



**PATIENT**

Mya Linen

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

6.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

34277

**DATE**

1/16/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital: 2 days ago V+ bile 6x. Pet seemed to have a spasm, throwing head back. Went to rdvm and received SQF and cerenia inj, carprofen inj, cerenia tabs TGH. Yesterday AM shaking, lethargic—went to rdvm yesterday and got rads and BW done, SQF and cerenia inj. Pt is uncomfortable. No table food, does get into things but not recently that o is aware of. Previous Health Concerns: pancreatitis Current Medications: cerenia, ½ Pepcid AM  
Abnormal PE/Chem/CBC/UA Results: Abdominal: tense on palpation Rdvm bloodwork: RBC 8.96; HCT 61.2; HGB 20.9; PLT 551; Na 154; Chl 103; TCO2 29; ALP 1951; Trig 208; Amy 9261; Lip >1800; CreaKinase 390; T4 1.8 EPOC – K (2.5) CI (100) HCT (58) ; 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 4.33 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 0.5 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

The **stomach** was severely overdistended with chyme. The pylorus appeared patent. The small intestine and colon were unremarkable.



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**Pancreas**

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The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

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**ULTRASONOGRAPHIC FINDINGS**

- Delayed gastric outflow and bloating – exact cause is unclear
- Concurrent pancreatitis
- Geriatric abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastric tube placement with evacuation of the stomach, GI protectants, IV fluid support, 24 hour NPO, treatment for pancreatitis warranted. Recheck sonogram in 48 hours.

**SEX**

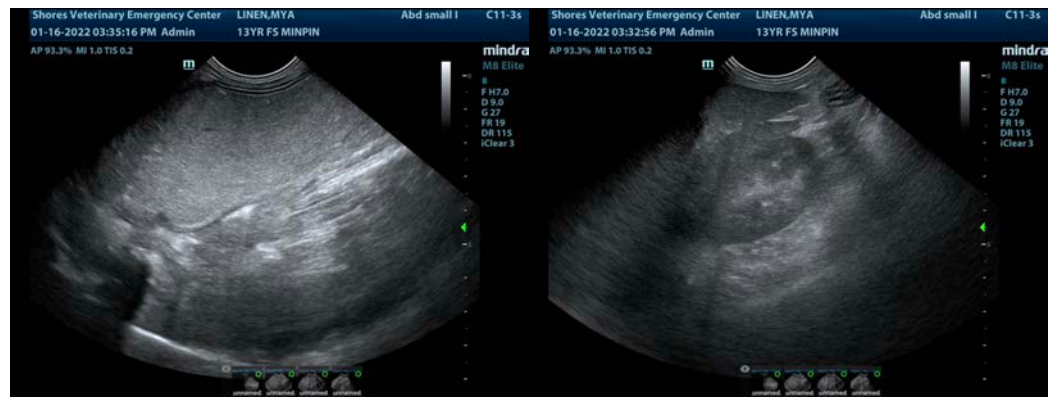
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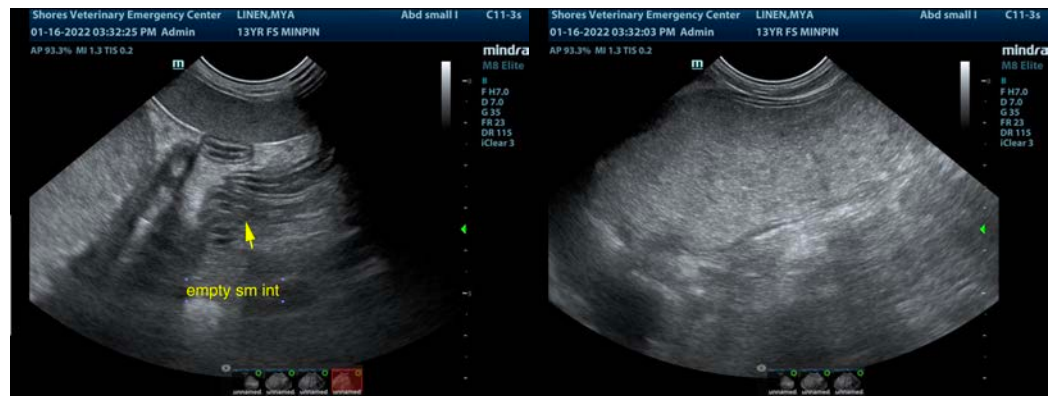
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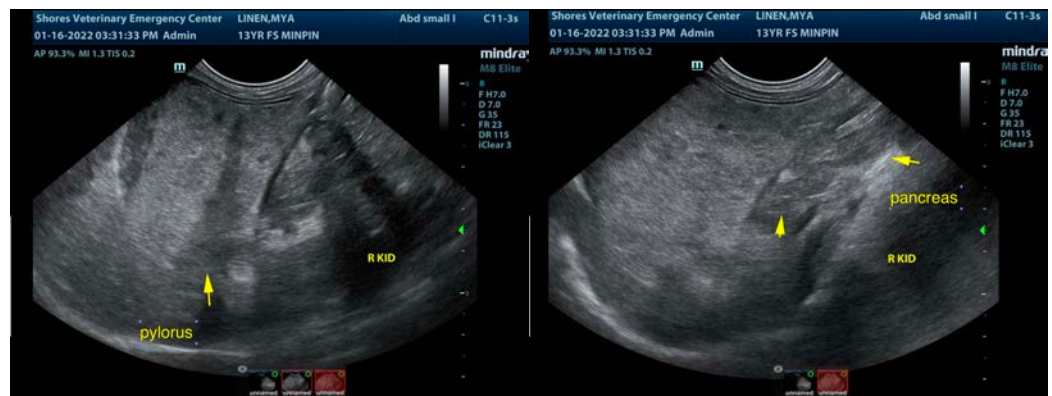


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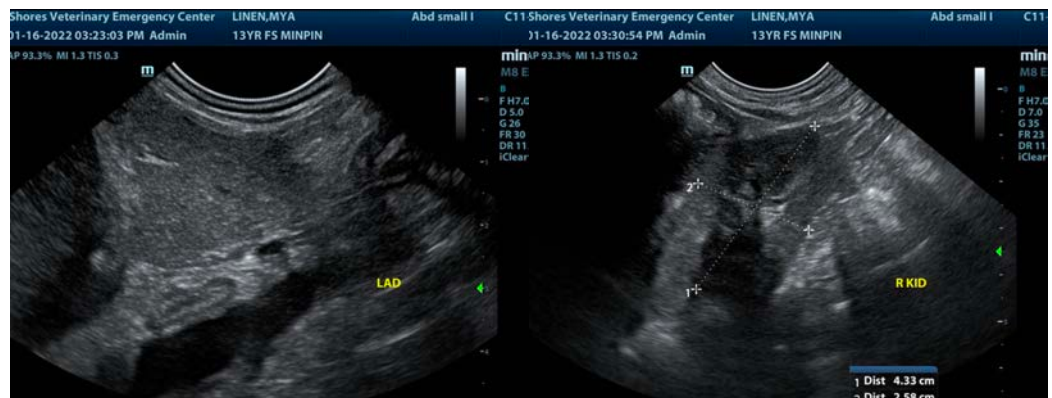
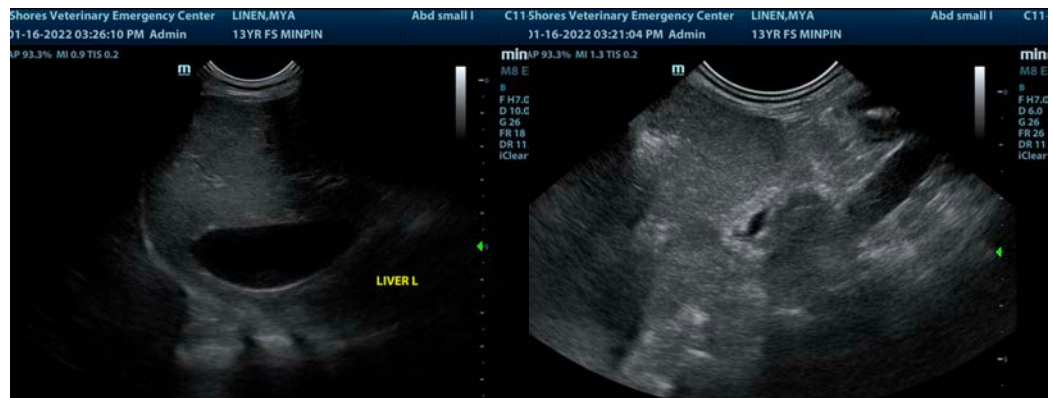
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Miniature Pinscher

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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