

PATIENT

Karma Swift

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

7 Years

WEIGHT

22 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Britannia Kingsland AH

REFERRING VET

Dr. Hamill

INVOICE

13970

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Previous scan done March 2021 ;Report attached. Patient now lethargic, anorexic and jaundice. Temp 39.1, marginal platelets. Cutaneous petechia seen. Coag panel not done.

Abnormal PE/Chem/CBC/UA Results: Severe elevation of liver enzymes and mild neutrophilia, elevated total bilirubin.

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 right kidney measured 7.46 cm. The left kidney measured 7.46 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 0.63 cm.

The region of the **left adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal minor age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed multifocal heterogeneous hypoechoic parenchymal changes and nodules. The gallbladder was overdistended.

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.

Pancreas



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The **pancreas** revealed coarse architecture, heterogeneous parenchymal changes, swelling and enhanced surrounding mesentery. Cystic changes were also noted. The left and right limb appeared effected. The left pancreatic limb revealed a 0.88 cm x 2.0 cm cystic structure. It appears that the left pancreatic duct was dilated owing to obstruction.

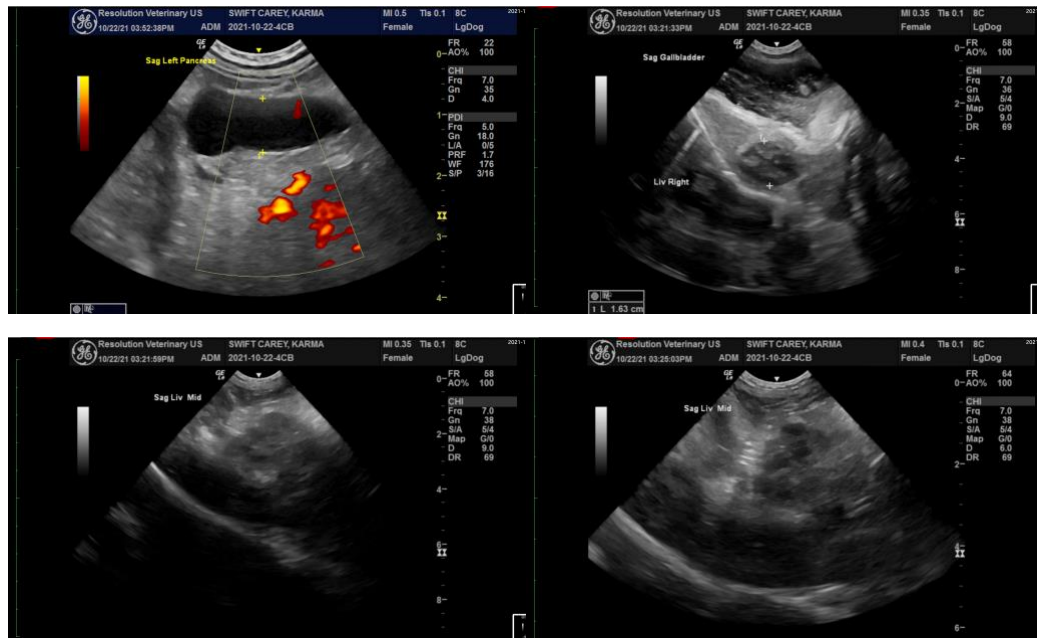
ULTRASONOGRAPHIC FINDINGS

- Heterogenous pancreatic changes along with hepatic parenchymal changes, deviated significantly from recognizable architecture
- The gallbladder as overdistended with striating bile yet largely mobile, not full mucocele formation, however, is likely an effector organ in some level of post hepatic obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

My suspicion is that extensive pancreatitis and post-hepatic obstruction is playing a role in this patient, however, the parenchyma is significantly compromised throughout the liver as well. Exploratory surgery would be ideal in this patient, however, there are significant areas of necrosis, cystic changes and envelopment of the common bile duct- the extent of which cannot be completely ascertained. Otherwise, ultrasound guided FNA of the hypoechoic parenchymal changes in the pancreas and liver would be indicated. Prognosis is extremely guarded. A penetrating foreign body such as a toothpick or similar in the midst of the undifferentiated granulomatous tissue could not be ruled out, that may be an initial instigator to such an extensive process. Underlying neoplasia is also a potential and can be screened with ultrasound guided FNA.

* The changes on this sonogram are significantly different than that of the prior sonogram. An acute on chronic disease process likely.





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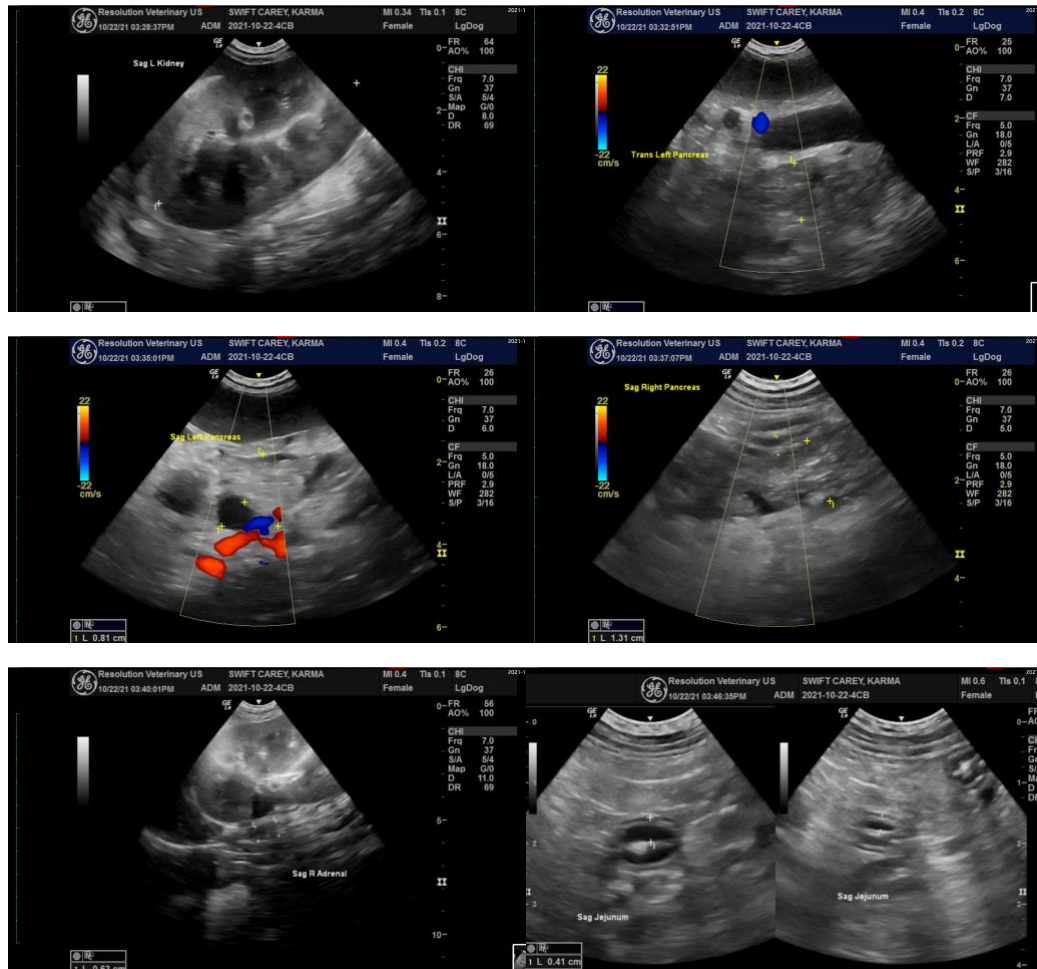
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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