



PATIENT

Puppy Kahlua Graham Aquilino

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

10 years

WEIGHT

62 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Schiess

INVOICE

69765

DATE

1/1/26

PRESENTING CLINICAL SIGNS

History: anorexia pancreatitis Hx seizures Current meds Cerenia Thyro tabs , Potassium Bromide , Phenobarb

ALP 1304 Lipase >2000 WBC 29K Neu 23K Mono 2.9K Platelets 541

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.93 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 3.01 x 1.39 cm at the cranial pole and 0.93 cm at the caudal pole. The left adrenal gland measured 2.78 x 0.89 cm at the caudal pole and 0.85 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Hypoechoic nodular changes were noted in the liver. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of retained ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

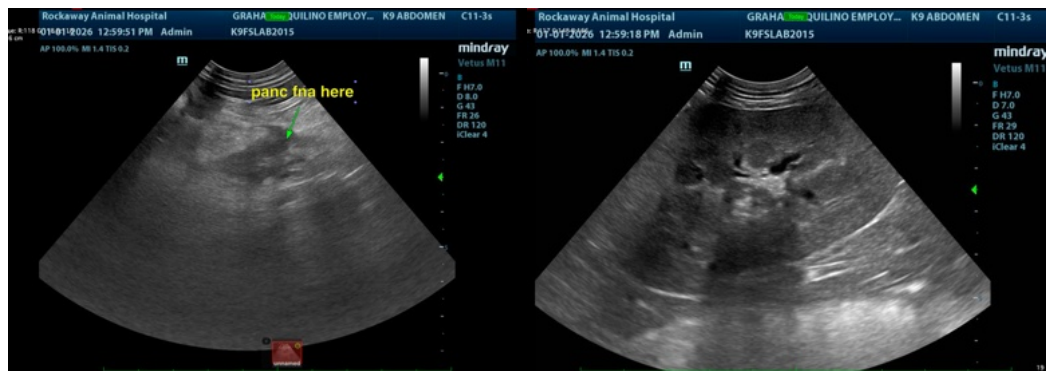
The left limb of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. The right limb of the pancreas was also hypoechoic and irregular with hyperechoic surrounding fat. The changes are consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Fairly extensive pancreatitis with undefined nodular liver changes, potential for underlying pancreatic carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the hypoechoic portion of the pancreatic lesions are recommended. Ultrasound-guided FNA of the liver nodules is also recommended. Given the seizure activity skull CT with contrast is indicated. Prognosis is guarded. Management for pancreatitis is warranted with plasma expanders and broad spectrum antibiotics and 24-hour n.p.o. are all indicated.





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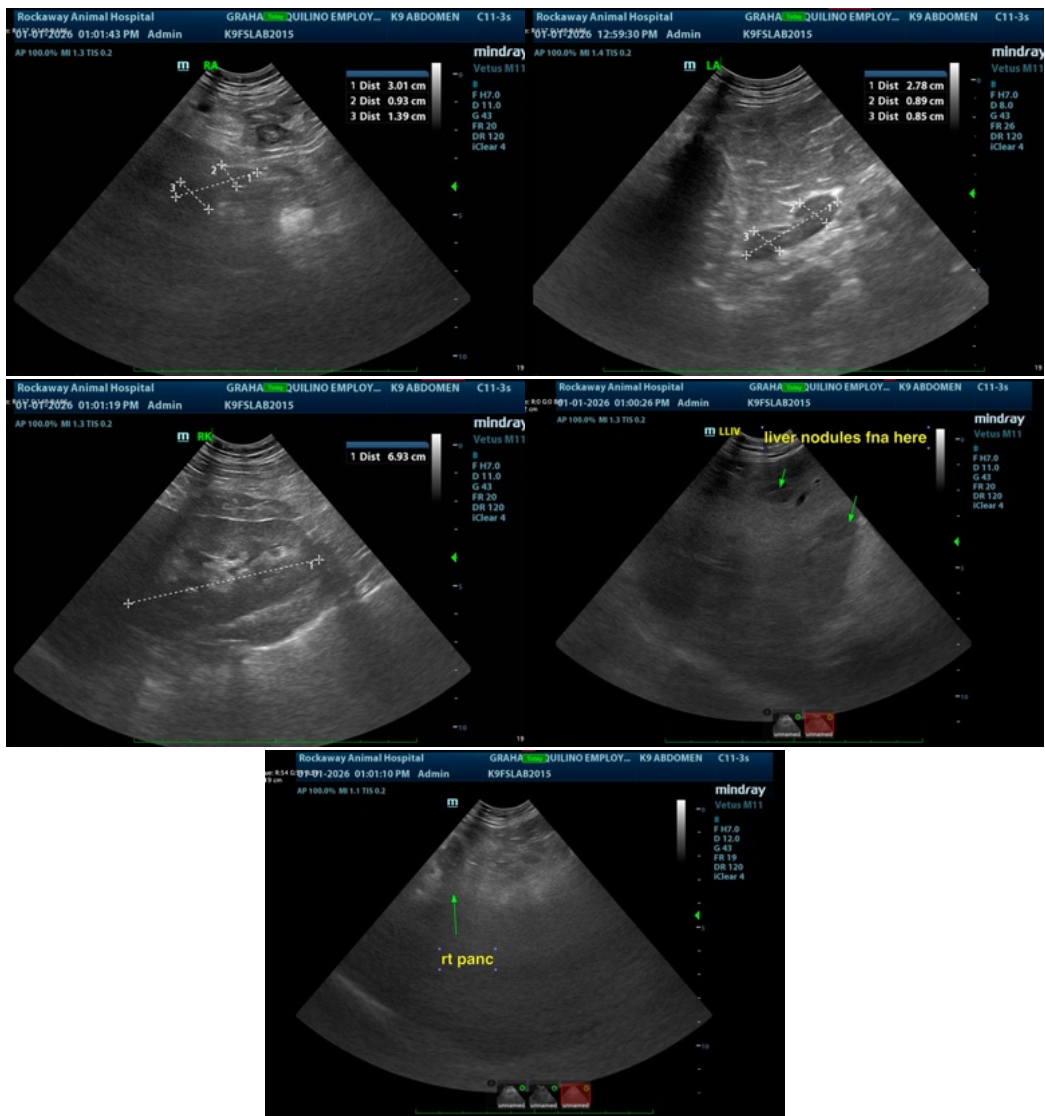
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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