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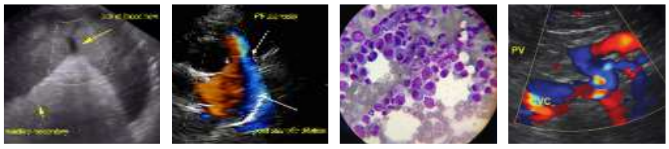

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Chispi Gonzalez

**SPECIES**
Canine

**BREED**
Maltese Mix

**SEX**
Female Spayed

**AGE**
5 Years

**WEIGHT**
21 lbs

**INTERPRETED BY**
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

**IMAGING PERFORMED BY**
Dr. G. Ferrer, DVM

**HOSPITAL NAME**
Paseos Veterinary Center

**REFERRING VET**
Dr. Cruz

**INVOICE**
49257

**DATE**
12-27-21

## PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound . Pt has history of Azotemia, Thrombocytopenia, Pancreatitis and Hepatitis. On 12-8-21 Pt was sent home with medications: Metronidazole 250mg ( 1/2) BID x10 days, Ondasetron 4mg 1/2 BID x 5 days, Famotidine 10mg BID, Prednisone 5mg SID and Denamarin. On 12-16-21 Pt has persistent Thrombocytopenia, pancreatitis and hepatitis. Sen home with Denamarin, Vit K1 and continue with previous medication.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary system

The urinary bladder presents a mildly and diffusely thickened wall with transverse diameters of 0.31 cm. The trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact. Ureters are not visualized and considered to be normal.

Both kidneys show a moderately fuzzy corticomedullary transition with a hyperechoic medulla. Renal pelvises are subtly distended with an inconspicuous inner outline. The exits to the ureters are unremarkable.

### Adrenal glands

Both adrenal glands are normal.

### Spleen

Splenic margins are moderately rounded, transverse diameters measure 1.75 cm. Splenic echogenic texture is inhomogeneous with multiple spot-like hyperechoic lesions. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

### Liver/Gallbladder

The liver shows a mild rounding of the liver edges. Liver echogenic texture appears mildly hyperechoic. There are at least two hyperechoic nodule-like lesions detected in the right liver with diameters of 1.24 and 1.07 cm.

The gallbladder shows a marked amount of structured, heterogeneous sludge. Relevant cholestasis is not recognized. The gallbladder wall is diffusely and mildly thickened.

### Gastrointestinal

The stomach, the small intestine and colon present significant findings with a subjectively thickened wall, hyperechoic striations of the mucosal layer of the duodenum and jejunum and hyperechoic spots in the gastric muscular layer. There are spasmic sections of the duodenum recognized. The mesenteric, epigastric and portal lymph nodes are moderately enlarged.

### Pancreas

Especially the right and left parts of the pancreas present severe and amorphous thickening, a hypoechoic and inhomogeneous texture and undulating surface. The surrounding fat tissue is highly hyperechoic with multiple, small hypoechoic areas.

### Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal.

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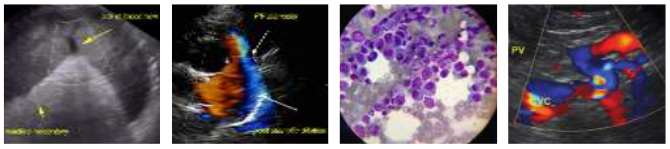

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## ULTRASONOGRAPHIC FINDINGS

### Primary

- Severe signs of an active pancreatitis
- Significant signs of a chronic and active, infiltrative/inflammatory bowel disease
- Marked portal, epigastric and mesenteric lymph adenomegaly
- Mild hepatomegaly and -pathy

### Secondary

- moderate unspecific splenomegaly with multiple hyperechoic spots
- mild thickening gallbladder wall, structured sludge
- Signs of a bilateral, chronic nephropathy
- Mild and diffuse thickening urinary bladder wall

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the pancreas, intestines, liver/gallbladder (initial mucocele?) and spleen likely represent a complex of one disease consistent with chronic IBD/pancreatitis/cholecystitis and concomitant hepatitis/cholangitis/splenitis.

The appearance of the pancreas currently shows an active inflammatory process with marked peripheral reactions and lymph adenomegaly. A neoplastic process cannot be fully excluded (for example adenocarcinoma). This however is a matter of regular rechecks and/or FNA/biopsy. A sonographic recheck in 2 days is recommended to rule out pancreatic abscess formation.

Chronic IBD may be a triggering factor for recurrent infections/bacterial overgrowth with involvement of the pancreas, liver and spleen. R/O diabetes and hyperadrenocorticism. Secondary and chronic infection of the urinary tract is possible. Urinary testing is recommended (culture and sediment).

Next diagnostic steps could be urine testing (UPC), blood workup with liver enzymes, TLI, folate and Vit. B12 as well as ACTH stimulation test to rule out bacterial overgrowth, liver insufficiency and hypoadrenocorticism.

PLE/IBD are commonly results of food allergy. Empiric dietary (hydrolyzed protein diet, fat restriction) and medical treatment as already started are recommended.

The hyperechoic liver nodules are unspecific. Differentials include lesions such as nodular hyperplasia/regenerates and adenomas. I favor degenerative, benign lesions. Regular rechecks and/or biopsy/FNA are necessary for final assessment.

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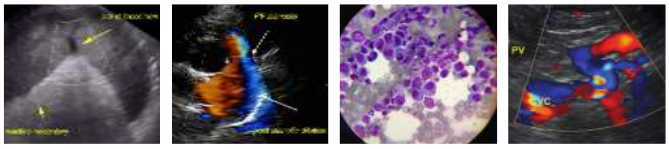

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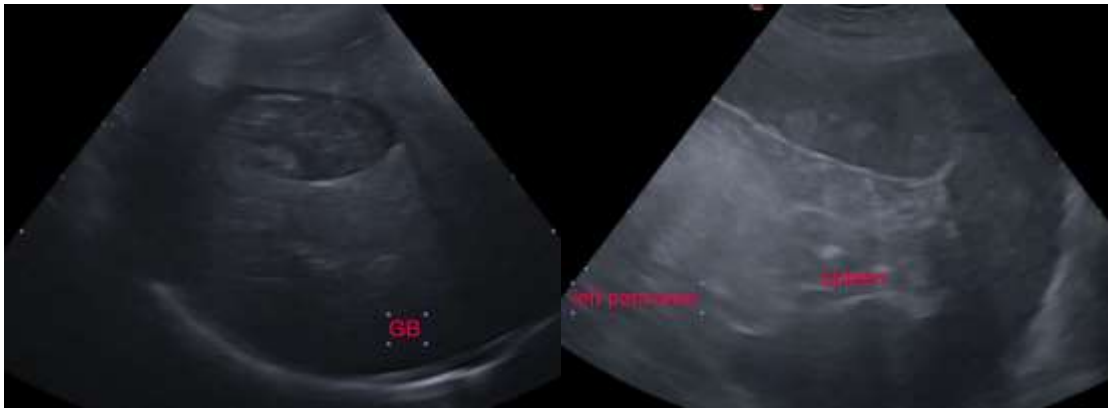


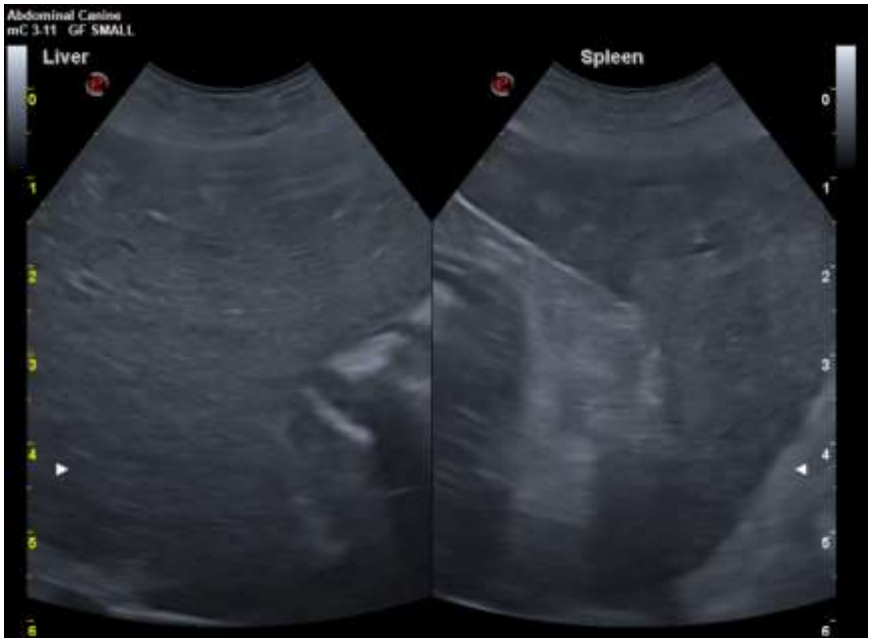


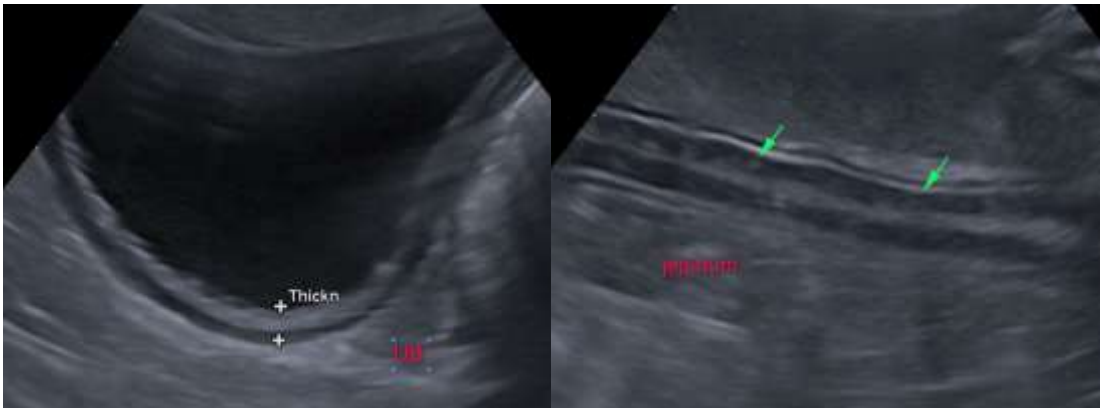

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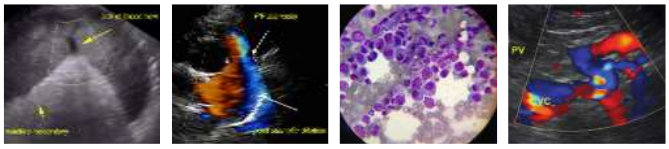

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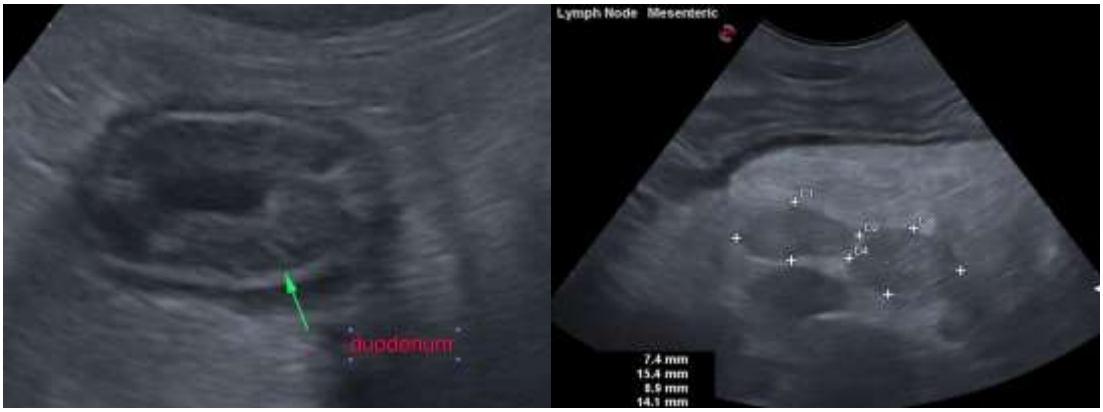


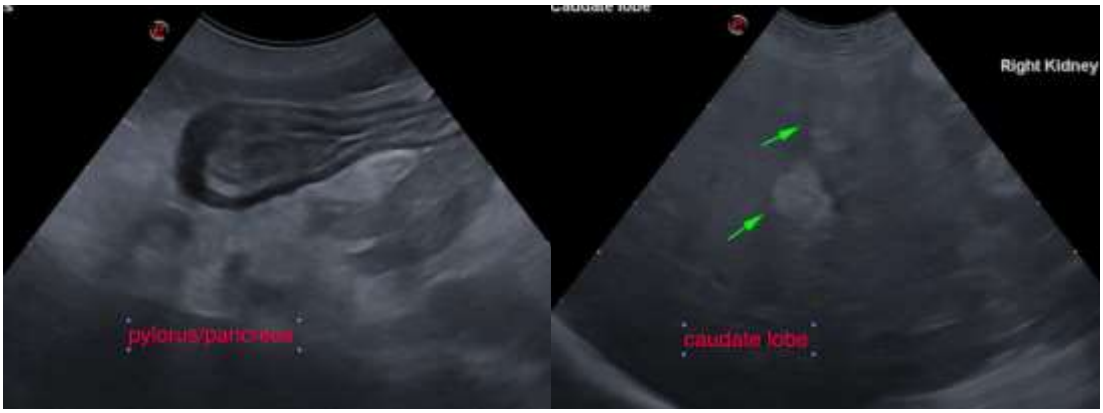


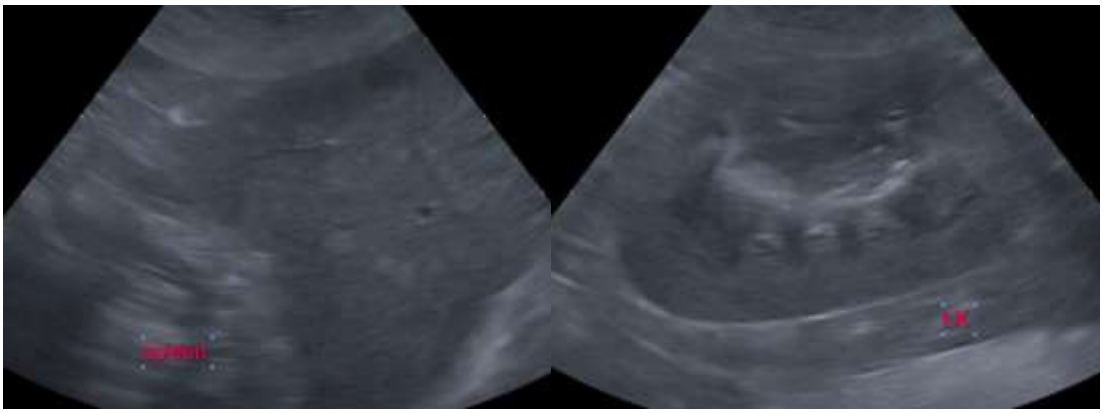

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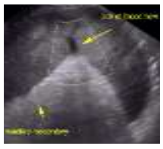
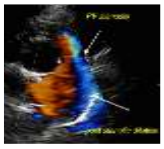
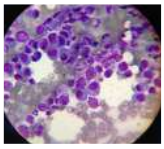
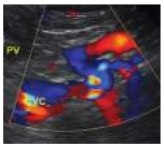

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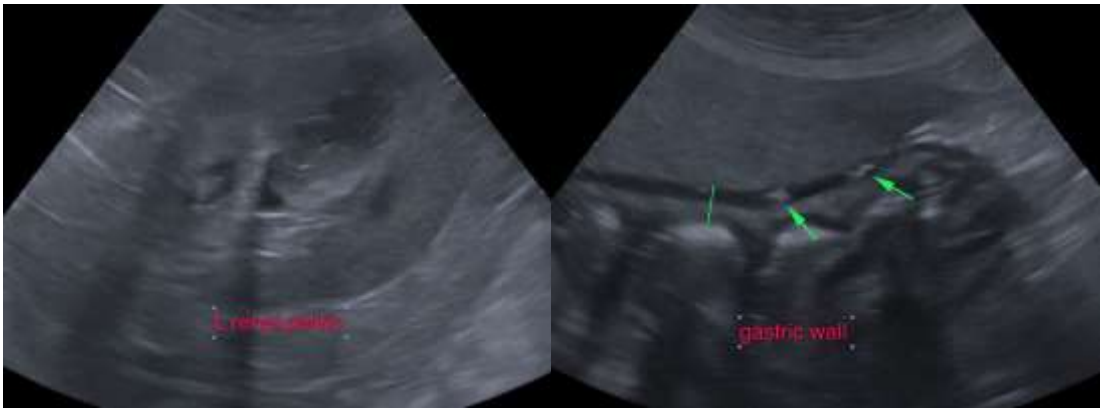


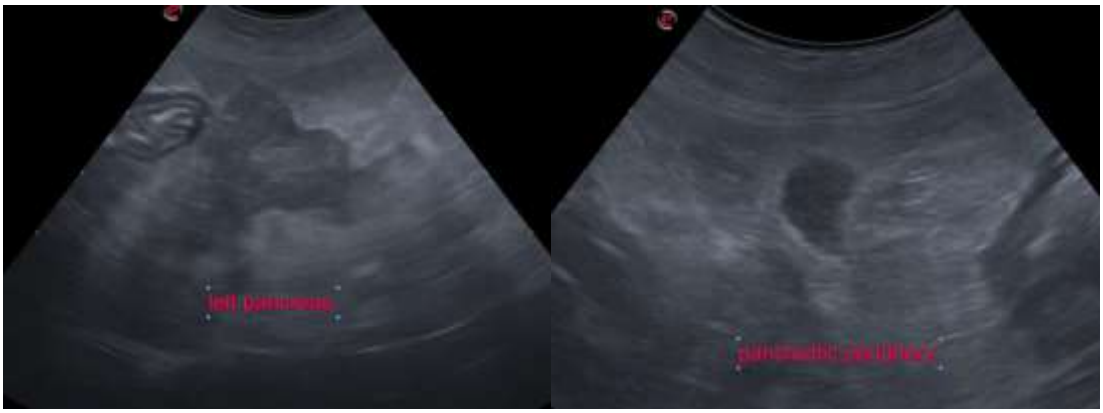

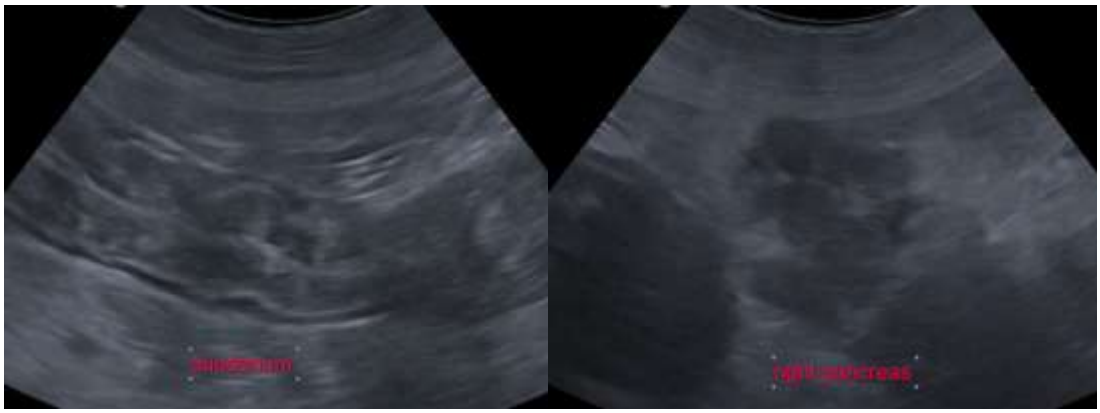

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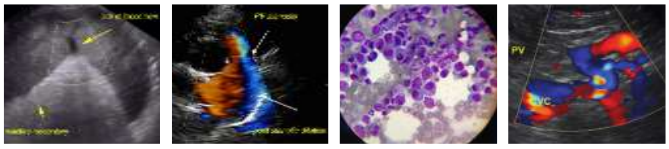

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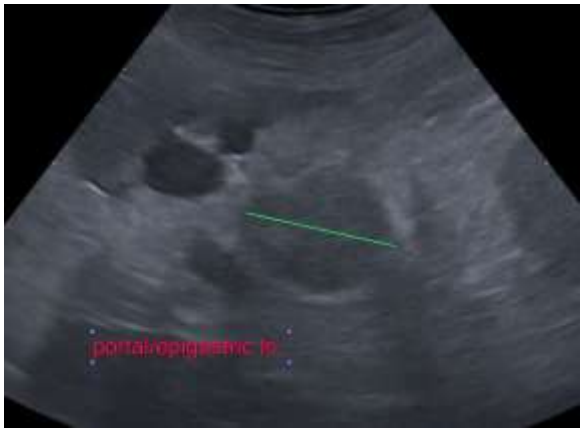

**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging
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