



PATIENT PRESENTING CLINICAL SIGNS

Eeyore McCane History: Lethargy, vomiting, anorexia. Previous history of intra-hepatic liver shunt that was treated with embolization coils and stent.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: N/A.

American Bulldog Mix Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

MN

AGE

2 years

WEIGHT

45 #

INTERPRETED BY

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

Iliac lymphadenomegaly (1.9 cm) with normal shape and echogenic appearance. Ureters not visualized.

Mild bilateral renomegaly (both 6.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Faint bilateral mineralization.

Reproductive System

Small anechoic prostate (0.8 cm).

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.52/0.51 cm, right 0.66/0.73 cm.

Spleen

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

Liver

Normal size, echogenic appearance, portal markings. Intra-hepatic parenchymal shadowing areas (coils/stent from previous surgery). No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.3 cm).

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Ariel Smith



PATIENT *Gastrointestinal*

Eeyore McCane Diffuse thickening of the stomach, duodenum, small intestine, and colon (stomach 0.64 cm, duodenum 0.52 cm, jejunum 0.4 cm, colon 0.6 cm) with no loss of layering or distension of the lumen.

SPECIES

Canine *Pancreas*

BREED

American Bulldog Mix Enlarged (1.1 x 6.3 cm, 2.5 x 3 cm) with a diffuse hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas with pockets of fluid accumulation.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis with regional peritonitis.
- Gastro-enterocolitis
- Lymphadenomegaly.

Secondary Findings:

- Renomegaly.
- Hepatic coils.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for acute pancreatitis with regional secondary peritonitis.

Although both the gastro-enterocolitis and lymphadenomegaly can be ascribed to the pancreatitis; differential diagnoses for the lymph nodes would be lymphadenitis and infiltrative neoplasia; and for the GI tract non-specific (viral, bacterial, helminths, toxins, dietary indiscretion) inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity.

The renomegaly can be ascribed to the previous porto-systemic shunt.

With the presenting clinical signs, etiologies to considered would be *Helicobacter* gastritis, inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis.

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Further assessment that could be considered would be fecal analysis, CBC, serum electrolytes, and cPL/PSL assay

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Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies (if present), anti-emetics, analgesics (opioids and NSAIDs), and low-fat intestinal diet. Ultrasound monitoring of the gall bladder/bile duct for development of obstruction would be recommended.



PATIENT IMAGES

Eeyore McCane **Pancreas**

SPECIES

Canine

BREED

American Bulldog Mix

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PATIENT Liver

Eeyore McCane

SPECIES

Canine

BREED

American Bulldog Mix

SEX

MN

AGE

2 years

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Small intestine



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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.

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