



PATIENT PRESENTING CLINICAL SIGNS

Bachti Hanlon

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

14yr

WEIGHT

7lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Sullivan

INVOICE

13254ag

DATE

03/22/2023

symptoms started yesterday AM when o went to pick up pet, cried out in pain, o concerned for back pain -hard time standing on her own, crying out in pain at slightest touch -seen 3/20/23 for exam: lethargic and quiet, depressed, tacky mm -grade 2/6 murmur, soft systolic with point of maximum intensity over L lat thorax -abd palpation: pet is very tight in abd and very painful in cranial abd - paresis in pelvic limbs due to severe pain -no app x24 hours, V 2-3 times in last 24 hours, D 1 times in last 24 hours -healthy wt, BCS 5/9 -highly suspect pancreatitis -seen 3/21/23 for hosp/IVF and pain rx, on fentanyl CRI all day but still acting very painful -pet to return tomorrow for continued hosp and abd US Current Medications galliprant, cerenia, methocarbamol, fentanyl, unasyn

Abnormal PE/Chem/CBC/UA Results: alpk-304 H Bun- 36 H amylase 15691 H psl-9370 H cpk-47 L WBC-17.9h plt-549 h t4<4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral and intermittent cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was mildly prominent in size based on caudal pole width and body weight with homogenous parenchyma and symmetrical capsule contour. The left adrenal gland measured 0.71 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 2.0 cm length.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder



PATIENT	The liver presented moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Bachtı Hanlon	
SPECIES	Canine
BREED	Gastrointestinal
Chihuahua	The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and mild luminal gas was present.
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INTERPRETED BY	Pancreas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The pancreas exhibited variably enlargement with capsule asymmetry and non-homogenous hypoechoic parenchyma compared to the adjacent omental fat.
IMAGING PERFORMED BY	Free Abdomen
Jenna Walsh CVT	Generalized perihepatic to cranial abdominal hyperechoic omentum with small pocket of scant left lateral abdominal free fluid adjacent to the spleen was noted.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
VCA Westmoreland AH	<ul style="list-style-type: none"> • Pancreatitis with generalized peripancreatic to cranial abdominal peritonitis. • Hepatomegaly-subjectively benign. • Non-distended gallbladder. • Gastroenteritis pattern. • Bilateral chronic renal changes.
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Sullivan	Sonographically the appearance of the pancreas is suggestive of inflammatory criteria with emerging neoplastic criteria thought less likely. Suspect secondary metabolic, reactive or vacuolar hepatopathy and gastrointestinal inflammatory pattern. Aggressive therapy for pancreatitis/peritonitis with as needed GI support and assessment of clinical response +/- recheck sonogram in 3-5 days if progressive clinical signs and/or suspicion for progressive peritoneal free fluid would be reasonable. Some or all of the following protocol in conjunction with pancreatitis therapy and GI support may be considered if clinically indicated.
INVOICE	
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DATE	10 to 20 mL per kilogram per hour and dogs 10 to 15 mL per kilogram per hour cats (Can bolus first 1/3 of dose over 15 minutes)
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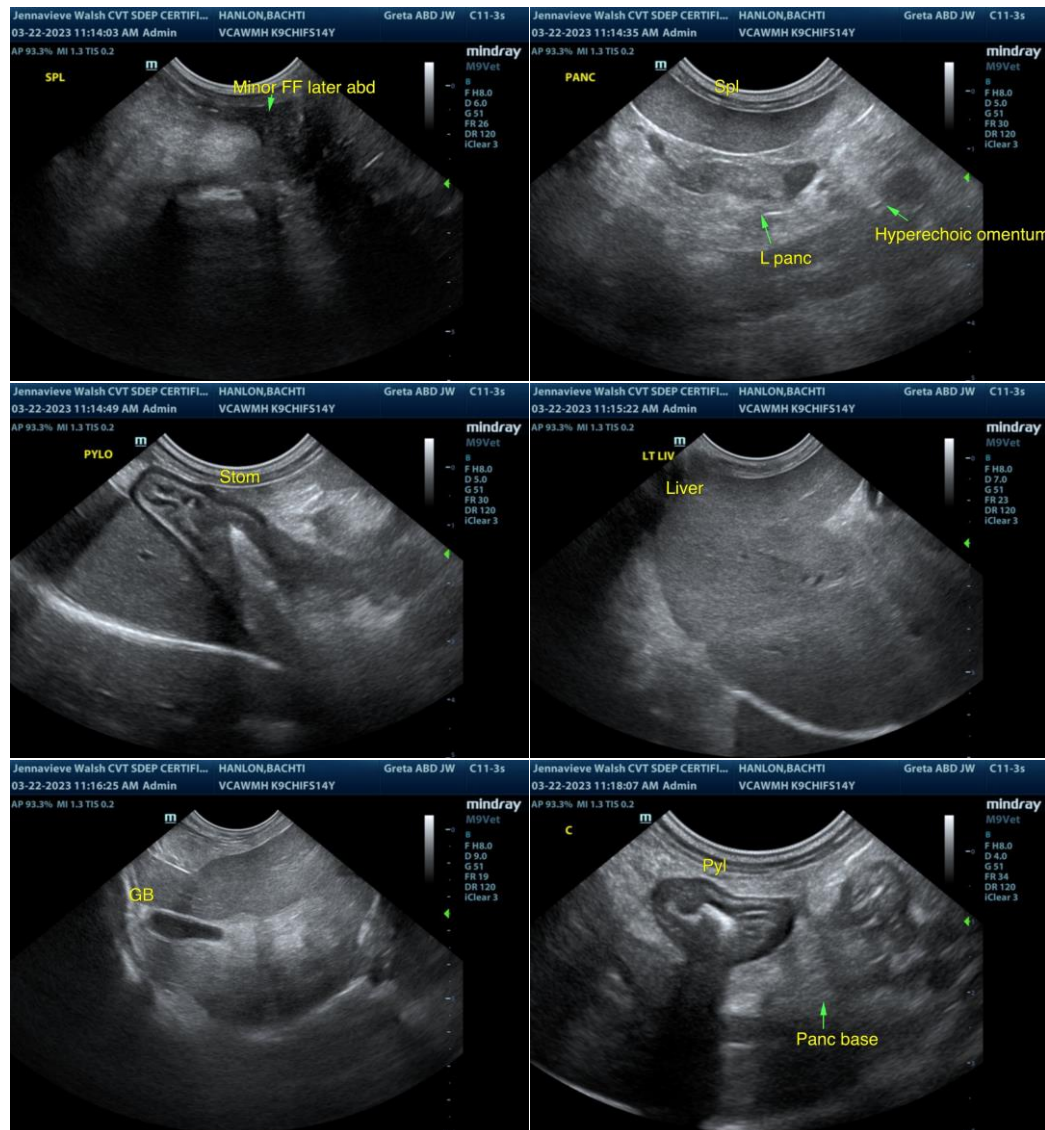
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Plasma 10 mL / kilogram IV over 4 hours
Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours Or CRI Lidocaine 30-50 ug/kg/min
Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO
Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.
Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry Or Misoprostol 1-5 ug/kg po tid
Clindamycin 10mg/kg IV p.o. bid
Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats
Metronidazole 10-20 mg/kg IV p.o. b.i.d.
Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose
4-10 mg/kg





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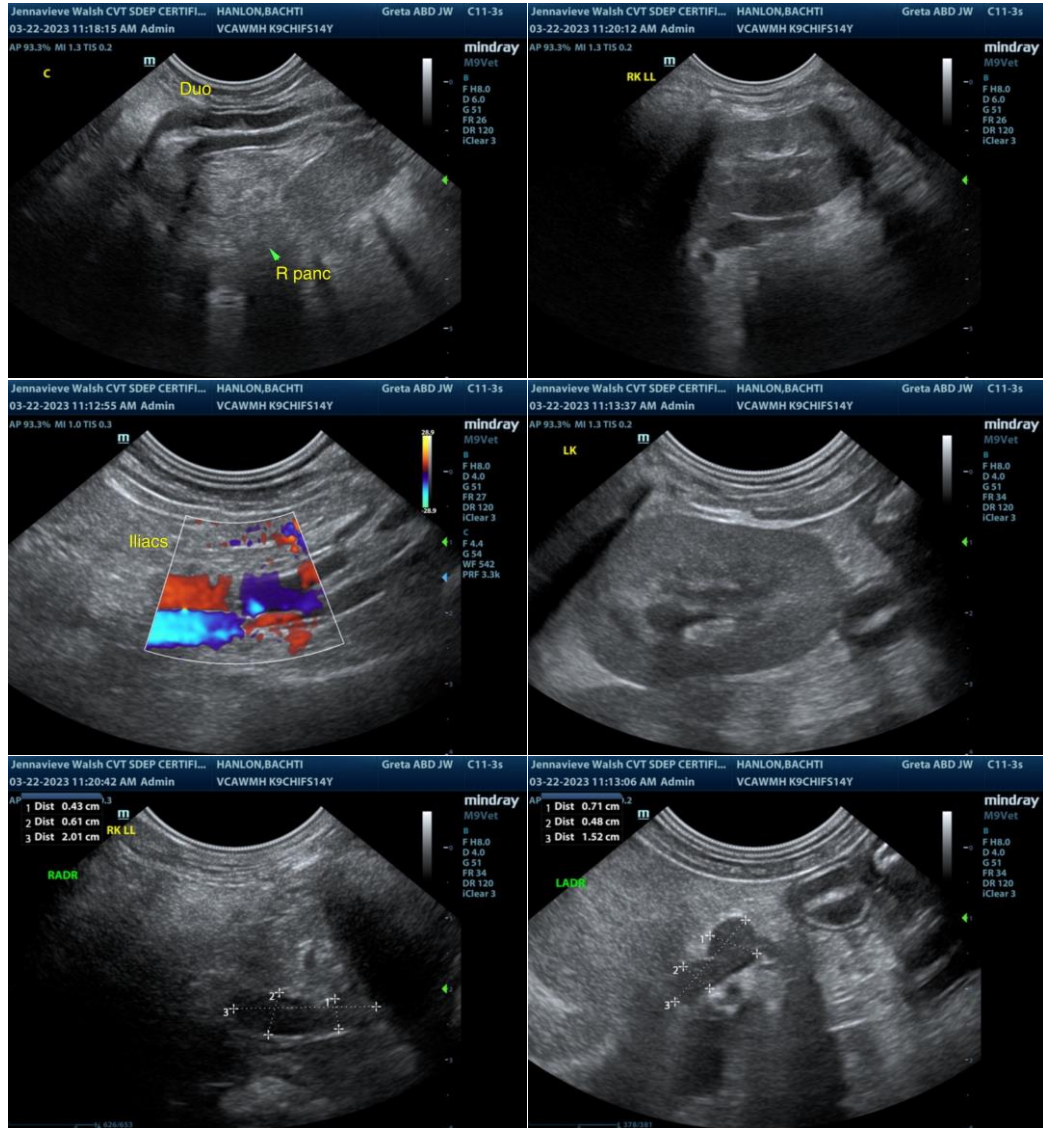
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com