



PATIENT

Luna Davis

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Spayed Female

AGE

10 Years

WEIGHT

42 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions AH

REFERRING VET

Dr. Vockeroth

INVOICE

13453

DATE

10/2/21

PRESENTING CLINICAL SIGNS

History: History of indiscriminate eating. Was lethargic and vomiting in July 2021 and scan showed gastritis. Patient has been lethargic last few days with some vomiting. Previous scan report attached.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with minor slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 6.75 cm. The left kidney measured 7.74 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 0.97 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 0.7 cm at the cranial pole and 0.72 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with minor hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** revealed normal size and minor coarse architecture with slight increased portal markings. No evidence of intrahepatic or extrahepatic shunting. Minor gallbladder polyps noted. Mild age-related hepatic changes were noted.

Gastrointestinal

Transit of chyme appeared to be adequate. The pancreas enveloped the **upper gastrointestinal tract**.

Pancreas



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The **pancreas** in this patient revealed multifocal hypoechoic ill-defined pancreatic pathology with regional inflammation extending for approximately 4.0 cm at the right base. Areas of mineralization were noted. The pancreas enveloped the upper gastrointestinal tract. Microabscessation or necrosis suspected.

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Canine

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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Irish Wolfhound

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Extensive right limb pancreatitis, possible pancreatic carcinoma, microabscessation or necrosis suspected, microabscessation or necrosis suspected
- The pancreas enveloped the upper gastrointestinal tract
- Age-related urinary bladder changes
- Hypersplenism
- Age-related hepatic changes
- Reactive mesenteric lymph nodes

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Ultrasound guided FNA of the pancreas is recommended. Sampling is strongly recommended given the areas of mineralization. Plasma expanders, aggressive antibiotics, GI protectants, 24-hour NPO all recommended. Recheck sonogram in 48-72-hours. I cannot rule out the possibility of a small penetrating foreign body such as toothpick or similar that may be in the midst of the regional necrosis and peritonitis. Guarded prognosis.

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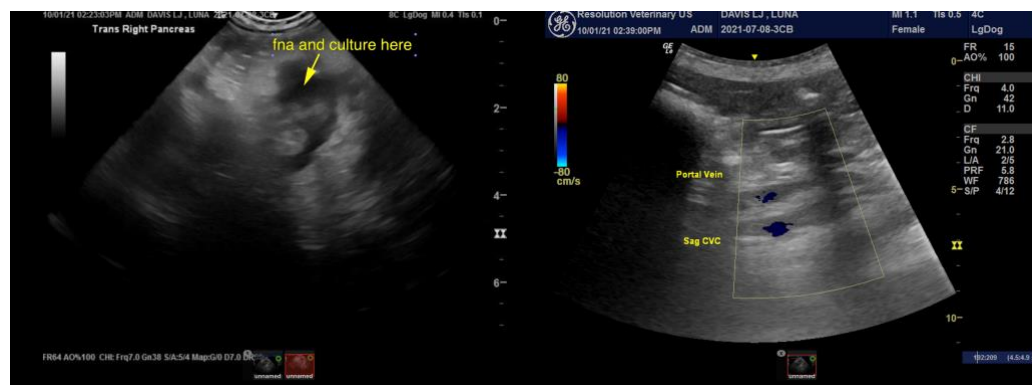
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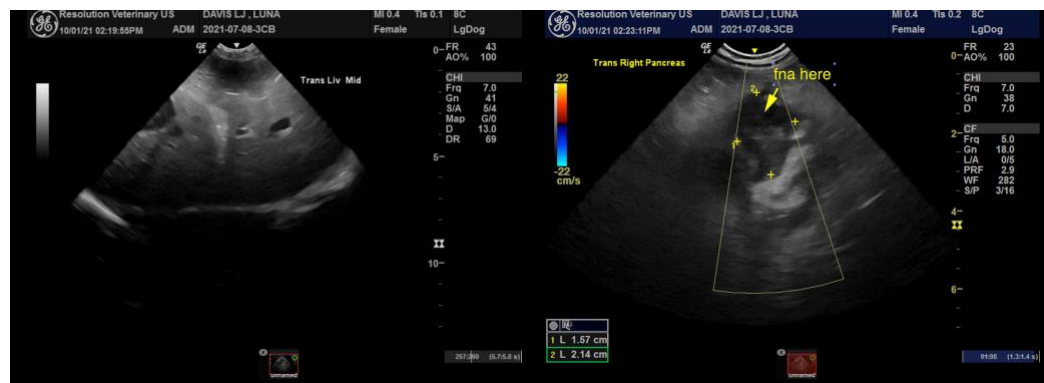
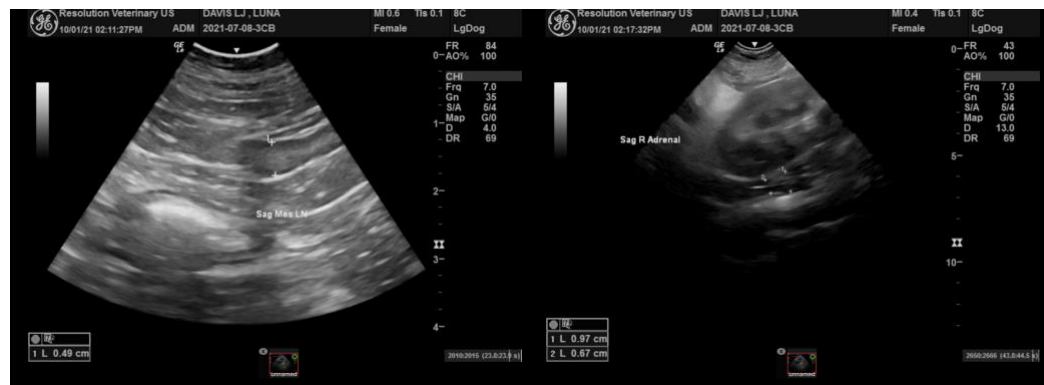
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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