**PATIENT**

Lucy DeDobbelaire

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

11 Years

WEIGHT

29 Pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bock-Vanaria

INVOICE

20118

DATE

12/16/22

PRESENTING CLINICAL SIGNS

History: Patient presented first on 12/2/22 for pain, anorexia and lethargy. A presumptive diagnosis of Acute Pancreatitis was made based on bloodwork and symptoms; x-rays were unremarkable.

Treatment included Cerenia, SC fluids, buprenorphine, and bland diet. A chiropractic adjustment was also done to treat cervical pain and reduced mobility, which P has been treated for before. P improved a little on treatment but continued to eat poorly. P was submitted for hospitalization for IV fluids and care on 12/7/22. Home care was continued with Cerenia, buprenorphine and bland diet. O reported no improvement as of 12/12/22 and then worsening on 12/15/22. Entyce was started on 12/15/22 in hospital and P ate eagerly with no vomiting after. Repeat BW showed values now within normal limits.

Abnormal PE/Chem/CBC/UA Results: pain response on cranial abdominal palpation, unable to evaluate abdomen further due to overconditioning; rest of exam was unremarkable. BCS=9+/9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.2 cm in length. The right kidney is 5.1 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.2 mm at the cranial pole and 5.2 mm at the caudal pole. The right adrenal gland height is 4.5 mm at the cranial pole and 6.5 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

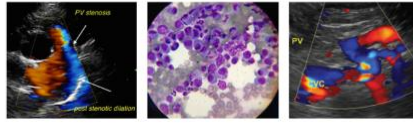
Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 3.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.3 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas**BREED**

Dachshund

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen**SEX**

Spayed Female

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Reactive hepatopathy

WEIGHT

29 Pounds

Secondary Findings

- A mildly hypoechoic pancreas, that may be consistent with resolving pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the reported inappetence on today's ultrasound. The appearance of the pancreas could be consistent with pancreatitis that is still resolving or may be normal for this patient.

Testing, such as a spec CPL or canine PLI is considered to be more sensitive than ultrasound in the assessment of the pancreas, so if these values have not already been checked, one or the other would be recommended.

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Additional recommendations include a resting cortisol level to screen for atypical Addison's disease.

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Chest radiographs, to rule out intrathoracic disease, and a thorough oral exam to rule out the possibility of dental disease affecting the appetite.

REFERRING VET

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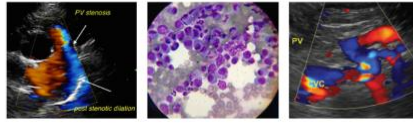
Finally, if there continues to be consistent pain in the cranial abdomen, additional analgesia, such as an NSAID, may be of benefit. It is also possible that pain on abdominal palpation reflects referred spinal pain, as a history of spinal pain was noted.

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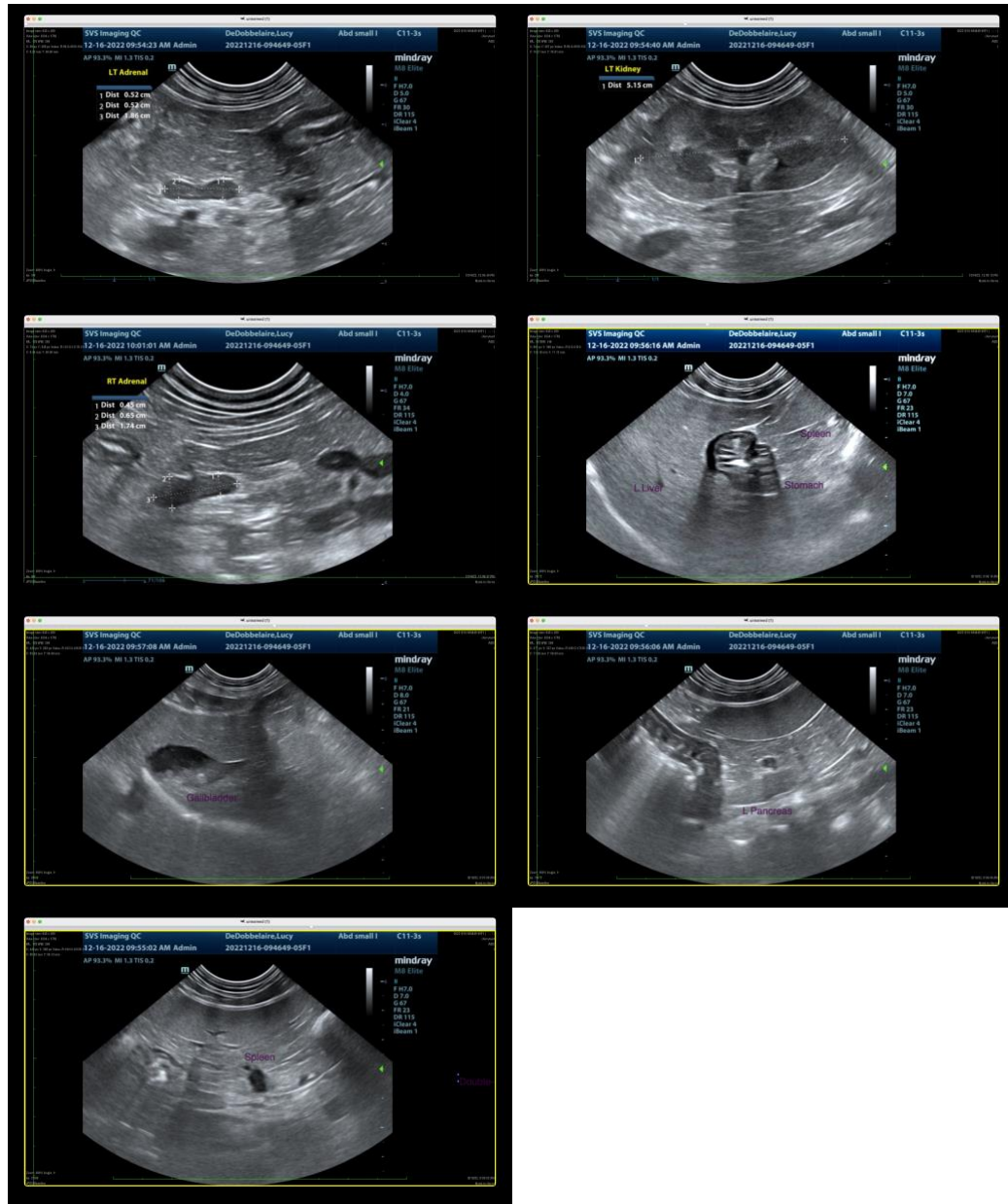
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com