



DATE PRESENTING CLINICAL SIGNS

01/10/26 Patient History: Presented for 48 hour hx of acute vomiting. On exam, patient had an acute abdomen.

PATIENT

Current Medications: N/A.

Monty Beshore

Labwork Results: Labwork submitted. Radiographs show mild upper GI ileus, patient bloodwork shows azotemia with possible active sediment. Was transferred to our hospital for suspect pyelonephritis. On POCUS, concern for marked right cranial abdominal pain and impressive regurgitation. Concern for pancreatic disease.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic and then Propofol.

Stat Report: DVM requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

BREED

Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

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 were noted. Ureteral papillae were normal.

AGE

1/13/13

The **kidneys** presented with enhanced surrounding mesentery consistent with nephritis. Inflammatory shower from the pancreatic pathology and/or peri-neoplastic factors may be playing a role. The left kidney measured 3.74 cm in length. The right kidney measured 4.37 cm in length.

WEIGHT

6.9 kg

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 left adrenal gland measured 2.2 cm x 0.98 cm width. The right adrenal gland measured 1.9 cm x 0.43 cm width at the cranial pole and 0.54 cm width at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV,
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IVUSS

Spleen

HOSPITAL NAME

Mason Dixon Animal
Emergency

The **spleen** revealed a target lesion measuring 5.0 mm at the cranial pole. A separate target lesion was visualized at the caudal pole measuring 0.50 cm. A mid body isoechoic expansive nodule was also visualized measuring 1.54 cm.

REFERRING VET

Dr. Parr

Liver

The **liver** was swollen with coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable. Isoechoic to heterogeneous parenchymal changes were noted in the liver.

INVOICE

13077

Gastrointestinal

The **stomach** was overdistended with fluid consistent with ileus. Variable small intestinal thickening was noted with stasis. The colon was unremarkable.

Pancreas

The **pancreas** revealed mixed echogenic parenchymal changes with remodeling and peripheral inflammation and generalized enlargement measuring up to 1.7 cm.

Free Abdomen

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

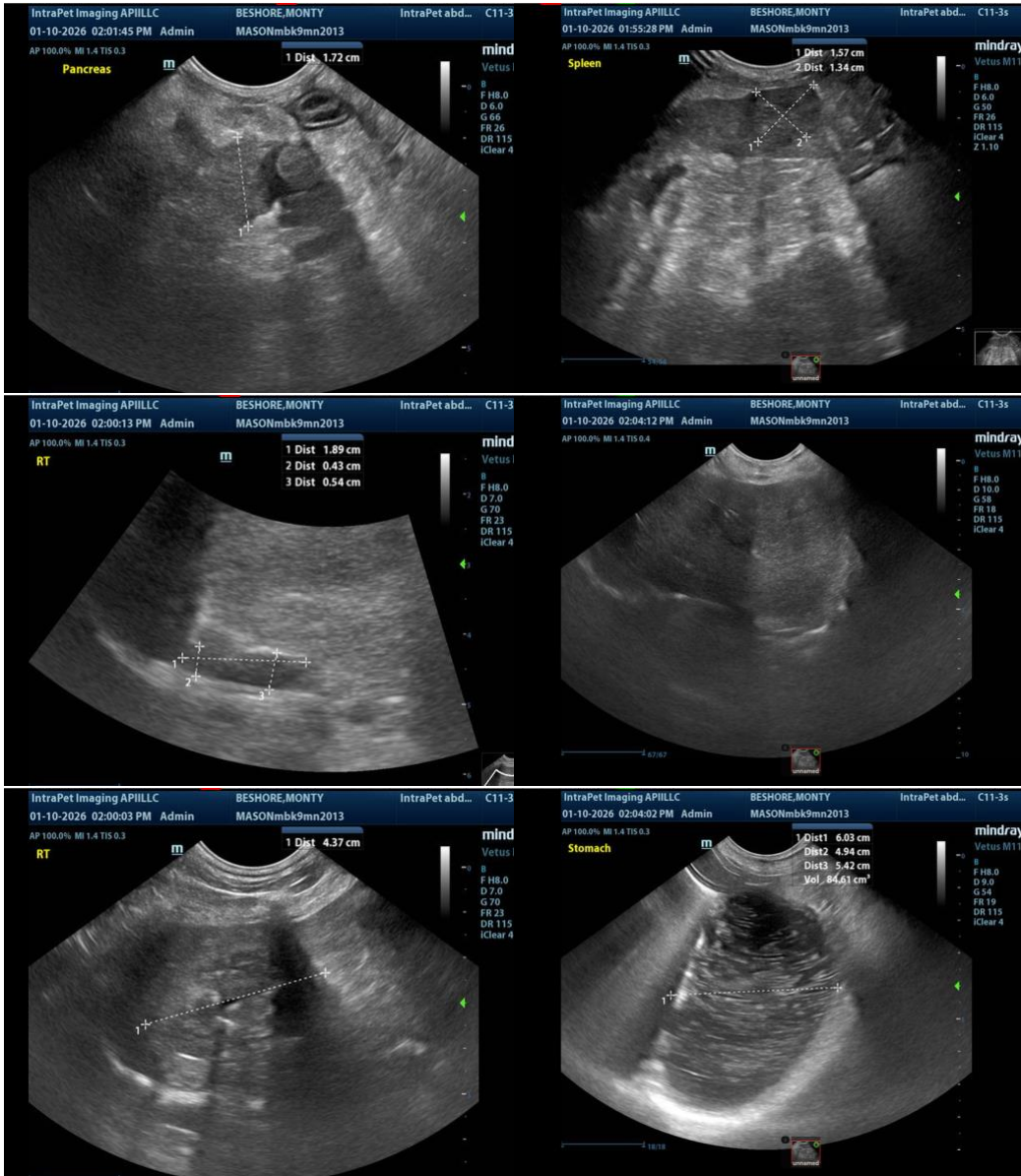
- Splenic mass and nodular changes- Hemangiosarcoma, round cell neoplasia, abscessation less likely.
- Pancreatic parenchymal changes- acute on chronic pancreatitis
- Overdistended stomach.
- Concurrent nephritis pattern.
- Subtle heterogenous hepatic changes.

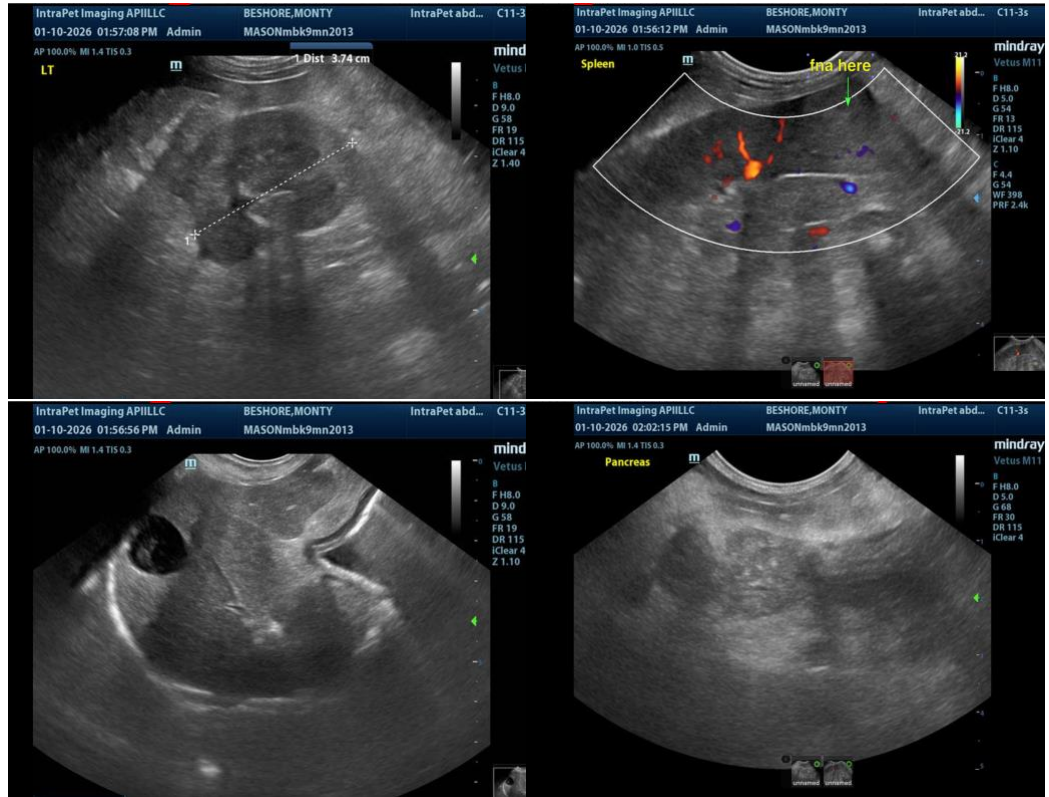
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly recommend ultrasound guided FNA of the splenic lesions, pancreas and liver. Urine culture and management for acute on chronic renal failure is indicated. Blood pressure measurements are indicated. The kidneys do not appear subjectively end stage, however, given the pancreatitis pattern and potential peri-neoplastic factors, these are likely playing a role in the azotemia. Prognosis is guarded. Chest radiographs are warranted if not already performed.

Subjectively, the heart appears volume contracted, and IV fluid support is indicated. Leptospirosis titers is warranted to ensure this is not playing a role in the azotemia/renal insult.







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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