



**PATIENT**

Megan Korney

**SPECIES**

Canine

**BREED**

Terrier Cross

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

10 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Central Island  
Veterinary Emergency  
Hospital

**INVOICE**

92538

**DATE**

10/21/21

**PRESENTING CLINICAL SIGNS**

History: Megan presented to the emergency hospital on the morning of October 21 with a 3-day history of reduced appetite and vomiting. No diarrhea is noted. Stool appears to be formed. Eating grass. No history of dietary indiscretion. On PE, Megan's abdomen was tense. CBC showed leukocytosis with neutrophilia and monocytosis. Chemistry panel showed elevated amylase and lipase. A snap cPL was abnormal. Radiographs showed a possible mass effect in the right cranial abdomen and hepatomegaly. One differential diagnosis is a pancreatic mass. Megan has been on IV fluids at 2X maintenance, cerenia, buprenorphine, and pantoprazole throughout the day. This study was done in the evening of October 21st.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC=24.14 (5.05-16.76) Neutrophils=19.49 (2.95-11.64) Monocytes=2.15 (0.16-1.12) Platelets=598 (148-484) Chemistry: Amylase > 2500 (500-1500) Lipase=4994 (200-1800) 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 was 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 left kidney measured 4.81 cm. The right kidney measured 4.77 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 1.83 x 0.58 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Occasional, hyperechoic, lipogranulomatous change was noted. 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 was noted.



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**Liver**

Megan Korney

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gallbladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future.

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This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. The regional hepatic lymph node was mildly enlarged hypoechoic.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

The **pancreas** is enlarged, hypoechoic and irregular with enhanced surrounding mesentery. Pancreatic parenchymal edema was noted and measured 2.06 cm on the right limb. The hyperechoic fat extends for approximately 5.0 cm. The pancreatic base is also involved. Blood flow appears to be adequate and there was no overt evidence of necrosis.

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**ULTRASONOGRAPHIC FINDINGS**

Extensive pancreatitis of the right limb and pancreatic base. Acute on chronic form.

**IMAGING PERFORMED BY**

Dr. Markland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the pancreatic parenchyma would be ideal for further definition and assessment of inflammatory cell type for long term management. Plasma expanders, broad spectrum antibiotics and GI protectants as well as diet change are all recommended.

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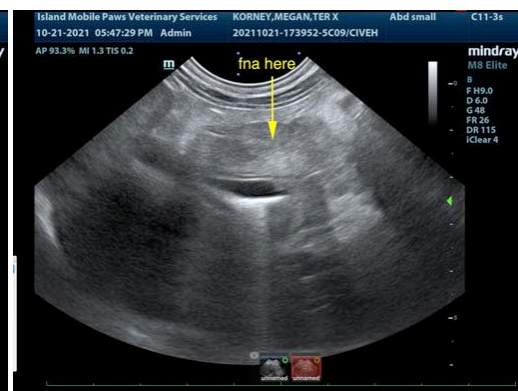
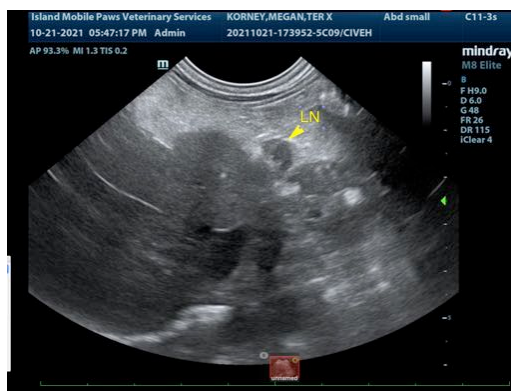
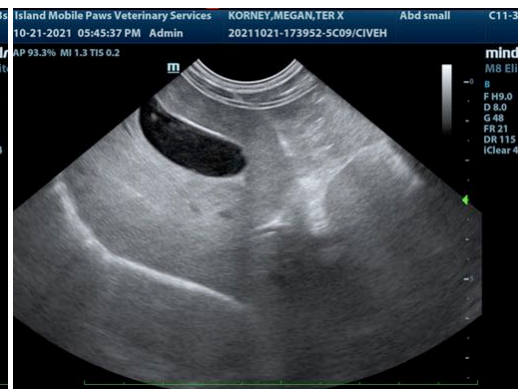
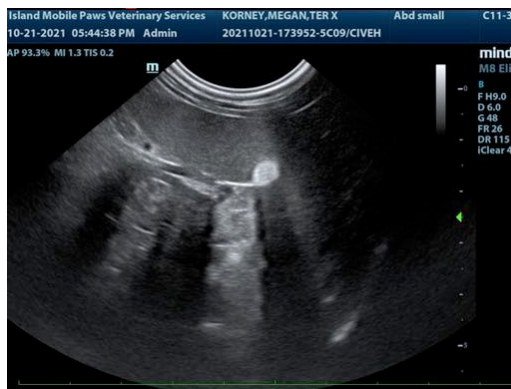
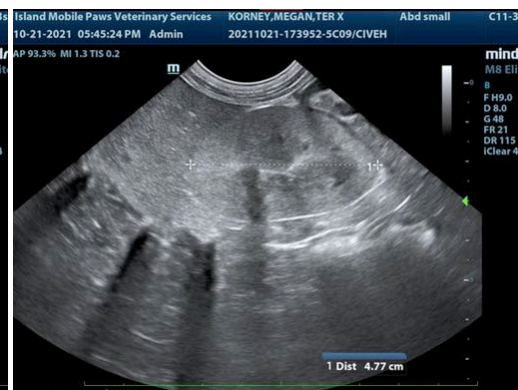
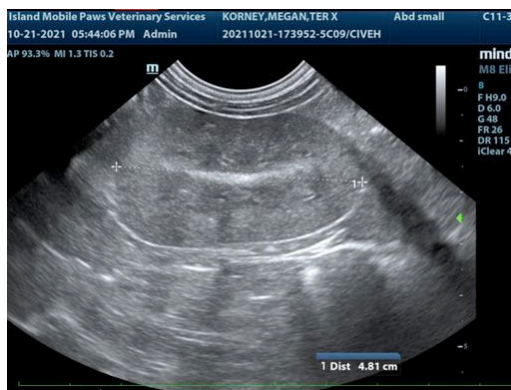
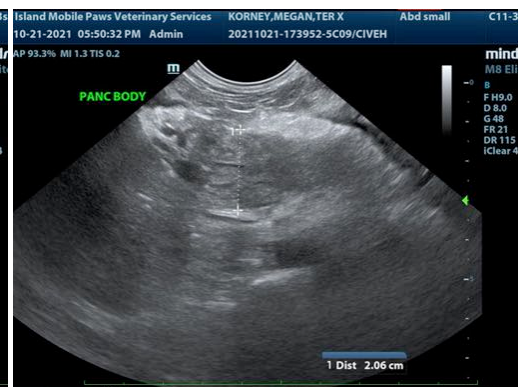
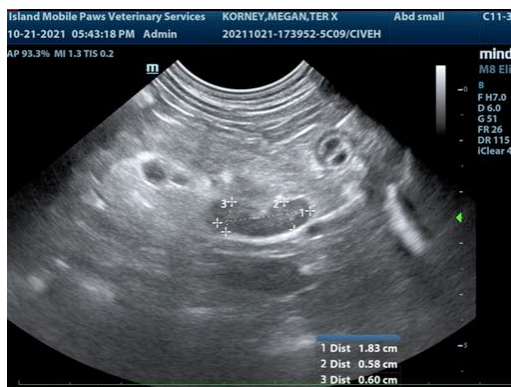
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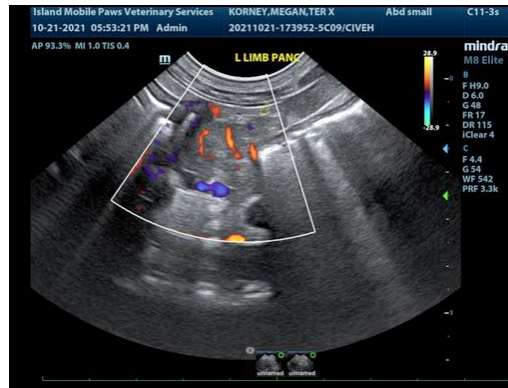
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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