



PATIENT

Penny Parks

SPECIES

Canine

BREED

Aussiedoodle

SEX

Spayed Female

AGE

16 Months

WEIGHT

10 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lisa Lomsnes

HOSPITAL NAME

Lomsnes Vet Hospital

REFERRING VET

Dr. Lisa Lomsnes

INVOICE

44208

DATE

1/13/23

PRESENTING CLINICAL SIGNS

U/S done for neighboring clinic. DX with Pancreatitis in Dec, has been on tapering prednisone and Clavaseptin. Had had repeated "attacks" of lethargy, vomiting, pacing and painful abdomen

Abnormal PE/Chem/CBC/UA Results: ALT 231 (10-125) CHOL 9.58 (2.84-8.26) AMYL 1870 (500-1500), LIPA 5318 (200-1800) WBC 17.15, Neut 14.25 Snap CpL- Abnormal

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 were 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 kidneys measured approximately 5.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

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 were noted.

Liver

The **liver** was normal in size and contour. Minor areas of free fluid noted between the liver lobes. Some enhanced mesentery was noted around the liver lobes.

Gastrointestinal

The mid cranial abdomen revealed a mixed hyperechoic area of coalesced omentum with localized fluid and significant inflammation. This appears to envelop portions of the intestine and pancreas. Given the age of the patient and this presentation, I'm concerned for penetrating upper GI foreign body and peritonitis. Portions of the pyloric outflow were obscured owing to adhesions.

Pancreas

See GI section.

ULTRASONOGRAPHIC FINDINGS

- Granulomatous mass involving the pancreas and upper GI tract with localized free fluid and peritonitis and reactive liver – possibility of penetrating foreign body.



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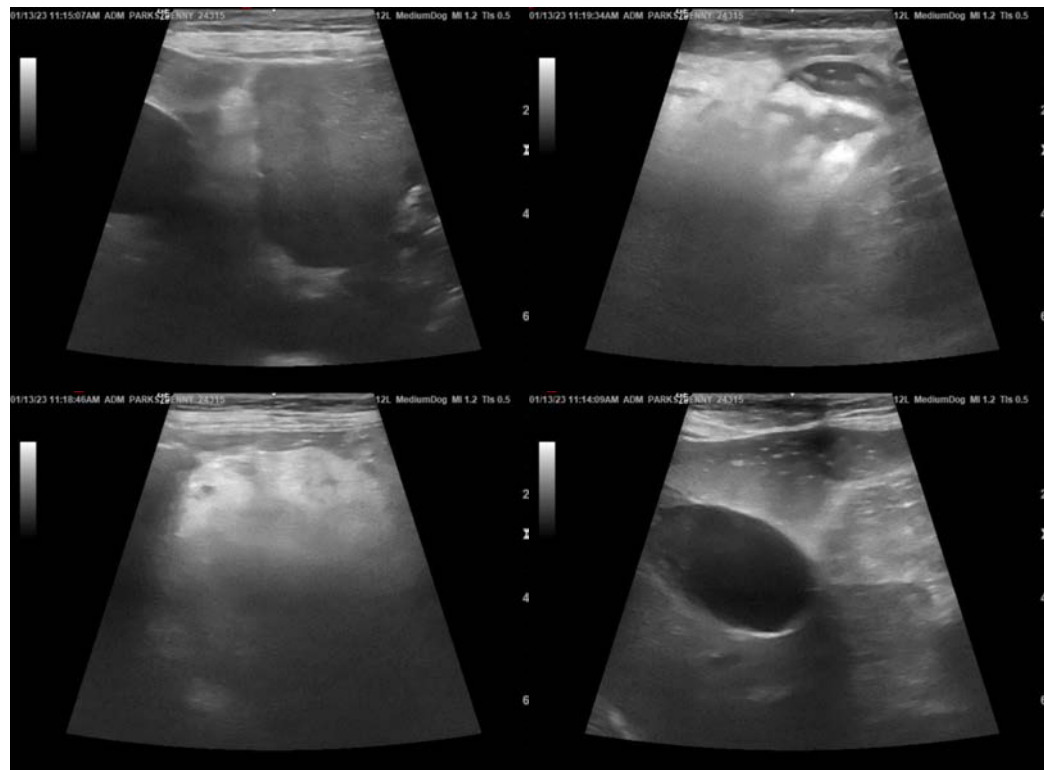
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an odd presentation for simple pancreatitis and necrosis. Recommend exploratory surgery with expectations towards debridement of regions of pancreatic necrosis and adhesions, as well as inspection of the upper GI tract and assessment for any penetrating foreign matter such as toothpicks or similar. The acoustic attenuation was noted throughout the granulomatous type mass, and underlying pathology could not be ascertained. This would merit direct exploratory surgery and surgical evaluation. I do not believe this is a medical patient, exploratory surgery is essential.





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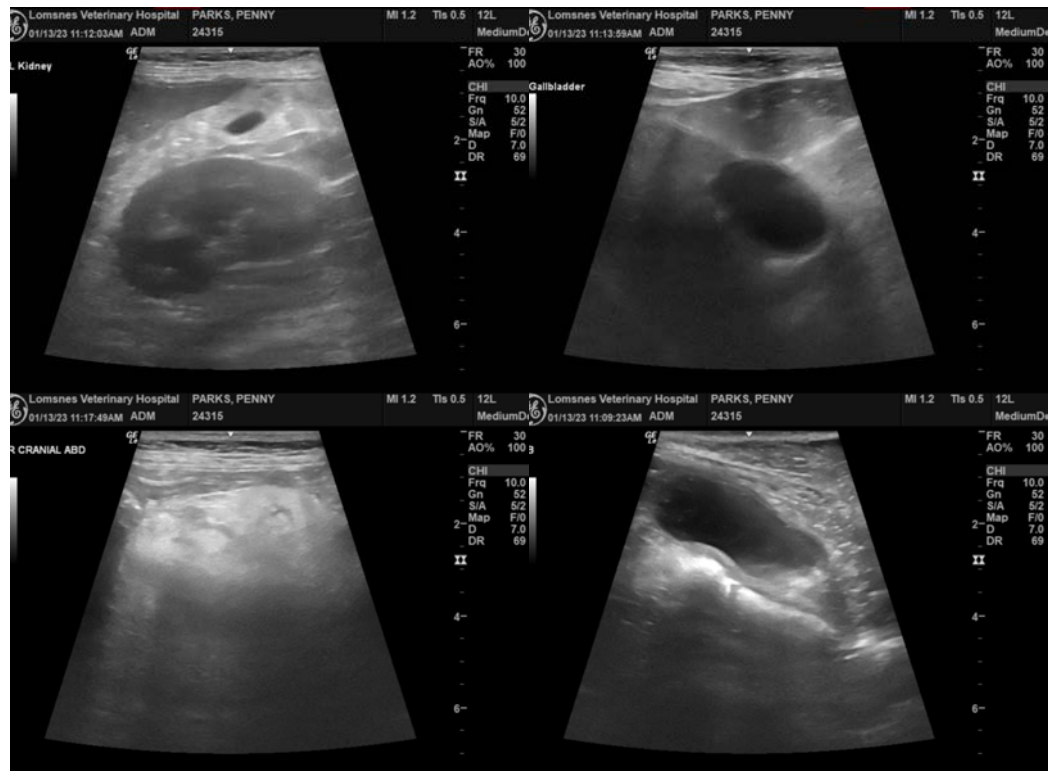
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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