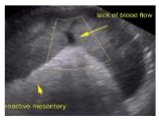
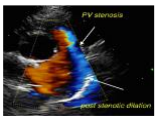
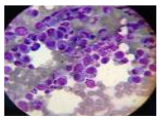
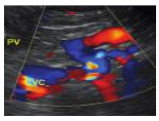





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Giorgio Hudson

SPECIES

Canine

BREED

Miniature Pincher

SEX

MN

Age

13 years

WEIGHT

14 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and Emergency

REFERRING VET

Dr Caja

INVOICE

303996

DATE

3/10/23

PRESENTING CLINICAL SIGNS

History: Anorexia, diarrhea, possible foreign body.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Left shift leukocytosis.

Serum Biochemistry: Elevated pancreatitic parameters and bilirubin, severely elevated ALT activity.

Radiographic Findings: Rounded liver, suspicious gas pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.3 cm). Ureters not visualized.

Normal renal size (both 4.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (1 cm).

Adrenal Glands

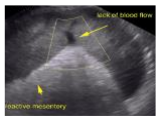
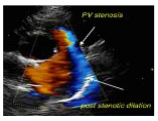
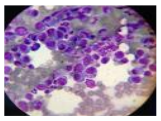
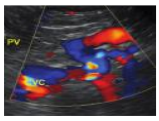
Normal position, echogenic appearance and shape. Normal size of the left gland (0.64/0.51 cm), enlarged right gland (0.82/0.73 cm).

Spleen

Normal size (1.2 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. FNA taken with no obvious post aspirate hemorrhage. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Dilated bile duct (0.4 cm) but with no obvious obstruction evident.

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Gastrointestinal

Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.44 cm, colon 0.17 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.84 cm) and duodenum (0.55 cm) with no loss of layering or distention of the lumen. Ingesta within the stomach and fluid within the duodenum.

Pancreas

Enlarged (right 2 cm, left 1 cm) with a hypoechogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (0.8 cm).
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Gastro-enteropathy.
- Right adrenomegaly.

Secondary Findings:

- Cystitis.

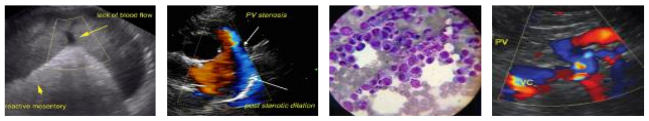
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy and gastroenteropathy can both be ascribed to the pancreatitis with differential diagnoses for the liver being reactive, hyperplasia, vacuolar, acute hepatitis, and infiltrative neoplasia; and for gastroenteropathy, non-specific gastroenteritis, parasitic, inflammatory bowel disease, and dietary hypersensitivity.

The right adrenomegaly is most likely from disease stress with emerging Cushing's disease a differential diagnosis.

Further assessment needs to be based on the pending cytology results but could include urine and fecal analyses, urine culture, and if there is not a satisfactory improvement then endoscopy of the upper GI tract with biopsies. Adrenal function testing (ACTH stimulation/LDDS test) should be considered if there are compatible signs of Cushing's disease and once the pancreatitis has resolved.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies (as needed), anti-emetics, opioid analgesics, and low-fat intestinal diet. Short course of prednisolone (½ mg/kg SID for 3-5 days) can be considered as it has been shown to improve the recovery period in dogs with pancreatitis.



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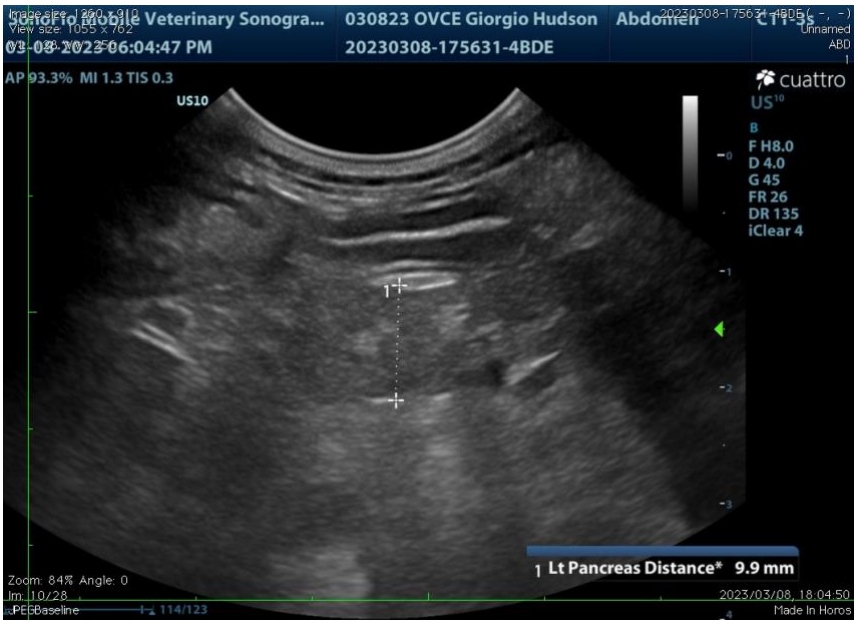
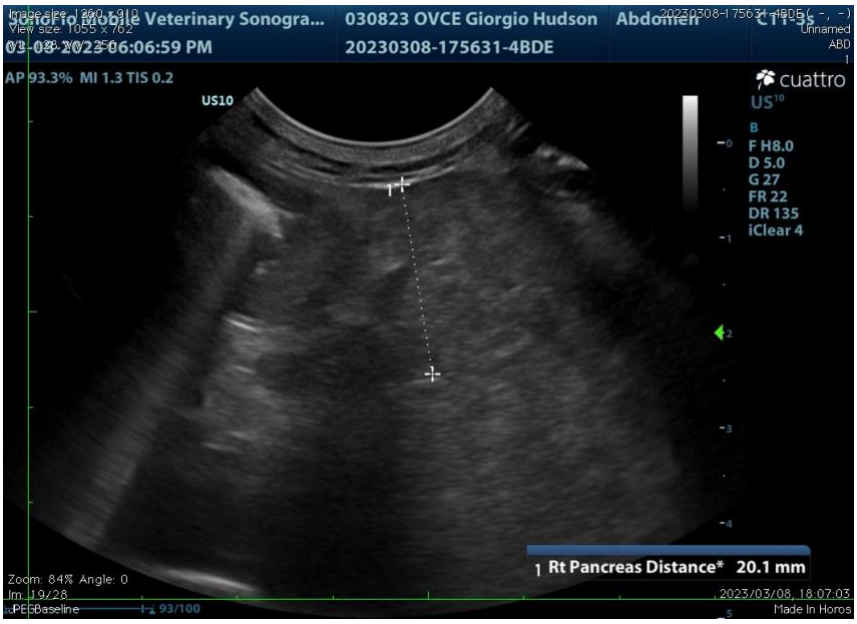
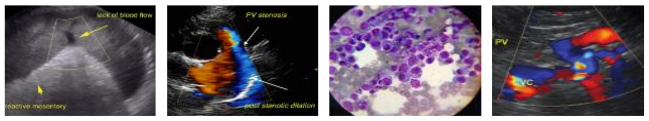
IMAGES

Pancreas







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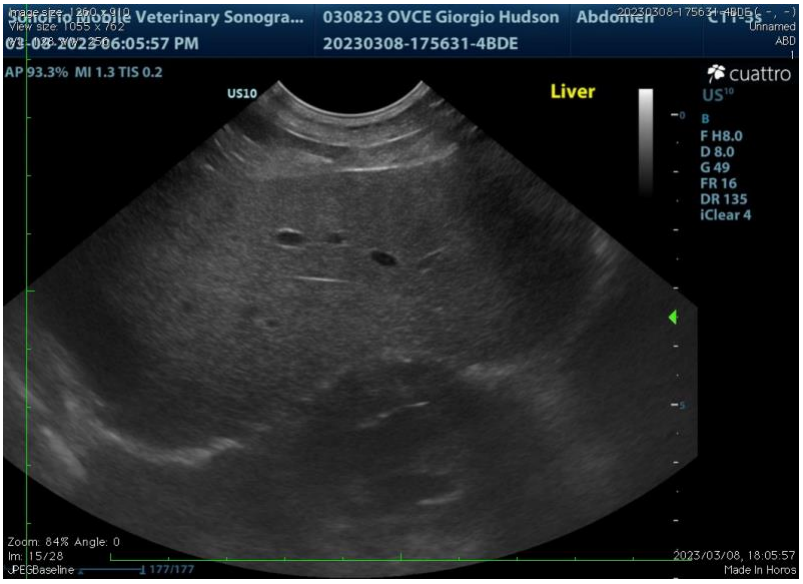
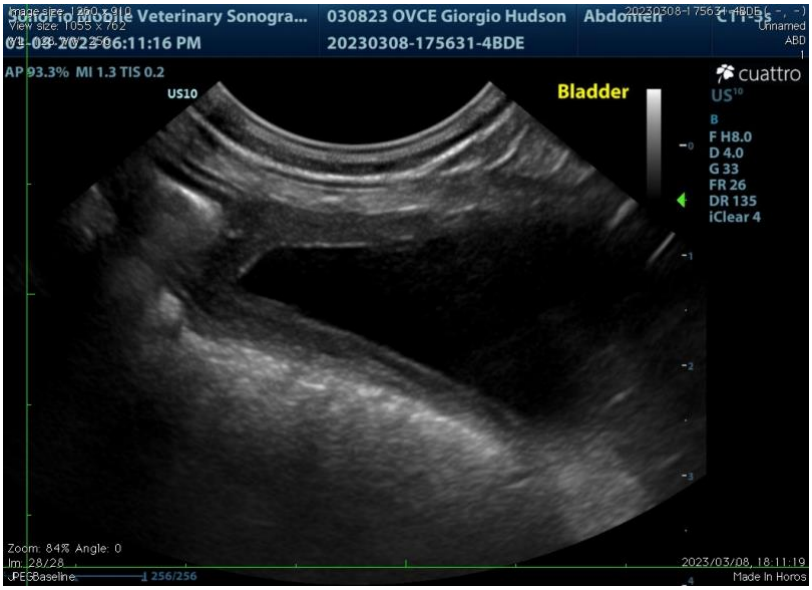
Liver



Urinary bladder



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)
rlobetti@mweb.co.za