



**PATIENT PRESENTING CLINICAL SIGNS**

**Teva Bungart** History: Anorexia, painful abdomen.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: UTI.

CBC: N/A.

**BREED** Serum Biochemistry: cPL positive, DKA.

Poodle Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN** *Urinary System*

**Age** Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths present.

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

19 # Normal iliac lymph nodes. Ureters not visualized.

Normal size (left 5.2 cm, right 5.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** *Reproductive System*

Small hypoechogenic prostate (0.7 cm).

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*Adrenal Glands*

Normal position, shape, echogenic appearance, and size. Left 0.6/0.42 cm, right 0.55/0.54 cm.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

*Spleen*

Normal size (1.1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

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*Liver*

Enlarged with rounded edges, hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident.

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**INVOICE**

*Gall bladder*

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Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

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4/12/23


**PATIENT** *Gastrointestinal*

Teva Bungart

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.45 cm, colon 0.17 cm) and peristalsis, and no distension of the lumen. Thickening of the small intestine (0.6 cm) with a prominent hypoechoogenic appearance of the submucosal layer with no loss of layering or distention of the lumen.

**SPECIES**

Canine

*Pancreas*
**BREED**

Poodle

Enlarged (left 0.7 cm, right 1.9 cm) with a hypoechoogenic appearance, irregular capsule, and visible pancreatic duct. Hyperechoogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**
*Free Abdomen*

MN

Normal mesenteric lymph nodes (1.6 cm).

**Age**

No ascites evident.

6 years

**ULTRASONOGRAPHIC FINDINGS**
**WEIGHT**

19 #

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Enteropathy.

**INTERPRETED BY**

Secondary Findings:

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology or the hepatopathy would be secondary to the diabetes, with reactive, chronic hepatitis, and infiltrative neoplasia differential diagnoses.

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Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific enteritis (dietary indiscretion, toxins, viral), parasitic enteritis, inflammatory bowel disease, and dietary hypersensitivity, with emerging lymphoma, a less likely differential diagnosis.

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Further assessment that could be considered would be fecal analysis, FNA cytology of the liver, and endoscopy of the upper GI tract with biopsies.

Dr Cosgriff

Initial management would be fluid therapy, correction of electrolyte anomalies, opioid analgesics, anti-emetics, low-fat intestinal diet, and insulin.

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**PATIENT**

Teva Bungart

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

MN

**Age**

6 years

**WEIGHT**

19 #

**IMAGES**

**Pancreas**



**Liver**

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**PATIENT** Small intestine

Teva Bungart

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

MN

**Age**

6 years

**WEIGHT**

19 #



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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.

**IMAGING PERFORMED BY**

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