**PATIENT PRESENTING CLINICAL SIGNS**

Ellie Faye Hackstock

History: 6/23/23 - Dog presented with abdominal pain, inappetence, excessive vomiting and diarrhea. Abnormal PE/Chem/CBC/UA Results: Lab values and radiographs attached. Severe pancreatitis - slow recovery.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Mini Schnauzer

Urinary System

The urinary bladder is full, with a thickened and irregular apical wall (0.40 cm) with the rest of the wall having a normal thickness and appearance (0.20 cm). Normal anechoic urine with no sediment present. Small urolith evident (0.60 cm).

SEX

Female Spayed

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

AGE

10 years, 10 mos

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

WEIGHT

16 lbs

Normal renal size (left kidney 5.00 cm / right kidney 4.80 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.56 x 0.54 cm) (right 0.49 x 0.71 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal, mottled, echogenic, irregular parenchymal nodule in the hilus of the spleen (1.50 x 2.30 cm) with bulging of the overlying capsule.

IMAGING PERFORMED BY

Carri Underwood

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Two parenchymal irregular hypoechoic nodules (0.9 x 1.6 cm and 1.6 cm x 2.6 cm) evident in the left lobe. No masses evident. Normal appearance of the hepatic and portal vasculature.

HOSPITAL NAME

SVS Imaging MI-2

Gallbladder

The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

REFERRING VET

Baylis AH

Gastrointestinal

Normal appearance of the stomach, duodenum (0.53 cm), small intestine (0.43 cm), ileo-cecal junction (0.40 cm), and colon (0.15 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

INVOICE

13706

Pancreas

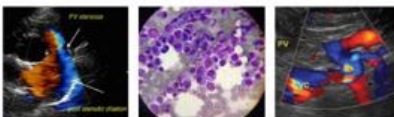
Enlarged (left 1.30 x 4.10 cm) with a diffuse hypoechoic appearance and irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

DATE

7.14.23

Free Abdomen

Prominent appearance of the mesenteric lymph nodes (0.90 x 1.10 cm), with normal shape and echogenic appearance.

**PATIENT**

No ascites evident.

Ellie Faye Hackstock

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

10 years, 10 mos

WEIGHT

16 lbs

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (*Small Animal
Internal Medicine*)

IMAGING PERFORMED BY

Carri Underwood

HOSPITAL NAME

SVS Imaging MI-2

REFERRING VET

Baylis AH

INVOICE

13706

DATE

7.14.23

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Pancreatitis
- Splenic and hepatic nodules

Secondary Findings

- Urolith and focal thickening of the urinary bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis and in line with the clinical history.

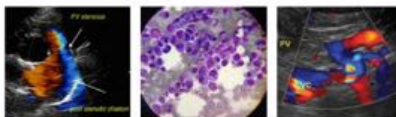
Etiologies for the spleen and hepatic nodules would be granulomatous disease, hematoma, organized abscessation and neoplasia. Although the most likely reason for the focal thickened of the urinary bladder wall would be secondary to the urolith, chronic cystitis and emerging neoplasia need to be considered.

Further assessment would be a PSL assay, urinalysis, urine culture, and FNA cytology of the splenic and hepatic nodules.

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

Further specific therapy would be dependent on an etiological diagnosis.





PATIENT

Ellie Faye Hackstock

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

10 years, 10 mos

WEIGHT

16 lbs

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Carri Underwood

HOSPITAL NAME

SVS Imaging MI-2

REFERRING VET

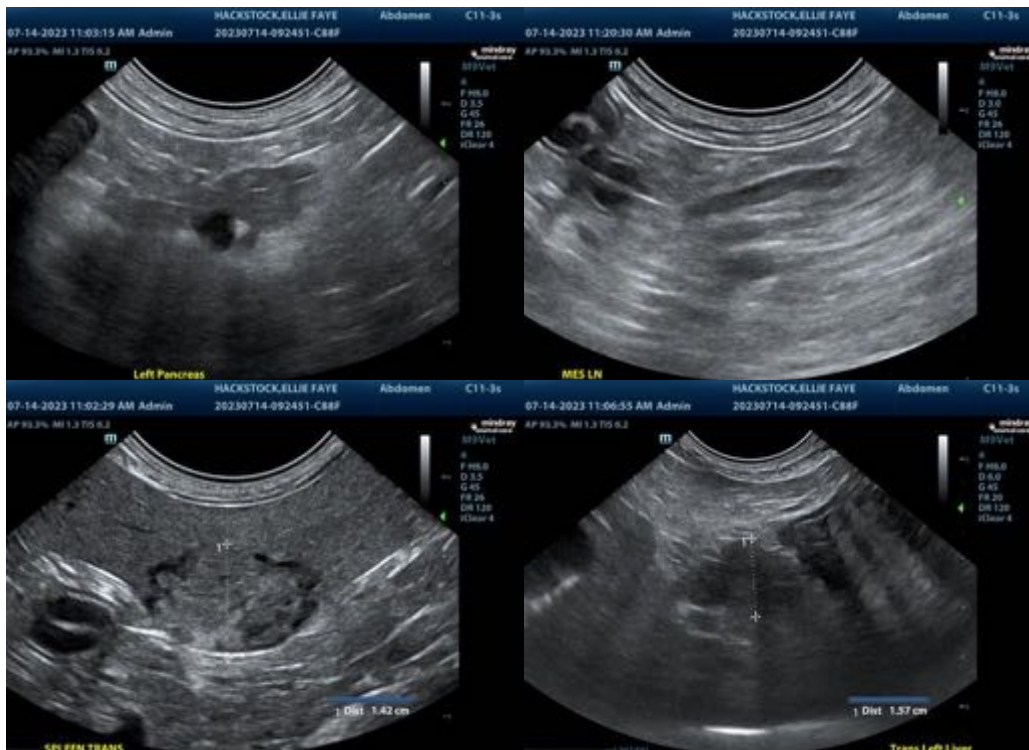
Baylis AH

INVOICE

13706

DATE

7.14.23



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)
info@sonopath.com