

**DATE**

8/30/22

**PATIENT**

Bella Murrell

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

10/8/13

**WEIGHT**

8.3 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**INVOICE**

40876

**PRESENTING CLINICAL SIGNS**

Sees an Internist History - Liver disease ( possible MV dysplasia) - IBD - Pancreatitis - Pyloric mass- diagnosed over summer via endoscopy , non obstructive. Admitted to hospital on 8/20/22- Diagnostics treated for Pancreatitis: - PCV/TP 49/7.4 - CBC/CHEM/LYTES: mild neutrophilia 14k, Glu 220, Phos 8.6, ALT 191, Elevated Amylase/ lipase - Xray: Diffuse loss of detail, Thickened intestines - Ketones negative - Monitored BG- mildly elevated- worried for body trying to become a diabetic fast wean for prednisone-- was on for GI issues. Problems: Vomiting, anorexia, dehydration, Marked weight loss - History: 1. IBD 2. Pyloric mass 3. Collapsing trachea 4. Hepatopathy- stable (either microvascular dysplasia or intrahepatic shunt) 5. MPL + OA -Diagnostics: 1. Glucometer: 365 2. CBC: Mild neutrophilia, lymphopenia 3. CHEM: BG 342, Tchol 354, ALT 923, AST > 1000, ALKP 534 4. CPL abnormal 5. Serum ketones- trace - UA: Ketones- trace + Glucose 2+ - Treatment: SQ fluids, Cerenia - Concern for pancreatitis / prednisone --> DKA Diabetic: BG 365; Ketones: Trace - Given: Cerenia; SQ fluids - Plan: Hospitalization, IVF

Current Medications: Lactulose, Cerenia, Ondansetron, Omeprazole, Clavamox, Gabapentin, Humulin N, Ursodiol, Denamarin.

Lab Results: LE: 8/26 RDVM ALKP 534 ALT 923 no bili seen. 8/27 ALKP 1100 ALT 1617 Tbili is 4.0. 8/28 ALKP 1376 ALT 1655 tbili is 2.3

8/29 ALKP 1085 ALT 2066 tbili 2.5, Lytes are currently normal

Date of Previous IntraPet Ultrasound: 7/1/22.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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** presented mild degenerative changes, similar to the prior sonogram. The right kidney appeared to slightly irregular with enhanced surrounding mesentery. The right kidney measured 3.94 cm with a pelvic calculus of 0.50 cm, non-obstructive. Calculus movement may be an underlying issue. The left kidney revealed a pelvic calculus of 0.33 cm. Slight areas of mineralization elsewhere. The left kidney measured 4.14 cm.

**Adrenal Glands**

The **adrenal glands** appear to have normalized in size and contour. The left adrenal gland measured 1.76 cm x 0.48 cm at the caudal pole and 0.44 cm at the cranial pole.

**Spleen**

The **spleen** was persistently mildly mineralized.

**Liver**

The **liver** was slightly subnormal in size and revealed mild coarse hepatic architecture. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastric** presentation appears to have improved. Normal intestinal content and transiting.

## Pancreas

The right limb of the **pancreas** presented persistent mixed echogenic changes with areas of consolidation. Some low-grade inflammation may still be present.

## ULTRASONOGRAPHIC FINDINGS

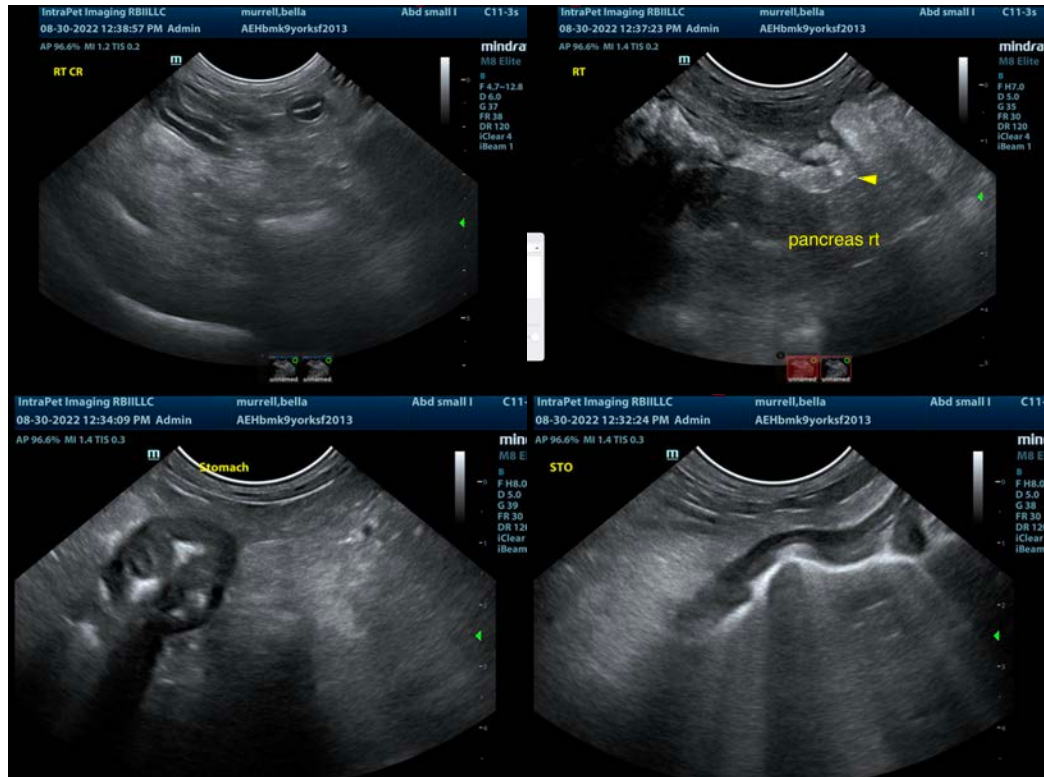
- Suspect residual low-grade pancreatitis
- Possible nephritis of the right kidney complicated by probable pelvic calculus movement
- Inflammatory hepatopathy
- Mild splenic mineralization
- Normalized adrenal glands

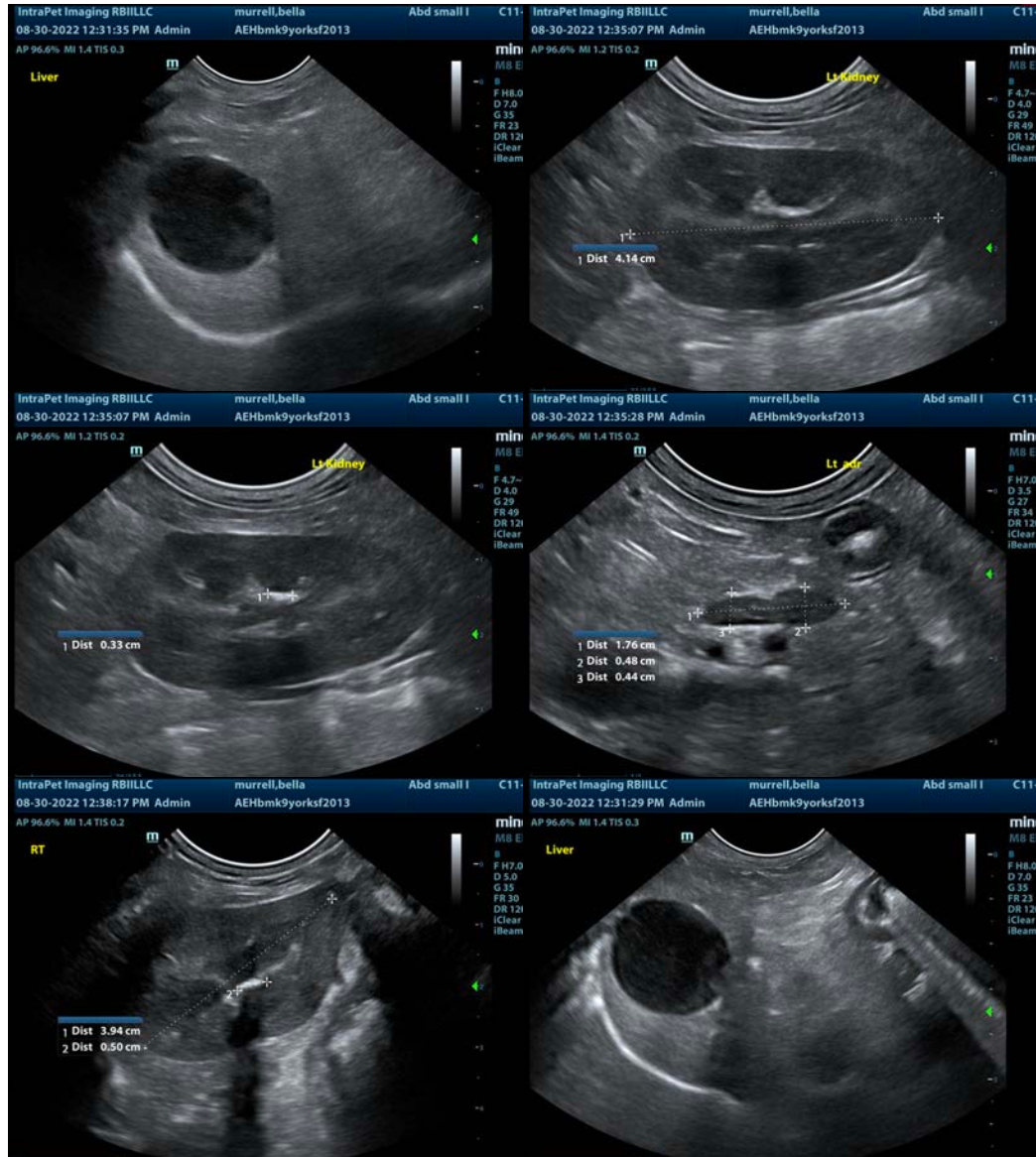
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No evidence of foreign bodies. Palpation of the right kidney also warranted. Inflammatory hepatopathy secondary to concurrent pancreatitis is likely playing a significant role. No evidence of neoplasia. Concern for hepatic failure along with pancreatic inflammation and right renal inflammation.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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  
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