
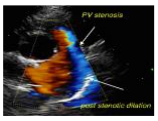
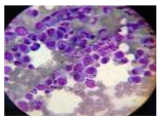
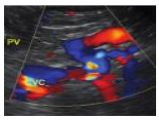

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lilly Prokosch

SPECIES

Canine

BREED

Pug

SEX

FS

Age

8 years

WEIGHT

25 #

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 Cosgriff

INVOICE

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PRESENTING CLINICAL SIGNS

History: Pancreatitis, progressive increase in bilirubin.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated GGT and bilirubin.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

Normal renal size (left 4.5 cm, right 4.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.44/0.45 cm, right 0.47/0.41 cm.

Spleen

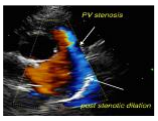
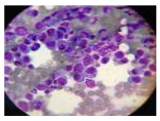
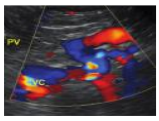
Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size with a hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. Small hypoechogenic parenchymal nodule (1.4 cm) in the left lobe. Two ill-defined parenchymal masses in the left lobe, one with an isoechogenic appearance (2 x 3 cm) and the other with a hypoechogenic appearance (1.9 x 2.8 cm).

Gall bladder

Distended gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated bile duct (0.8 cm) with no obvious intra-luminal obstruction evident.

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Gastrointestinal

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.36 cm, jejunum 0.48 cm, colon 0.18 cm) and peristalsis, and no distension of the lumen. Thickening of the duodenum (0.75 cm) with no loss of layering or distension of the lumen.

Pancreas

Enlarged (left 0.9 cm, right 1.3 x 5 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1.3 cm).
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bile duct obstruction.
- Pancreatitis.
- Hepatopathy.
- Hepatic nodule/masses

Secondary Findings:

- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gall bladder and bile duct is consistent with an obstruction and most likely from the acute pancreatitis.

Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, vacuolar, nodular hyperplasia, hepatitis, granulomatous disease, and infiltrative neoplasia.

Etiologies for the hepatic nodule/masses, would be nodular hyperplasia, granulomas, abscessation, and neoplasia.

The most likely etiology for the duodenopathy would be secondary to the pancreatitis with non-specific enteritis (dietary indiscretion, toxins, viral), parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma, differential diagnoses.

Further assessment/therapy would be laparotomy to address the bile duct obstruction, which would also allow for wedge biopsy of the liver and the hepatic masses.

Management of the pancreatitis would be fluid therapy, opioid analgesics, antiemetics, and feeding a low-fat intestinal diet. The use of fuzapladib (Panoquell), which is a novel drug for controlling clinical signs in dog with acute pancreatitis, could also be considered.

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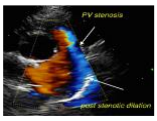
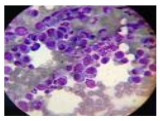
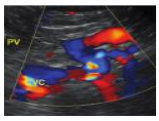

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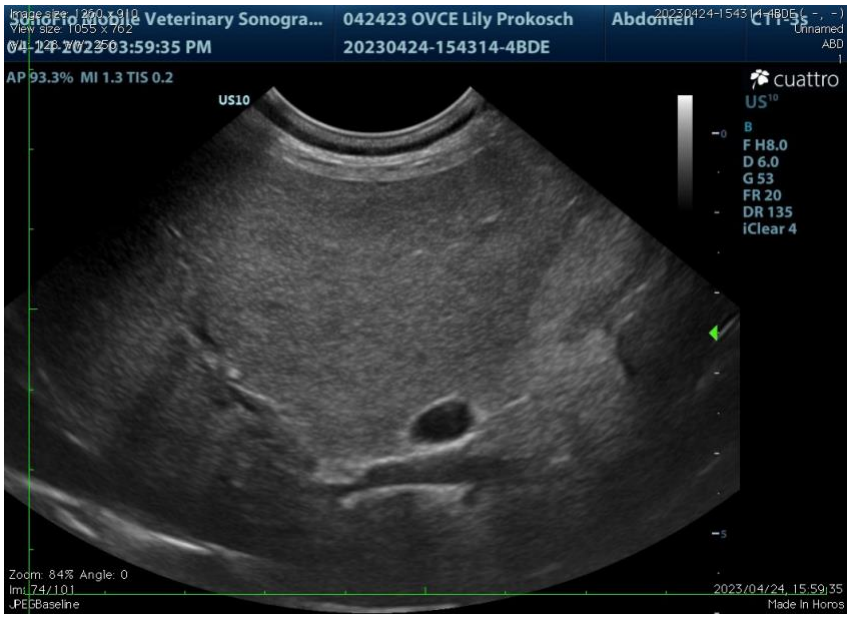
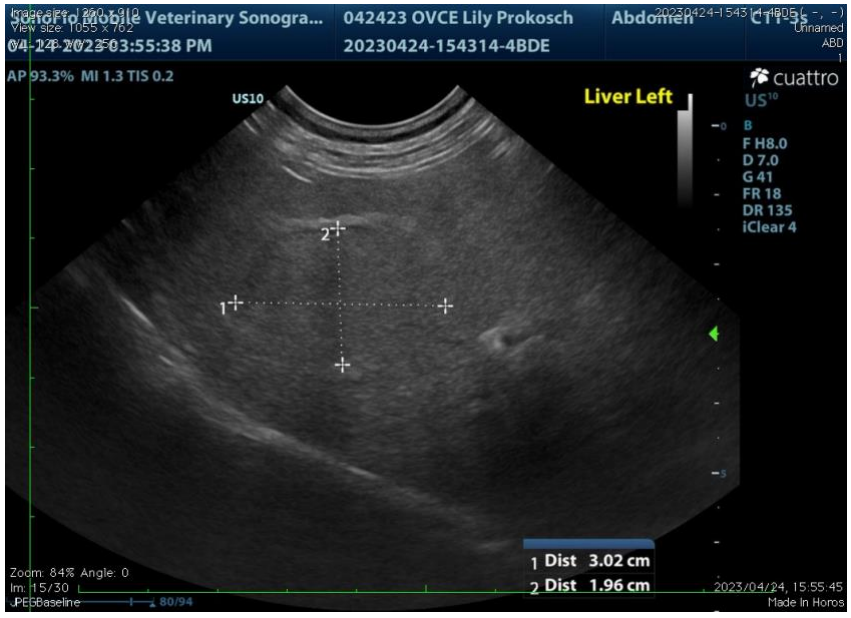
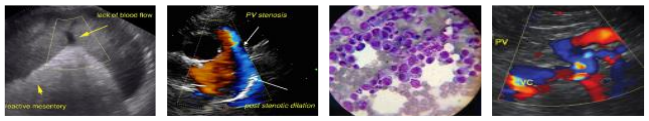
IMAGES

Liver







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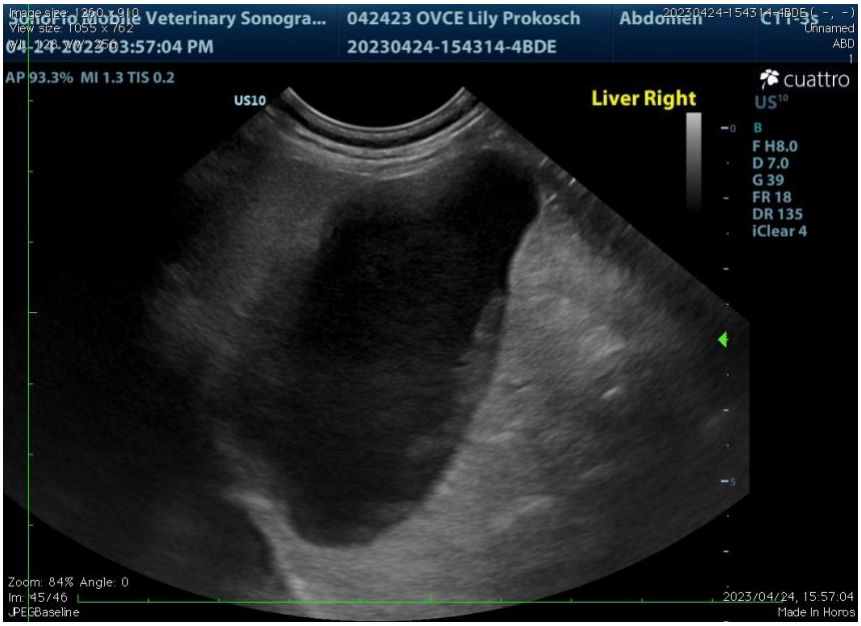
Gall bladder/bile duct



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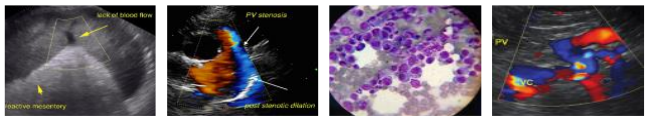

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Pancreas

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