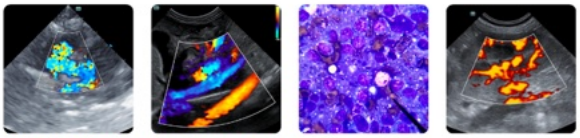

PATIENT

Rhue Skunde

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed female

AGE

13 years

WEIGHT

17.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Armstrong AC

REFERRING VET

Dr. Gallagher

INVOICE

71218

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Diabetes 6 yr, intermittent pancreatitis and rhinitis
- Fractured metatarsals last week- try with soft splint
- Began vomiting food and bile 2 days ago
- CBC- wBC 18.800^, neut 16.45^, mono 1.86^, ppt 537^ CHEM- glu 660^, creat 2.8^, BUN 105^; phos 11.8, A/G 0.4, ALT off scale, ALKP >2000, GGT 34^, TBil 18.6^, Na 135>, Cl 91<, cPL 462^, Osm calc 334^ RADS- stomach- empty- air only, loss of detail in r cranial abdomen loss of serosal margins

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area and iliac blood vessels.

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

Normal renal size (left measured 5.0 cm, right measured 5.6 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.37 cm in length x 0.45 cm and 0.37 cm in width. The right adrenal gland was not visualized.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.

Liver

Normal size with a diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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Gallbladder

The gallbladder is full almost distended containing adhered and non-adhered hyperechoic and hypoechogenic sediment as well as a few small choleliths. Thickened and hyperechogenic appearance of the wall. Dilated cystic and common bile duct measured up to 1.1 cm in diameter.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fluid is present within the stomach and proximal small intestinal loops.

Pancreas

The pancreas was enlarged (left measured up to 2.9 cm) with a diffuse, hyperechogenic and irregular appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. There was a small amount of fluid accumulation around the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Mucocele.
- Hepatopathy.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis.

The most likely etiology for the hepatopathy would be reactive hyperplasia secondary to the pancreatitis.

The dilated bile duct can be ascribed as secondary to the pancreatitis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

Further assessment would be urinalysis and possibly urine culture.

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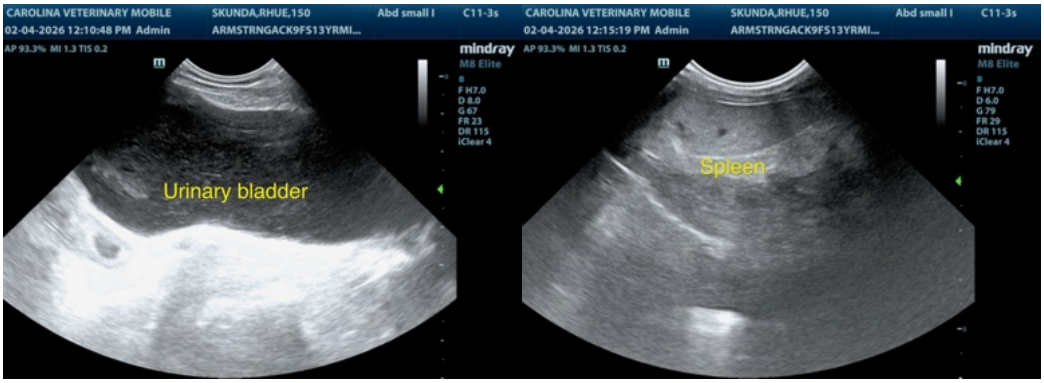
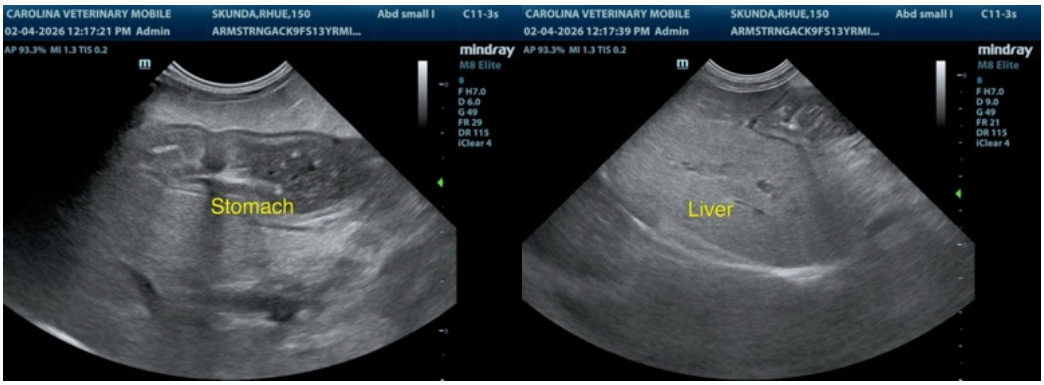
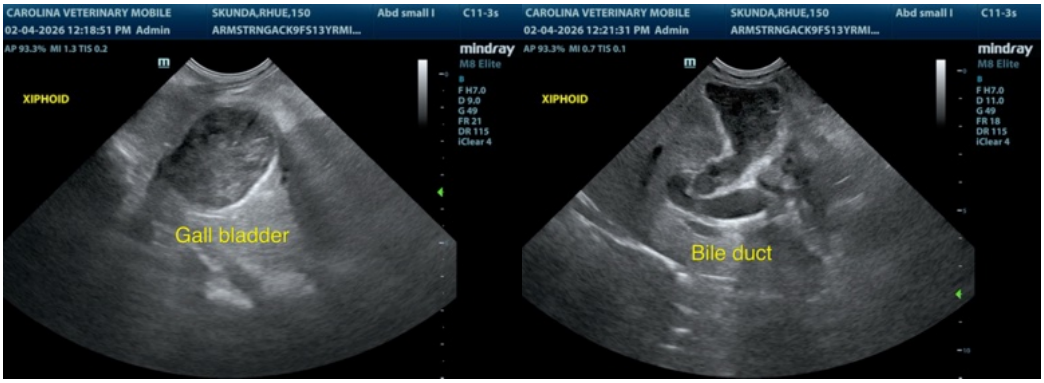
Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, antiemetics, opioid analgesics and feeding small frequent meals of a low fat intestinal type diet.

Management of the mucocele (once the pancreatitis has resolved) would either be medical management with Ursodiol or cholecystectomy.







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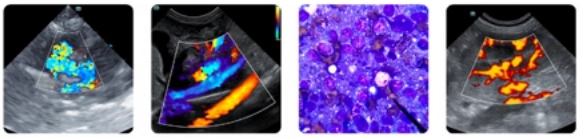

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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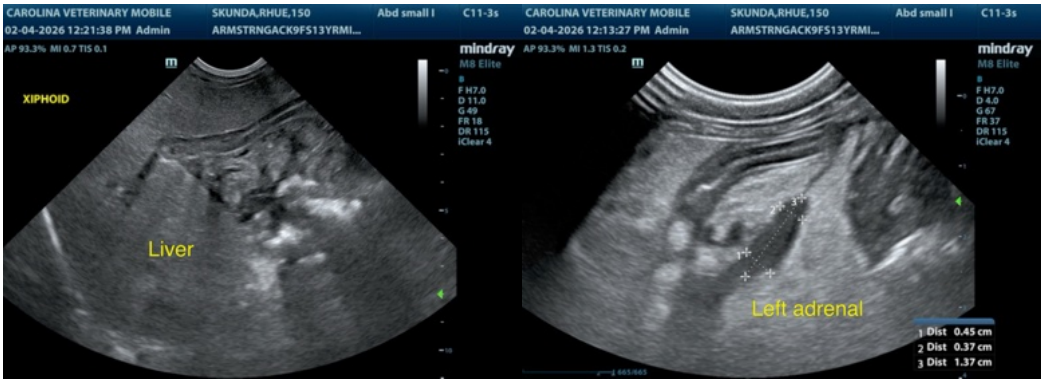

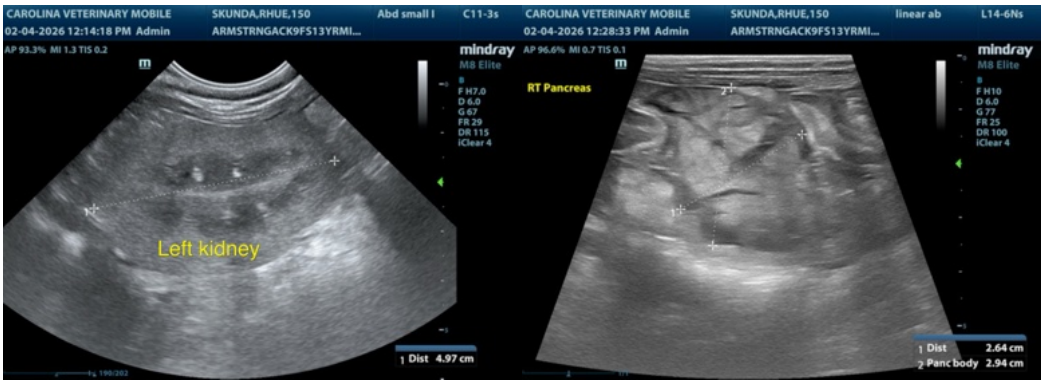

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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