


PATIENT

Shelley Jean Clarke

SPECIES

Canine

BREED

 Bichon Frise
 Yorkshire Terrier

SEX

Female Spayed

AGE

1.5 years

WEIGHT

9.40 lbs

INTERPRETED BY

 Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

**IMAGING
 PERFORMED BY**

Diane McFadden

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr Bociuilis

INVOICE

14062

DATE

8.11.23

PRESENTING CLINICAL SIGNS

History: overdose of prednisone and doxycycline administration. Severe gastroenteritis and vomiting. On ampicillin, metronidazole, Cerenia, metoclopramide, famotidine

Abnormal PE/Chem/CBC/UA Results: elevated ALT and GGT, moderate ALKP elevation. bilirubin 1.7 has normalized with IV meds.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 3.00 cm and was normal in thickness and tone.

Both kidneys were a normal size and shape, with a smooth capsule contour. A normal 1:3 cortex to medulla ratio was maintained. The echogenicity of the cortex was normal. There was a hyperechoic corticomedullary band, consistent with a medullary rim sign. This is a non-specific finding. It has been associated with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it is non-specific and can be seen in normal kidneys. The left kidney measured 3.90 cm in length. The right kidney measured 4.40 cm in length.

Adrenal Glands

Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 4.00 mm at the caudal pole, 4.00 mm at the cranial pole and 1.40 cm in length. The right adrenal gland measured 3.00 mm at the caudal pole, 10 mm at the cranial pole and 1.40 cm in length.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was mildly increased in size with a smooth and mildly rounded capsule. The hepatic parenchyma was coarse with no overt masses or nodules. The portal veins were normal in volume and structure. The hepatic vessels were normal in structure and volume. The gallbladder contained a moderate amount of adherent biliary sludge and a mildly thickened gallbladder wall. The cystic and common bile ducts were fully visualized and followed to the duodenum. There was no evidence of obstruction. The common bile duct measured 2.00 mm in width.

Gastrointestinal

The stomach wall was irregularly thickened with maintained layering. The mucosal layer was extremely thick in areas and hyperechoic, with an irregular mucosal surface. There were minimal contents to the stomach. The pylorus showed similar mucosal changes. The small intestines were mildly thickened due to mild thickening of the mucosal layer. The colon contained what appeared to be semi-formed stools with normal colon wall layering and thickness.



PATIENT *Pancreas*

Shelley Jean Clarke

The base and left pancreas were hypoechoic and mildly irregular in capsule contour. There was mild inflammation around the left and base of the pancreas. The right pancreas was largely normal.

SPECIES *Free Abdomen*

Canine

There were several reactive mesenteric lymph nodes which maintained length: width ratio. There was also a slightly rounded gastric lymph node (measuring 5.00 mm).

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FINDINGS

- Moderate to severe gastritis
- Moderate pancreatitis – base and left limb
- Mesenteric and gastric reactive lymphadenopathy
- Mild hepatic swelling

AGE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1.5 years

The clinical and sonographic presentation is most consistent with acute hepatic insult, severe gastritis and secondary pancreatitis. Continued aggressive IV fluids and supportive care is indicated. Consider addition of Sucralfate given the severity of the gastritis. There have been reports of idiosyncratic reactions to Doxycycline causing acute hepatic injury. Supportive care is typically successful in these cases, and Doxycycline should not be given again in these patients.

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Recheck US in 48-72 hours is recommended.

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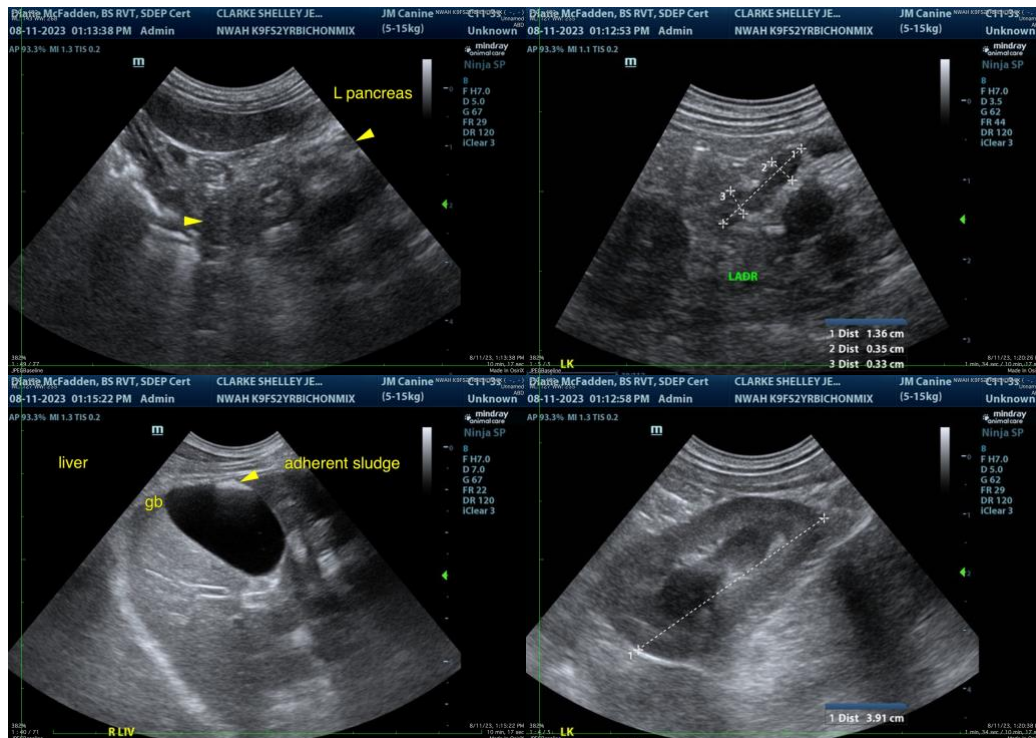
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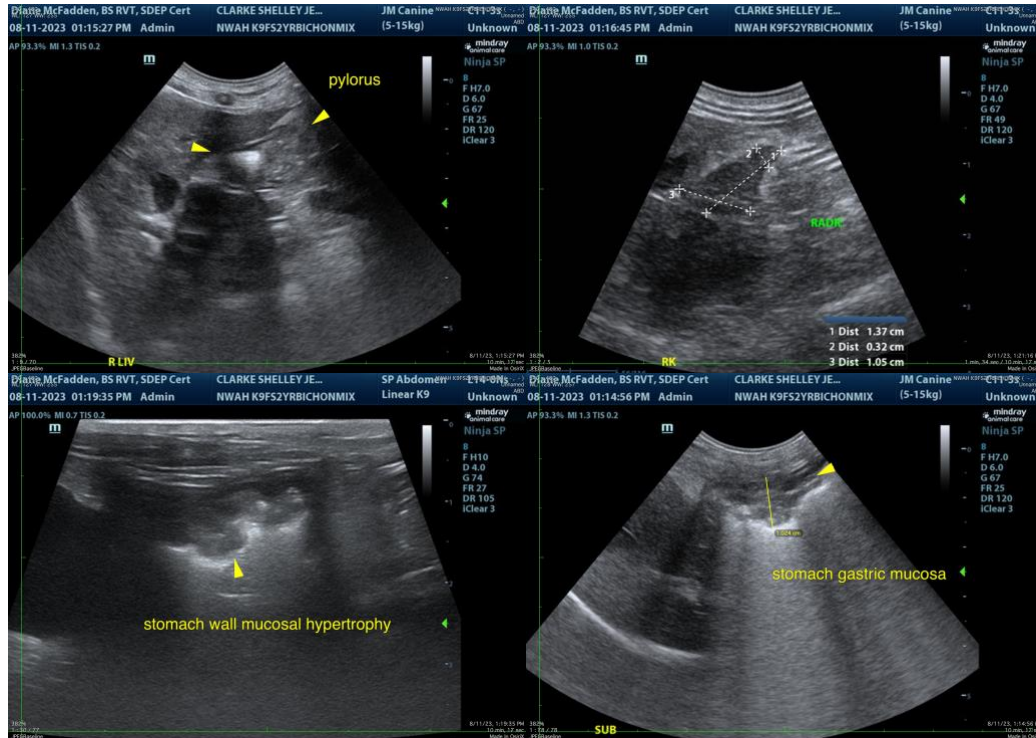
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com