



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Buddy Fisher

History: 10.5yr Pug BCS 9/9 - 3 day history of ADR - lethargy, staring off in space, decrease appetite and occasional vomiting - is diabetic - fair regulation; Jan 2023 had similar episode that lasted about 2 weeks at that time BW revealed WBC 21000 ALP 1449, ALT 623, GGT 18, Tbili 1.9 treated with metronidazole, amoxicillin, denamarin and ursodiol ; BW repeated today WBC 38000 (neutrophilia and monocytosis) ALP 600, ALT 162, GGT 0, Tbili 0.5 Nov 2022 routine BW had ALT 182 ALP 385, LDDS normal

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

10 ½ years

WEIGHT

35 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with a moderate amount of anechoic urine and bladder thickness is considered normal for volume of urine.

The prostate measures appropriate for the 1.0 (neutered) status of the dog. The parenchyma appears homogenous.

Both kidneys had a mildly bright cortex. This is consistent with diabetes. The kidneys are normal in size, shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths or hydroureter. The left kidney had two, well-defined, hyperechoic, cortical areas corresponding to areas where the cortex was flat. This is consistent with prior infarcts. The right kidney measured 5.9 cm.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.43 cm, caudal pole 0.42 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.4 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire AH

Spleen

The splenic parenchyma was diffusely normal, although there is hyperechoic speckles. This is consistent with hemosidero cysts/siderofibrotic plaques. There were two, hypoechoic nodules in the body of the spleen that have slightly indistinct borders. The larger of which measured 0.36 x 0.56 cm. There was also a larger, mottled echotexture that extended from the cranial border of the spleen that measured 1.9 x 0.9 cm. This deforms the contour of the splenic capsule. The remainder of the splenic parenchyma appeared normal.

REFERRING VET

Dr. Gallisdorfer

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Liver

The liver is subjectively enlarged with normal contours. However, they are rounded, normal structure, and smooth peripheral margins. The echogenicity is significantly hyperechoic and the portal markings are obscured, which can be typical of diabetic patients. There appears to be a singular, hypoechoic

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nodule in the left liver adjacent to the stomach that measures 0.58 x 0.34 cm. The borders of which are indistinct. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

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The gallbladder lumen is significantly distended with bile. There is a moderate volume of hyperechoic material adherent to the walls. The cystic and common bile ducts are not visible, but there is no indication that there is pathology.

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Gastrointestinal Tract

The gastric lumen is significantly distended with a large amount of shadowing ingesta. The stomach wall is of normal thickness. The deeper portions of the stomach cannot be adequately evaluated given the unfasted state of the patient, but there are no masses or focal lesions observed.

SEX

Neutered male

The duodenum measures thick at 0.57 cm (normal is up to 0.51 cm) and the mucosa is thickened. There is distinct wall layering. The lumen of the small intestines contained shadowing ingesta with no signs of ileus, obstruction or foreign material. The small intestines contained shadowing ingesta. The jejunum measured normal.

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The section of colon are visualized with formed fecal material and gas shadowing distally. The colon measured normal.

WEIGHT

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Pancreas

The right pancreas is diffusely hypoechoic and surrounded by hyperechoic mesentery. There was no evidence of nodules or cystic lesions.

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Peritoneum

The mesentery in the cranial abdomen is diffusely hyperechoic and extends beyond the peri-pancreatic mesentery.

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ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Hershire AH

Primary Findings

1. Moderate acute pancreatitis with regional inflammation.
2. Duodenitis.
3. Gallbladder sludge.

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Secondary Findings

1. Splenic nodules.
2. Hepatic nodule, hyperechoic hepatomegaly likely due to diabetes.
3. Chronic degenerative renal changes.

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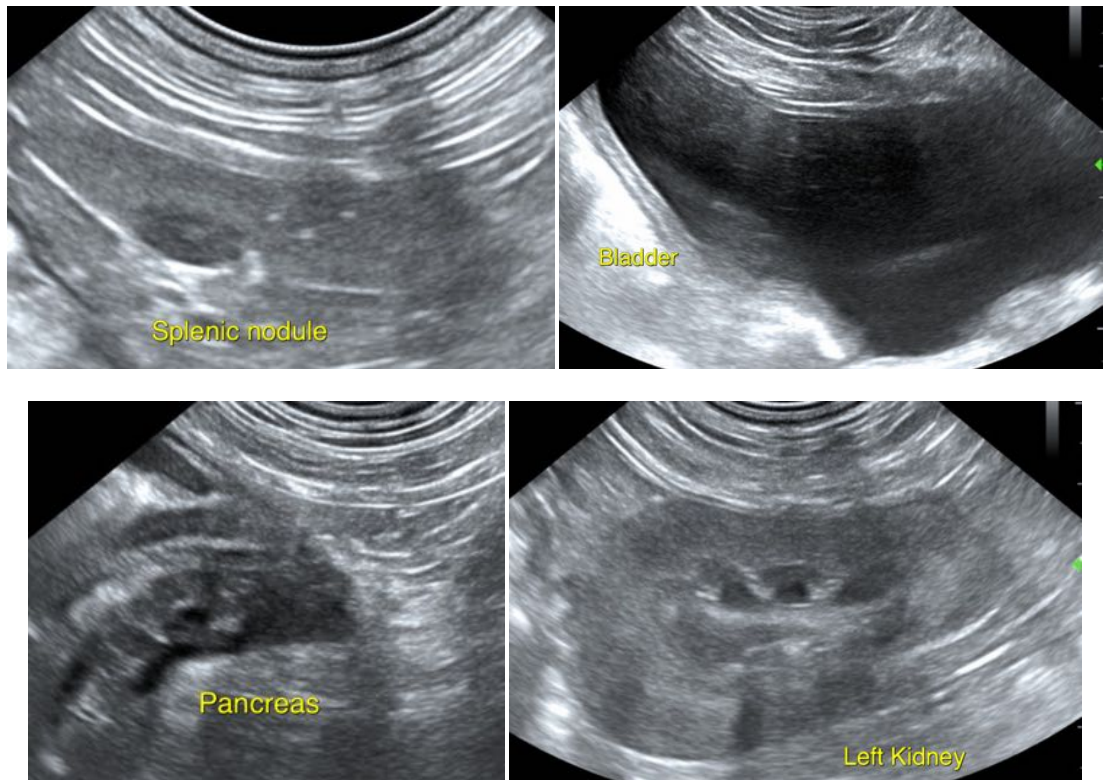
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is acute, moderate pancreatitis causing regional inflammation and enteritis. Although it is difficult to evaluate the stomach and other portions of the jejunum as there was a large amount of shadowing ingesta, consistent with an unfasted patient, there was no evidence of other intestinal pathology. Consider treatment for pancreatitis including hydration therapy, anti-nausea therapy, appetite stimulants and a low-fat bland diet if it is not contraindicated in this patient.

The gallbladder contains adherent sludge which is a common finding in diabetic patients, but have decreased biliary motility. There were no other indications of a cholangitis/cholecystitis on this exam (e.g. the gallbladder did not appear inflamed), but if the liver values worsen and the patient does not improve with treatment for pancreatitis then further evaluation for bacteria, cholecystitis should be considered such as sampling of the gallbladder for cytology and culture.

The nodules in the spleen and liver are suspected to be benign such as extramedullary hematopoiesis or lymphoid hyperplasia. FNA can be considered for the larger splenic nodule as it bulging the contour and approaching the size of a mass.





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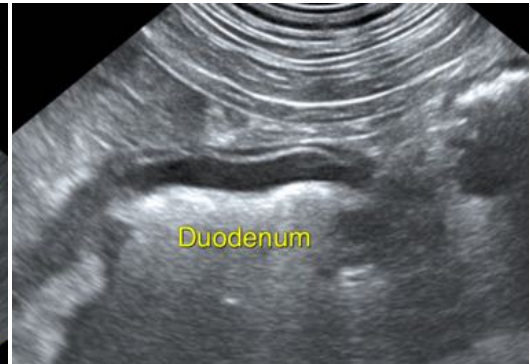
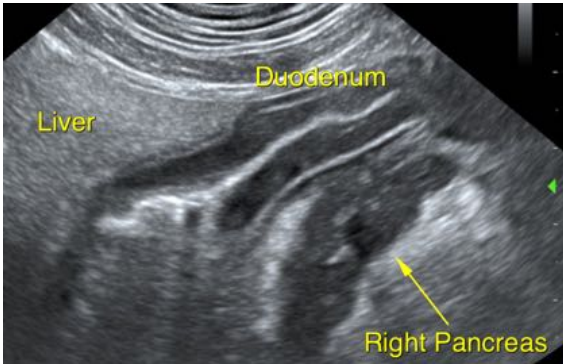
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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