

**DATE PRESENTING CLINICAL SIGNS**

9/5/21

Vomiting. Pancreatitis.

**PATIENT**

Brutus Dever

History: 09-04-2021 Notes: Was here a few months ago for pancreatitis. Last time was more advanced, threw up a couple of times and had bloody diarrhea and went on for about a week. Thinks he got an ultrasound at rDVM and then came here. Owner thinks he could have gotten into the other dog's food a few days ago. No other symptoms besides today has been vomiting about 12 times. Didn't do a fecal after follow-up last time. Owner thinks Brutus' paw pads are hard worried about cancer or pancreatitis. Owner thought he was coughing after drinking water after raising the bowl higher went to vet for it 2 weeks ago. 4Dx is negative

**SPECIES**

Canine

Current Medications: Buprenorphine 0.6mg/mL. Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL). Pantoprazole (Protonix) 40mg/vial Injection (Per mL).

**BREED**

Mix

Lab Results: attached

Date of Previous IntraPet Ultrasound: 4/12/21

**SEX**

Neutered male

Sedation: sedation utilized for AUS

Stat Report: STAT requested

**AGE**

2014

**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.

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

The residual prostate was mildly heterogenous and measured 1.78 cm and was uniform.

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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted. The left kidney measured 7.63 cm. The right kidney measured 6.55 cm.

**HOSPITAL NAME**Animal Emergency  
Hospital**Adrenal Glands**

The left adrenal gland measured 2.89 x 0.69 cm at the caudal pole and 0.9 cm at the cranial pole and slightly heterogenous with focal mineralization. The right adrenal gland measured 3.01 x 0.87 cm at the caudal pole and 0.91 cm at the cranial pole.

**REFERRING VET**

Dr. Willer

**INVOICE**

91646

**Spleen**

The **spleen** revealed a focal, hypoechoic nodule that measured 1.0 cm at the mid body. The spleen was mildly enlarged with scalloping contour.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal

volume with no evidence of congestion. The gallbladder was edematous and over distended with striating bile.

### **Gastrointestinal**

The **stomach** revealed a shadowing fabric type foreign body that measured 3.0 x 6.0 cm. The upper gastrointestinal revealed variable thickening. The remainder of the intestinal tract was unremarkable.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **Free Abdomen**

A slight amount of free fluid was noted adjacent to the spleen.

## **ULTRASONOGRAPHIC FINDINGS**

Gastric foreign matter with variable upper gastrointestinal thickening.

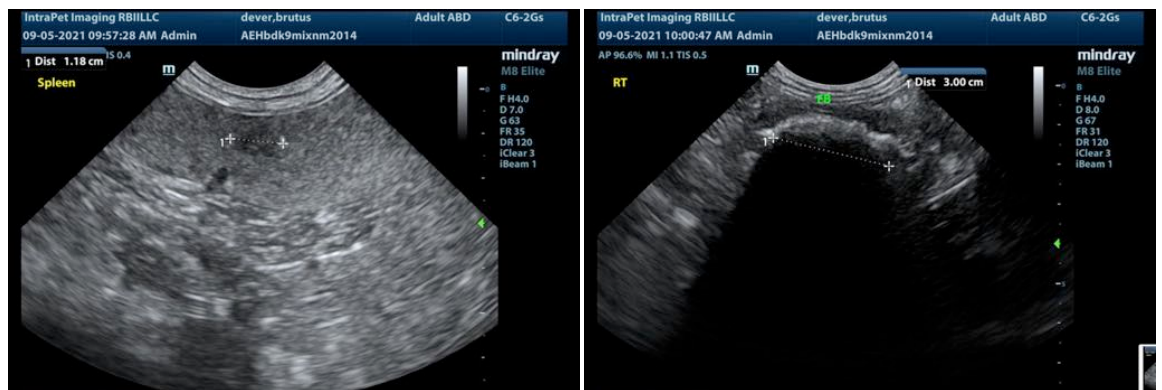
Edematous gallbladder with emerging mucocoele presentation.

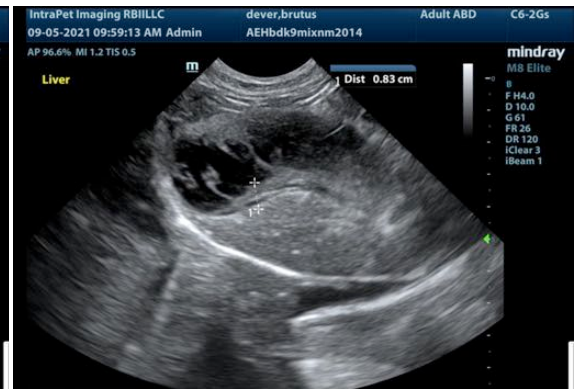
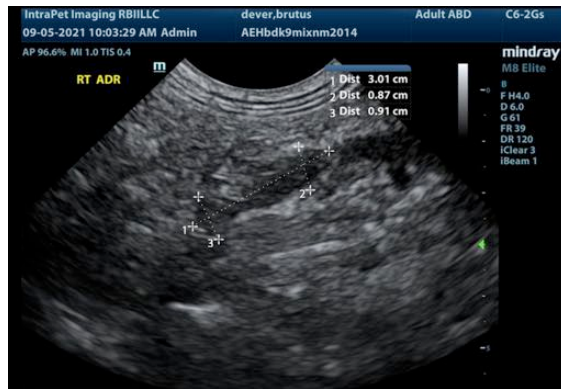
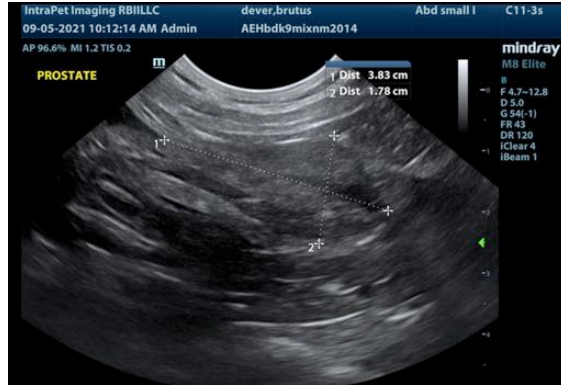
Splenic nodule with generalized splenomegaly.

Slight free fluid adjacent to the spleen.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend exploratory surgery with gastrotomy, upper gastrointestinal biopsies and manual expression of the gallbladder +/- splenectomy depending upon surgical evaluation of the spleen at the time of the surgery. Hyperplasia and reactive spleen is likely, but there is a mild potential for concurrent neoplasia. A slight amount of free fluid adjacent to the spleen is likely owing to splenic folding.





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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