

**DATE**

9/9/22

PRESENTING CLINICAL SIGNS

History: Chronic pancreatitis, intermittent vomiting.

PATIENT

Rose Rain Bergey

Current Medications: Flagyl 500mg BID for 21 days, Azithromycin 500mg SID, Omeprazole 20mg SID.

Lab Results: TLI and spec cpl abnormal.

Date of Previous IntraPet Ultrasound: 1/18/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Rottweiler

PRESENTING CLINICAL SIGNS**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

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.

AGE

5/24/16

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.32 cm. The left kidney measured 6.75 cm.

WEIGHT

70 Pounds

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 right adrenal gland measured 1.7 cm x 0.52 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured the upper limits of normal size, measuring 0.8 cm at the cranial pole and 0.53 cm at the caudal pole x 2.05 cm in length.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Chadwell AH

SpleenThe **spleen** was previously removed. The region of the splenic fossa was unremarkable.**REFERRING VET**

Dr. Gold

LiverThe **liver** was mildly enlarged with increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.**INVOICE**

17235

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

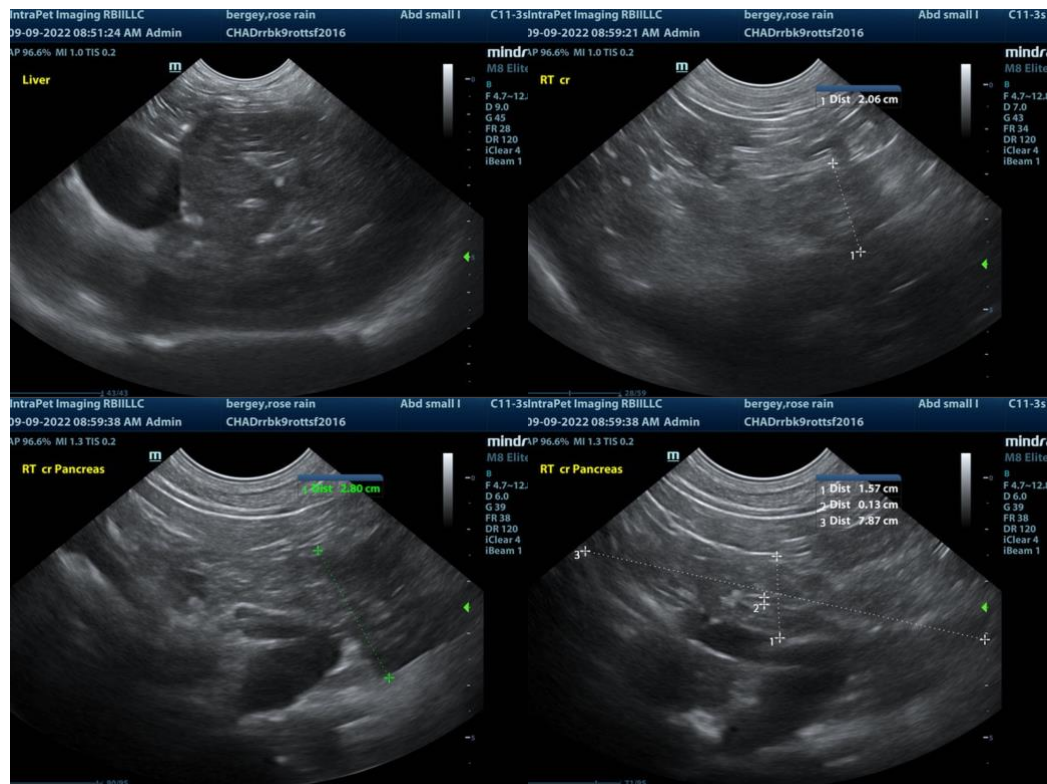
The **pancreas** was mildly enlarged in the right limb, measuring 2.8 cm with enhanced surrounding mesentery. Coarse architecture and undulating contour were noted, consistent with chronic active inflammation. FNA is warranted to assess inflammatory cell type.

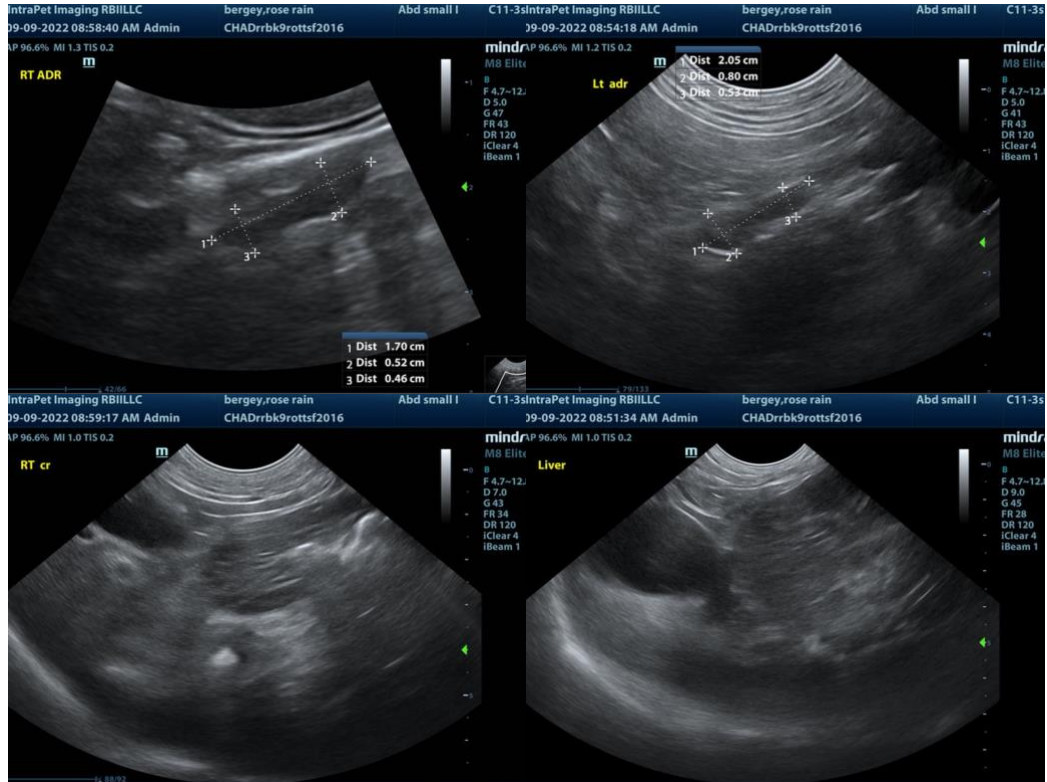
ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern
- Minor hepatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas if indicated to assess inflammatory cell type. No evidence of metastatic disease from the prior splenic pathology. A clinical trial of enrofloxacin/metronidazole combination with hydrolyzed diet +/- low dose prednisolone can all be considered empirically, however, strongly recommend management based on primary inflammatory cell type on FNA results.





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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