IMAGING PERFORMED BY

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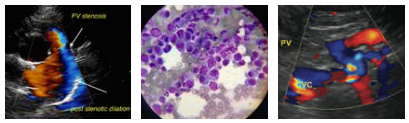


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
9/7/21

PATIENT
Cali Schwarz

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
4/24/08

WEIGHT

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Martinoli

INVOICE
91706

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Eating, Lethargic. History: Date: 09-06-2021 Notes: History of getting very stressed when boarded and loss of appetite; usually takes up to a week for her to return to normal. Was boarded for a few days; they picked her up a week ago. Had very poor appetite and had some vomiting and diarrhea. Saw rDVM 4 days ago; they gave Cerenia inj., SQ fluids, and started Metronidazole. Dispensed Cerenia but they did not give a dose until today as she was eating a little bit until this morning. Not interested in her dry RC GI diet food but will eat small pieces of chicken. **Assessment**: r/o pancreatitis, GE, neoplasia, Addison's, other systemic disease. **Plan:** Bloodwork (CBC/Chem 17/Lytes/PCV/TP), admit to hospital for IV fluids, continue Metronidazole/stomach protectants/anti-nausea, and have abdominal ultrasound performed.
Current Medications: Buprenorphine, Metronidazole, Pantoprazole, Acepromazine.
Lab Results: Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 2.8 cm. The left kidney measured 2.66 cm.

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 1.12 x 0.5 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.23 x 0.45 cm at the cranial pole and 0.53 cm at the caudal 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 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 mildly subnormal in size. The gallbladder was riddled with large calculus and smaller calculi. The calculus measured up to 1.0 cm in width. The calculi were non-obstructive, but may be irritative.

Gastrointestinal

The stomach dilated from the pyloric outflow to the GES with significant over distension. The pylorus was patent. There was no evidence of foreign bodies. However, mild duodenal thickening was noted. Spastic contour was visualized. Gastric stasis was noted and impinged upon the gastroesophageal sphincter. The distal small intestine was unremarkable. The colon was fluid filled. The gastrointestinal tract did not meet neoplastic criteria.

Pancreas

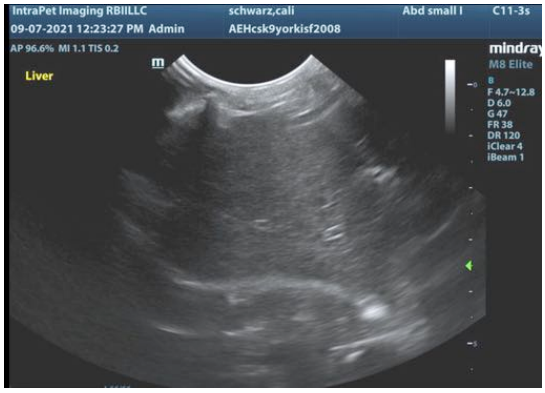
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

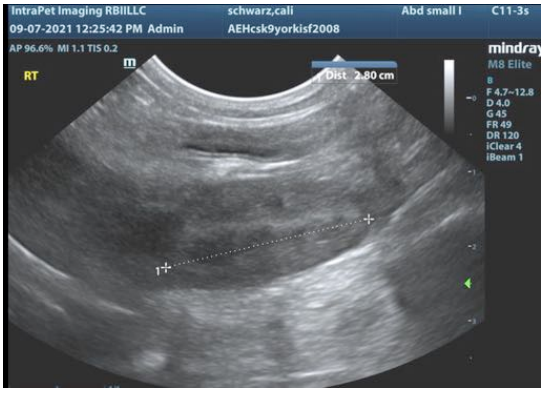
ULTRASONOGRAPHIC FINDINGS

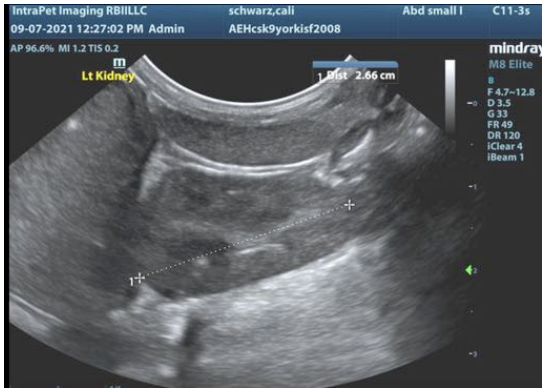
Idiopathic gastric stasis.
Pyloric outflow delay.
Gallbladder calculi, may be irritative.
Subnormal hepatic size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Promotility medications and gastrointestinal protectant protocol can be considered in this patient. However, pyloric dysfunction and chronic inflammatory disease is suspected. Otherwise, cholecystotomy can be considered with liver biopsy and gastrointestinal biopsies for further definition. However, no obstructive disease is noted. There is no evidence of neoplasia. It is debatable on whether the gallbladder calculi are playing a role in this patient. Medical management with promotility medications, GI protectants and slurry feeding may all prove effective. A recheck sonogram is recommended in 1-2 weeks depending upon clinical progression.



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Abd small I
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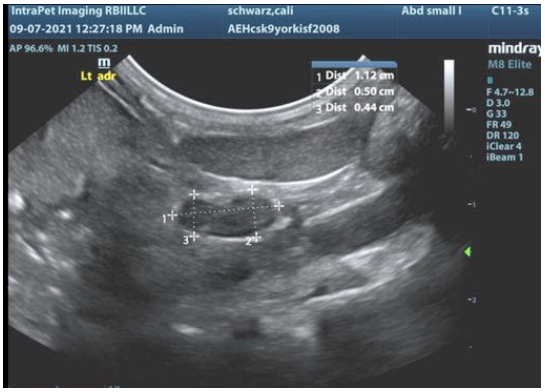
Lt Kidney
1 Dist 2.66 cm
mindray
M8 Elite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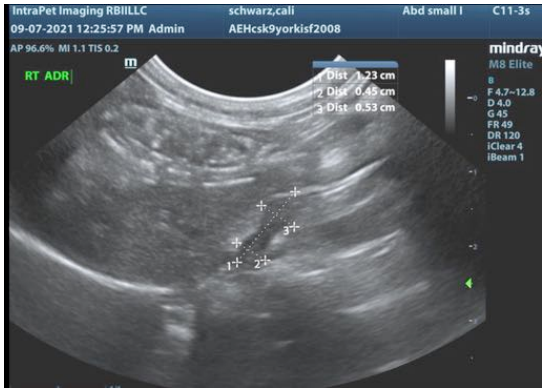
2 Dist 0.50 cm
3 Dist 0.44 cm
mindray
M8 Elite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3 Dist 0.53 cm
mindray
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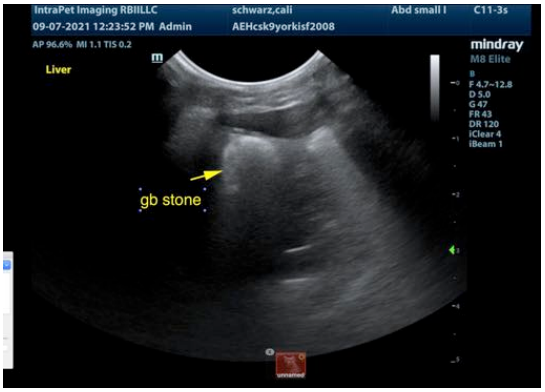
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Liver
gb stone
mindray
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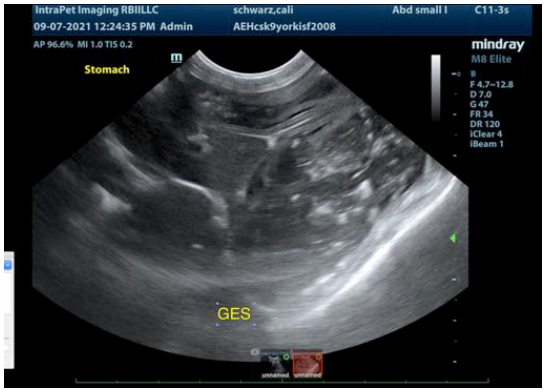
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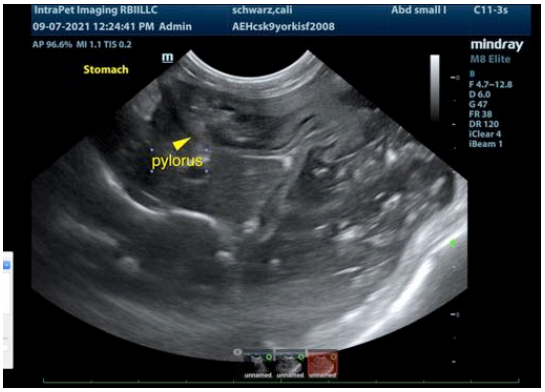
Stomach
GES
mindray
M8 Elite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C11-3s
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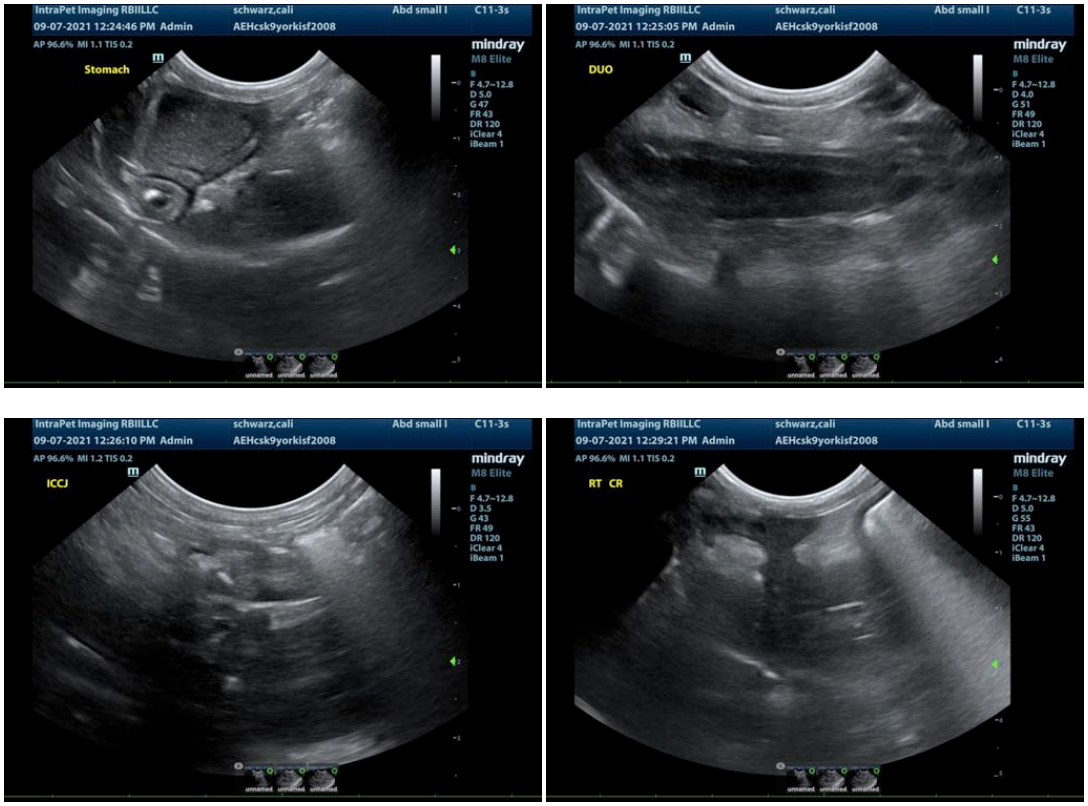
Stomach
pylorus
mindray
M8 Elite



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.

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