**PATIENT**

Pippin Allen

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

MN

AGE

10 years

WEIGHT

3.9 kg

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists - Dr Patton**INVOICE**

303823

DATE

1/27/22

PRESENTING CLINICAL SIGNS

History: Initially assessed for hind limb ataxia and pain, which improved with sucralfate, prednisone, and gabapentin but relapsed when tapered. Paraparesis improved with prednisone, and gabapentin. Acute onset anorexia and vomiting.

Physical Examination: N/A.

Urinalysis: SG 1.023, 1+ protein, 4+ glucose, bacteria.

CBC: Anemia, neutrophilia, monocytosis, lymphocytosis.

Serum Biochemistry: Hyperglycemia, azotemia, elevated liver enzyme activity, bilirubin, and phosphate.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.1 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia (left worse than right), and normal capsule. Hypoechoic appearance of the corticomedullary junction.

Reproductive System

Small hypoechoic prostate (1 cm).

Adrenal Glands

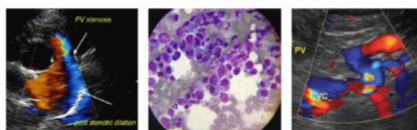
Normal shape, echogenic appearance, position, and size. Left 0.36/0.43 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size with a diffuse mottled echogenic appearance, loss of portal markings, and regular curvilinear capsule. Two focal parenchymal nodules – one hyperechogenic (0.4 cm) and the other hypoechoic (0.4 x 0.7 cm). No masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.26 cm, duodenum 0.42 cm, jejunum 0.34 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Enlarged (left 2.3 cm) with a diffuse hypoechogenic and irregular appearance. Visible pancreatic duct and lymph node (0.7 x 0.7 cm). Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
Small amount of acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Renal disease.
- Ascites.

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for acute pancreatitis with secondary hepatopathy, acute kidney injury, and ascites.

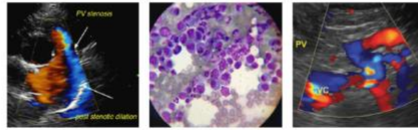
The hepatic nodules can be considered incidental findings.

Further assessment would be urinalysis, urine culture, and cPL/PSL assay and once stabilized, neurological examination and MRI/CT of the lumbar spine.

Management would be fluid therapy, low-fat intestinal diet, anti-emetics, gastric protectants, and opioid analgesics. The severe hyperglycemia may be transient to the pancreatitis and thus needs to be monitored and insulin therapy only instituted if it does not resolve with resolution of the pancreatitis.

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Left kidney



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ECVIM

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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