

PATIENT PRESENTING CLINICAL SIGNS

Bonnie Collette

History: Bonnie has a hx of Pancreatitis, recently she was on low fat i/d had been for years, she started having diarrhea no vomiting, with a uncomfortable belly (on abdominal palpation) she initially did better on metronidazole but went back to diarrhea after course was done. we put her on Tylosin and changed diet to PVD HA and has been transitioned for about 2 weeks, she is on Tylosin and fibre boost supplement. Still not having normal poops. Is very hungry and still no vomiting, has lost 0.2 of a kg. We did do recent bloodwork including pli and it was normal. I will send recent labwork. Current Medications Tylosin 100mg BID

SPECIES

Canine

BREED

Yorkie

Abnormal PE/Chem/CBC/UA Results: Please see attached labs

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female

Urinary System

AGE

6 Years

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 1.0 cm and was normal in thickness and tone.

WEIGHT

5.2 kg

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 3.4 cm in length. The right kidney measured 3.1 cm in length.

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The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

HOSPITAL NAME

East Plains AH

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 0.4 cm at the caudal pole and 0.3 cm at the cranial pole x 1.2 cm in length. The right adrenal gland measured 0.4 cm at the caudal pole and 0.9 cm at the cranial pole x 1.4 cm in length.

REFERRING VET

Dr. Loh

Spleen

INVOICE

23966

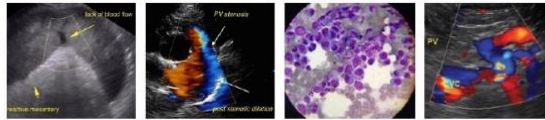
The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease. The vasculature showed no evidence of thrombus and good vascularity with power doppler.

DATE

8/18/23

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative



PATIENT

Bonnie Collette

disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

SPECIES

Canine

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.

BREED

Yorkie

Pancreas

SEX

Spayed Female

The parenchyma of the pancreas was hyperechoic to the mesentery with diffuse parenchymal remodeling. The capsule contour was mildly irregular with no evidence of local inflammation. These changes may suggest chronic inflammation or fibrosis from previous bouts of pancreatitis. No overt signs of pancreatic neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis/fibrosis
- Structurally normal GI tract
- Medullary rim sign bilaterally in the kidneys

AGE

6 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.2 kg

The sonographic appearance of the stomach and small intestine is non-specific, and could be seen with dietary indiscretion, food sensitivity, GI parasites and/or IBD without significant visible wall changes. A GI panel is recommended (PLI, TLI, Cobalamin and Folate; TAMU GI assays), a fresh fecal smear and a resting cortisol to rule out Addison's disease. Some dogs with chronic pancreatitis can develop EPI, so the checking of the GI panel would be essential.

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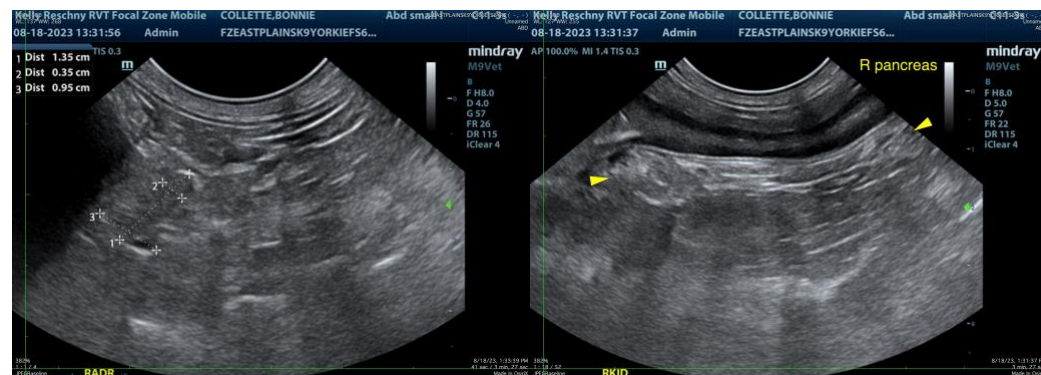
The medullary rim sign is nonspecific and can be seen in both normal and abnormal kidneys. When associated with renal pathology, it has been linked with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it can also be a normal finding. However, it can be seen in normal kidneys as well.

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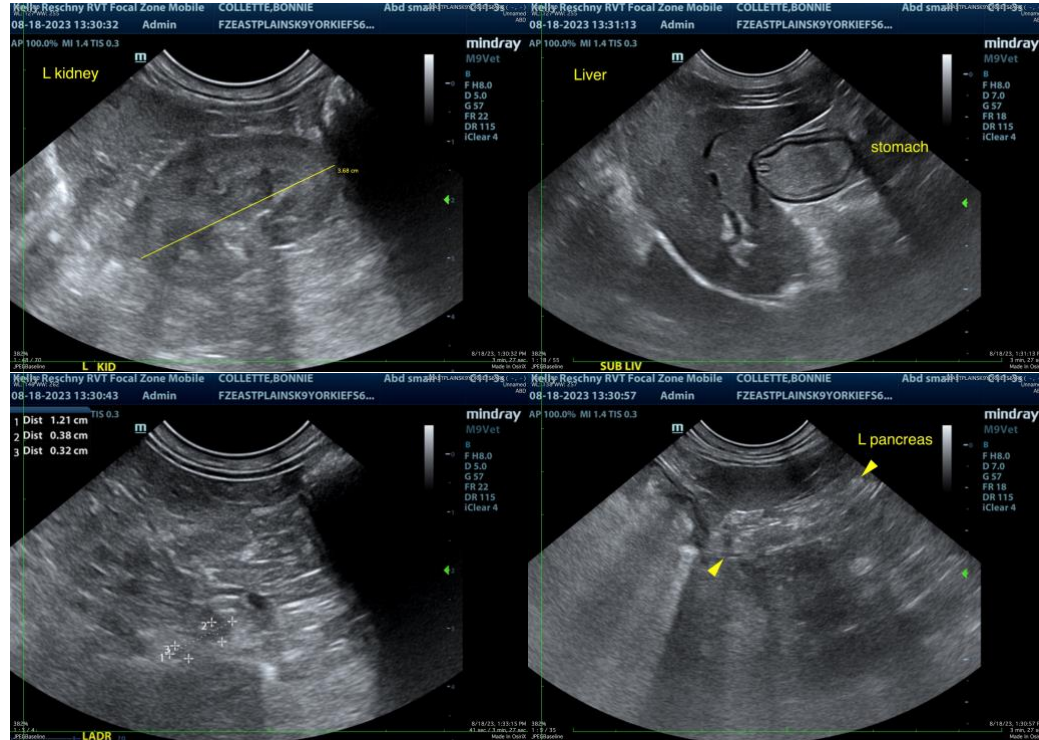
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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