



PATIENT

Cruiser Jordan

SPECIES

Canine

BREED

Pug Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. B. Gardner, DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. B. Gardner, DVM

INVOICE

20759

DATE

1/24/23

PRESENTING CLINICAL SIGNS

History: Hospitalized for presumptive pancreatitis. Initially seen 1/15, represented 1/18 and discharged 1/20. Did well at home until 1/22 morning when he stopped eating and looked uncomfortable.

Abnormal PE/Chem/CBC/UA Results: 1/15 - cbc inflammatory leukogram, chem ALT 127 , cPL 600 1/22 PT/PTT - 16, 55 AFAST- no free fluid noted in abdomen, stomach is very full with fluid, region of right pancreas is hyperechoic, liver has multiple nodules present, gall bladder has discrete region that seems slightly hyperechoic, but is not shadowing. EPOC- lactate 4.35, K is within normal reference range, pH 7.289, BE - 10.6 mmol/L, hypercalcemia 1.64 mmol/L, slight hyperglycemia 144 mg/dL 1/23 ALT >1000 Liver panel submitted S/O: QAR, vitals wnl, mm mild icteric/dry w/ CRT < 2s. EENT: no nasal or ocular discharge. Icteric sclera H/L: NMA, SSP; lungs clear, eupneic. ABD: tense on palpation in the cranial abdomen. M/S: amb x 4 w/ no lameness. NEU: appropriate mentation.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 4.0 cm. The right kidney measured 4.0 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 left adrenal gland measured 0.6 cm.

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 fairly normal in size with coarse architecture. Nondisruptive nodular changes were noted in the liver. The gallbladder presented a minor polyp. The common bile duct was mildly dilated, measuring 0.56 cm, with no overt posthepatic obstruction noted at this time. The common bile duct was nonvisible at the level of the right pancreatic limb.

Gastrointestinal



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The **stomach** revealed a fluid filled lumen. The small intestine revealed hyperperistalsis and excessive gas accumulation. Reactive mesentery was noted around the upper gastrointestinal tract. The duodenum was empty. The upper duodenum was spastic.

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Pancreas

The **pancreas** was hypoechoic and irregular in the left and right pancreatic base with enhanced surrounding mesentery, consistent with pancreatitis. Regional pancreatic inflammation was present.

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Pug Mix

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis/hepatitis pattern with gallbladder polyp and early post hepatic obstruction
- Age-related splenic changes
- Gastric fluid
- Hyperperistalsis and excessive gas accumulation in the small intestine with spastic upper duodenum
- Reactive mesentery

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilirubin values should be monitored carefully in this patient, as well as ALP elevations. Minor potential for underlying neoplasia given the heterogenous changes. Leptospirosis titers, hepatic FNA, treatment for pancreatitis with plasma expanders, broad spectrum antibiotics and pain management all warranted. Recheck sonogram in 3 days.

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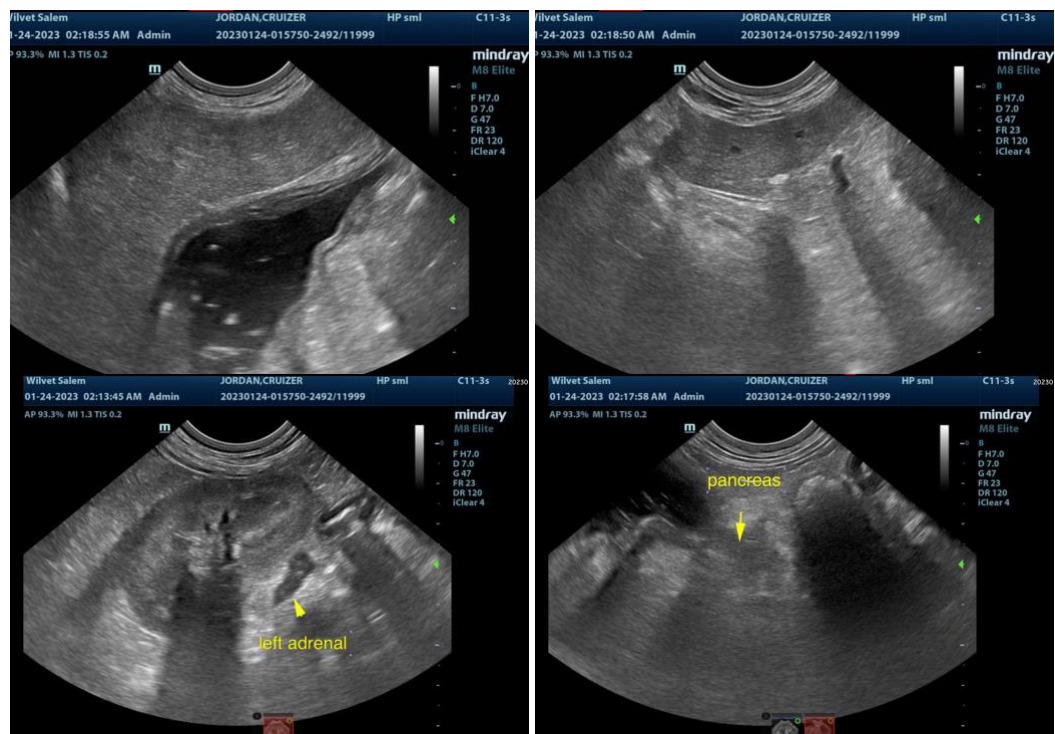
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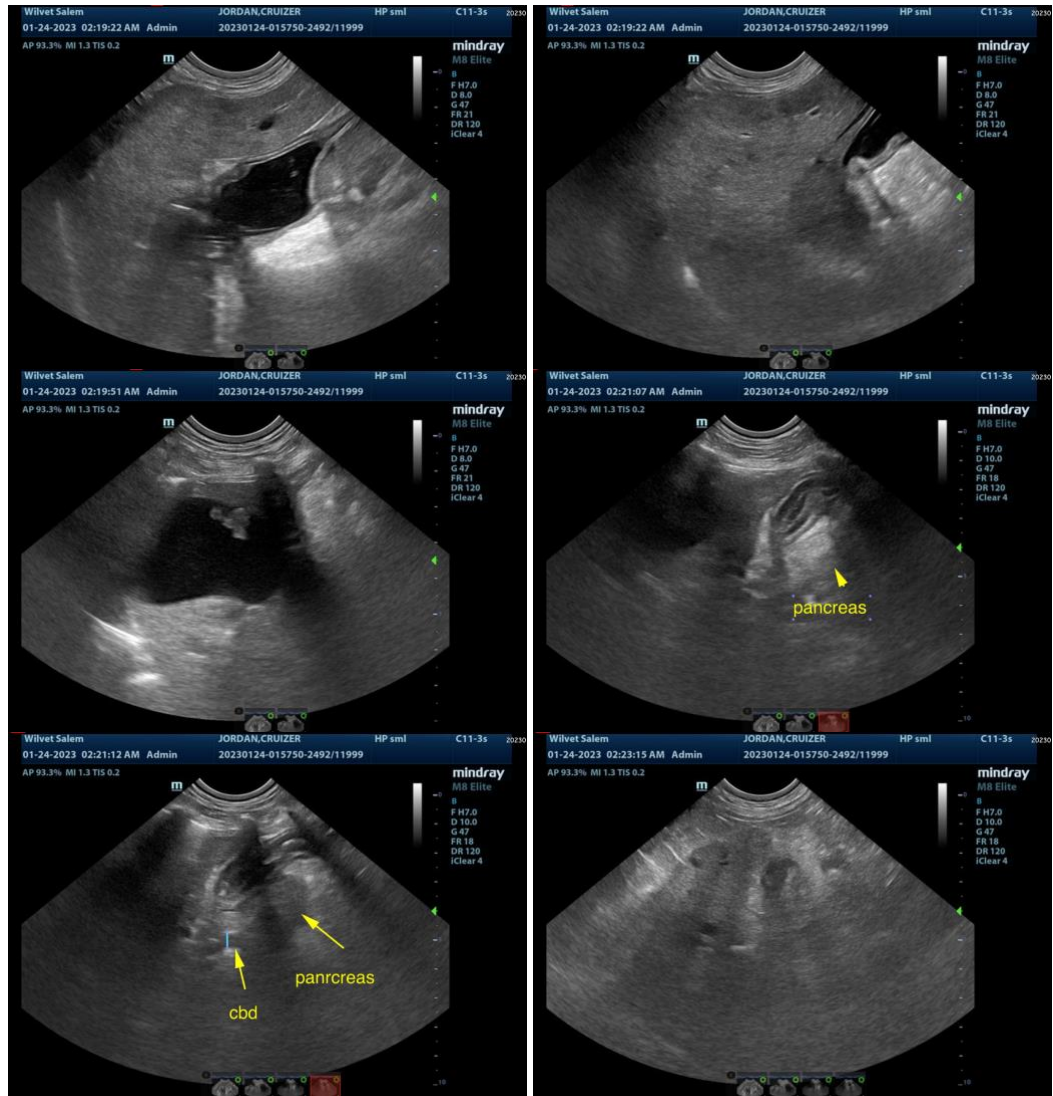
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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