

DATE PRESENTING CLINICAL SIGNS

9/12/22

PATIENT

Macy Terzigni

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

9/10/08

WEIGHT

18.9 lbs

Referral from rDVM rDVM phone call: - 14 yr FS Mini Schnauzer - Known clients at rDVM- Os requested rDVM be involved in case - PC: Straining to defecate, vomited once 48 hrs ago - Diagnostics: 1. PE: dehydrated, gums tacky, fairly good color, painful cranial abdomen 2. Xrays- severe distention large bowel; irritation small bowel - HX: Liver elevations in July - DDX: Foreign body (cannot see) vs cancer vs DI- unlikely - Recommend transfer- IVF, BW at AEH, AUS - Guarded to poor prognosis 7/18/22 rDVM (hx UTI + ALKP elevated) bloodwork: HCT 44%, WBC wnl, PLT 677, Kidney values wnl, Glu 92, ALKP 390, CK 287 UA: NOT sent T4: wnl 4dx: Negative. 2021: UA: 1012, ph 6.5, 3+ protein, Large amount of WBC, marked bacteria in urine _____ ATO in room: - Thursday acted normal - Friday noticed decline - Suddenly straining to defecate, hunching with legs apart. Os left P outside, BM color wnl - Vomited once 2 days ago clear - Not eating, usually loves food 1. ate nuggets last night with gabapentin 2. Ate rum cake last night 3. Didnt eat the chicken and rice soup- usually loves this - Urinating more - Drinking: Always has drank a lot- no changes- now not drinking - Weight loss: Previously 24 lbs --> 18.5 lbs - No hx of heart or kidney disease - O thinks she has dimensia- lays all day; walks floors all night, now urinates in the house - Likes dry food + chicken *****Notes: - No surgery; no extraneous measures if cancer; Os goal is to have a good QOL; if not good- may euthanize - \$ concern- mom in hospital, retired nurse - Keep Dr brooks in loop- Os very close with Dr. - Allergic to vaccines- Os have rDVM give dexamethasone if she needs a vaccine; UTD vaccines Medications: - Gabapentin for mobility/ back/ neck pain/ age Current Medications: Buprenorphine, Metronidazole, Ondansetron, Vitamin B12, Protonix, Provable. Lab Results: See attached. Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested. Imaging Performed By: Rachel Brillhart, RDMS.

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. There were slight, pinpoint areas of mineralization noted. The left kidney measured 5.04 cm with slight pyelectasia that measured 0.97 cm. The right kidney measured 4.66 cm with corticomedullary mineralization.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.24 x 0.58 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 2.18 x 0.61 cm at the caudal pole and 0.61 cm at the cranial pole.

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

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HOSPITAL NAME

Animal Emergency
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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** 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** was hypoechoic and irregular with undulating contour in the right limb measuring up to 2.33 cm.

ULTRASONOGRAPHIC FINDINGS

Chronic active pancreatitis pattern.

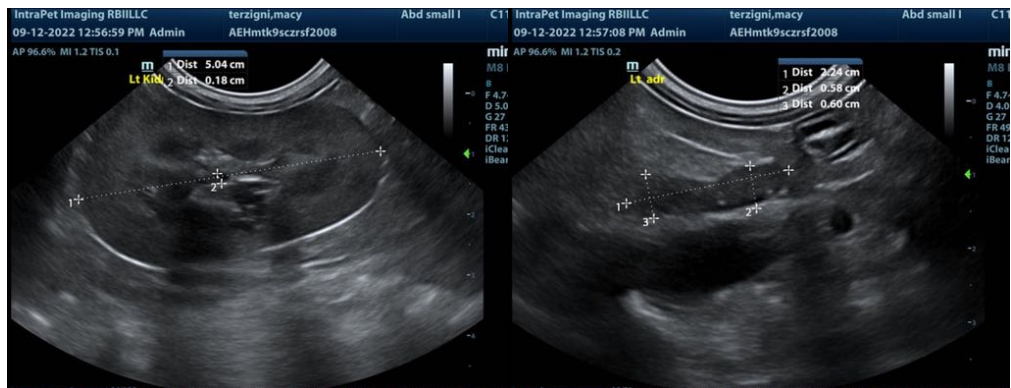
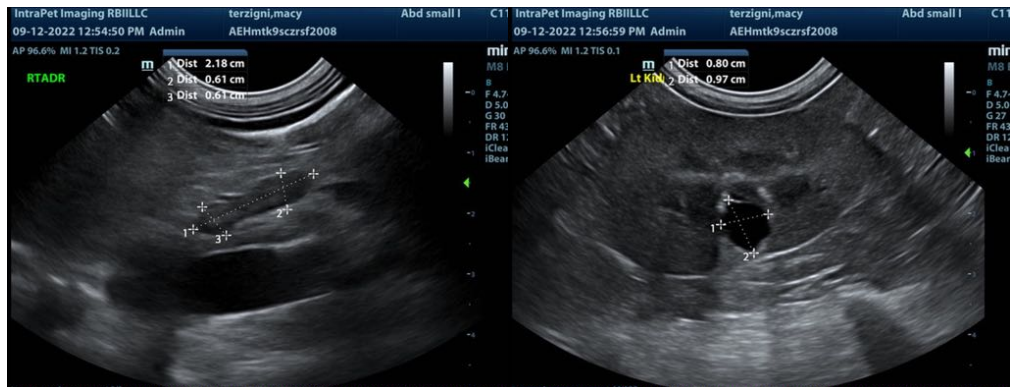
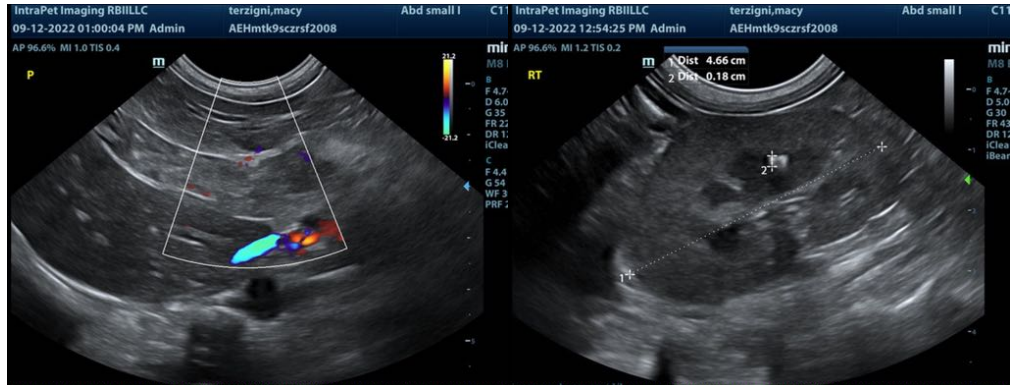
Hepatic remodeling.

Age related renal changes with mineralization and minor pyelectasia.

Dystrophic mineralization of the left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for any discomfort which may indicate pancreatitis. The patient may be passing calculi periodically. The cause of straining to defecate is unclear in the sonographic appearance of the visible colon. Colorectal pathology cannot be completely ruled out. Barium enema is warranted if clinical signs persist. Rectal palpation and fecal exam are indicated +/- pelvic CT.





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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