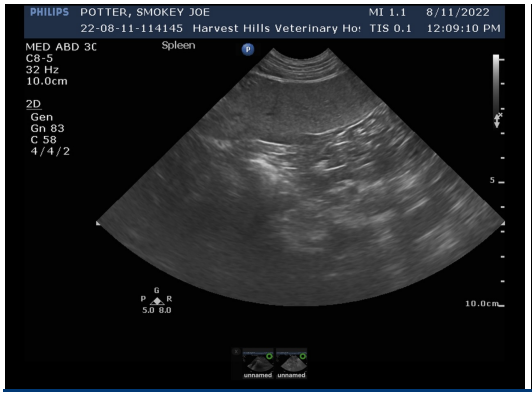

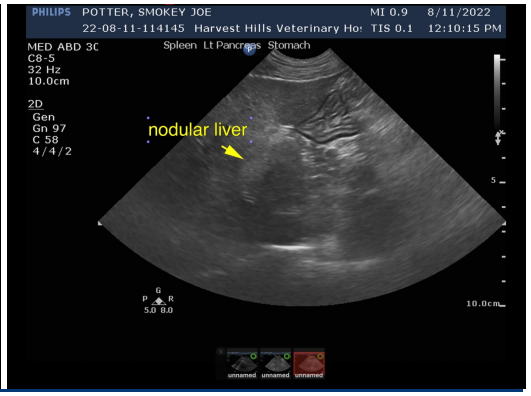

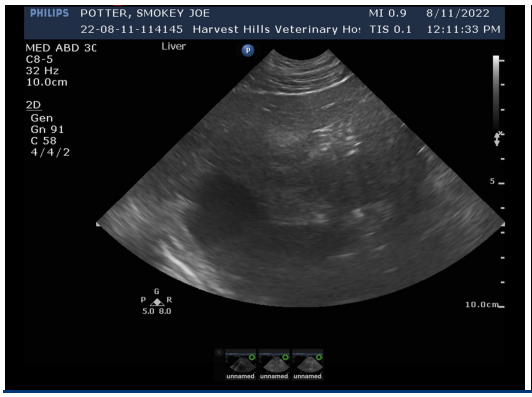

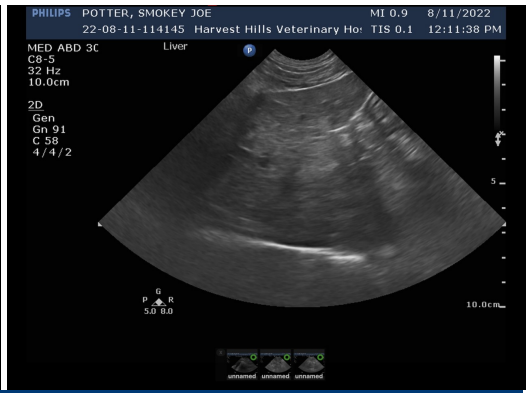

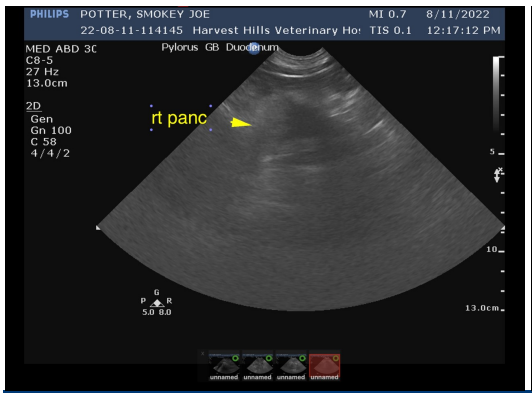

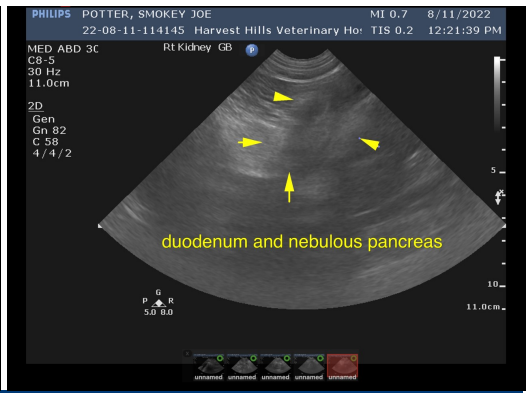

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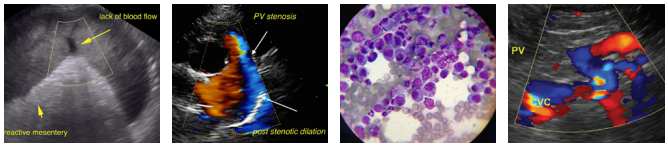

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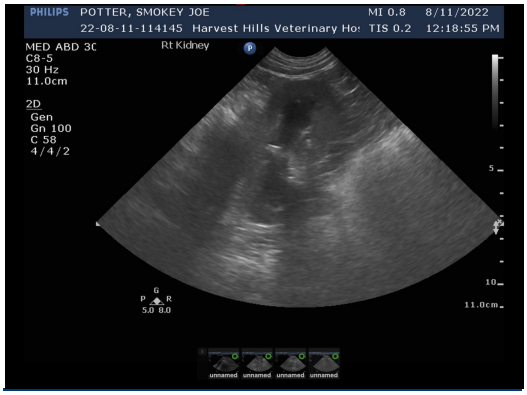

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com