**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: Pancreatitis; Not Eating; Vomiting.

Date: (09-14-2021) Notes: Possible recurring pancreatitis. Will not eat. Single vomiting instance. Lethargy. on Cesar dog food - gained weight. C/S started yesterday, not eating, vomited once in am, lethargic, hx of pancreatitis 1 yr. ago- Falls Road AH - bw/ meds- followed up with rDVM with fluids,. No hx of heart murmur; hx of kidney stones in past and ear infection previous liver elevations, no kidney.

PATIENT

Bella Zelenka

Assessment: 12 yr FS Mini Schnauzer. Problems: vomiting; anorexia; lethargy; abdominal pain/ abdominal distention.

SPECIES

Canine

AFAST/TFAST: No FF. no murmur auscultated hx of pancreatitis. DDX: recurrent pancreatitis vs Cushing's vs gall bladder disease vs neoplasia vs ibd vs other. Plan: Recommended to Owner: Hospitalization, IV catheter, fluid therapy, and further treatment as needed, full labs, +/- cpl, x-ray, +/- US. Prognosis: Fair pending diagnostics and response to tx

BREED

Schnauzer

risk for decline. Risk for pancreatitis to be minor but also risk becoming life- threatening. Discussed diagnostics - O approves hospitalization.

SEX

Spayed Female

Current Medications: Metronidazole, Amoxicillin, Gabapentin, Buprenorphine, Ampicillin, Vitamin B Complex, Entyce, Pantoprazole, Cerenia, Potassium Chloride,

Lab Results: Attached separately.

Radiographs: AFAST/TFAST: No FF. Rads attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

AGE

7/31/09

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

15.8 lbs

Urinary SystemThe **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of bladder debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSSThe **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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.73 cm. The right kidney measured 5.07 cm.**HOSPITAL NAME**Animal Emergency
Hospital**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 1.89 x 0.78 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measured 1.87 x 0.63 cm at the caudal pole and 0.65 cm at the cranial pole.**REFERRING VET**

Dr. Kalwa

INVOICE**Spleen**The **spleen** was mildly enlarged and folded upon itself cranially with uniform parenchyma.**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 was congested. There was some level of post hepatic obstruction likely.

Gastrointestinal

The pancreatic pathology enveloped the upper **duodenum**, which was particularly thickened with hypertrophied muscularis and thickened echogenic submucosal layer. The remainder of the abdomen was unremarkable. The stomach and pyloric was thickened, yet empty. There were slight areas of free fluid noted.

Pancreas

The **pancreas** revealed extensive, mixed hypoechoic parenchymal changes with hyperechoic enhanced surrounding mesentery. Hypervascular tissue was noted. The pancreatic pathology extended for 5-7 cm and was primarily localized in the right base.

ULTRASONOGRAPHIC FINDINGS

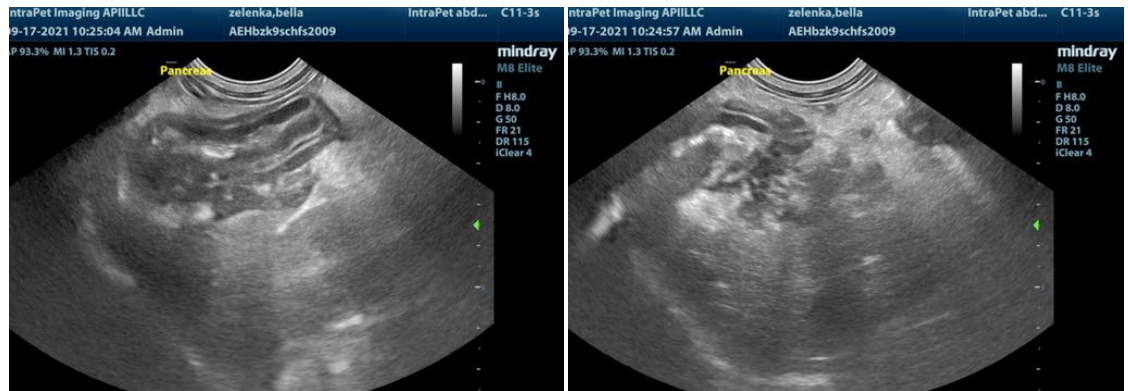
Extensive right limb pancreatitis, duodenitis with secondary biliary congestion.
Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ALT and ALKP values should be monitored carefully. There is a minor potential for underlying pancreatic neoplasia. Aggressive IV fluid support is recommended along with broad spectrum antibiotics and pain management. 24 hour n.p.o. and GI protectants are indicated. A recheck sonogram is recommended in 3 days to assess any progression or regression. Ultrasound-guided FNA of the hypoechoic portions of the pancreas would be ideal to ensure that underlying carcinoma is not present and although it is not overtly suspected it cannot be ruled out as some aspects of the pancreatic pathology could represent carcinoma.







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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