



PATIENT

Kiana Earley

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

23.9 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted-Maki

DATE

10/22/21

Invoice

13982

PRESENTING CLINICAL SIGNS

History: Patient presents with a several day history of progressive lethargy and inappetence. She also was vomiting, but this has resolved. One or so days prior to the onset of symptoms patient got into the trash; the only thing they know she consumed was tater tots and ranch dressing. Exam: Patient is lethargic, slightly weak, markedly dehydrated. Temp 102.6. Tenses abdominal muscles when palpated. Current Medications Naxcel Radiographic Findings Mass effect cranial to mid abdomen

Abnormal PE/Chem/CBC/UA Results: Chem 10: ALP 300 Electrolytes: Na 141, K 3.4, Cl 101 cPL:
Abnormal CBC: WBC 3,740; Neuts 230, Lymphs 920, Eos 10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 5.86 cm. The right kidney measured 5.42 cm. Reactive mesentery extended around both kidneys. Pyelectasia was noted in both kidneys.

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 1.71 cm x 0.72 cm at the cranial pole and 0.61 cm at the caudal pole.

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

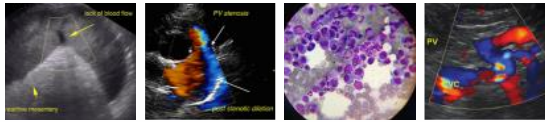
Spleen

The **spleen** was enlarged, irregular and reactive.

Liver

Mild increased portal markings were noted in the **liver**. The **gallbladder** was unremarkable and uniform. The portal hilus was not visible owing to the right pancreatic, upper GI pathology and extensive amount of peritonitis. Free fluid noted.

Gastrointestinal



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Some **gastric** stasis was present. The distal small intestine was unremarkable.

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Pancreas

The region of the right pancreatic limb appears to be the primary pathology where abscessation and necrosis appears to be present. Appears to be involving the upper gastrointestinal wall and differentiation of the pancreatic tissue from the GI tract was not possible.

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Free Abdomen

The cranial **abdomen** in this patient revealed a large undifferentiated tissue mass, occupying the cranial abdomen enveloping the upper GI tract with regional inflammation. An extreme amount of peritonitis noted throughout the cranial abdomen of this patient.

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ULTRASONOGRAPHIC FINDINGS

- Extensive peritonitis/pancreatitis with abscessation involving the pancreas and upper gastrointestinal tract
- Age-related urinary bladder and renal changes
- Irregular spleen

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

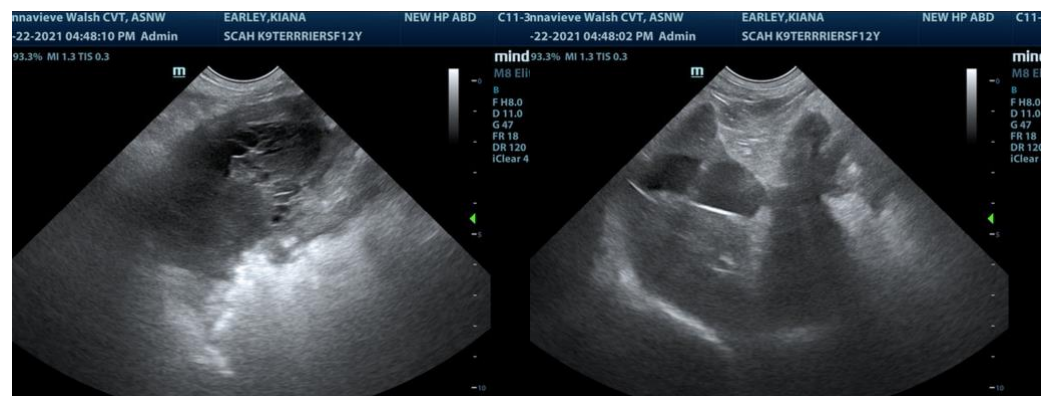
I strongly recommend plasma transfusion in this patient and exploratory surgery with expectations of upper gastrointestinal and pancreatic debridement. Underlying neoplasia possible. This is a particularly aggressive presentation. Prognosis is extremely guarded. An underlying penetrating foreign body or erosive upper GI neoplastic event is a potential in this case.

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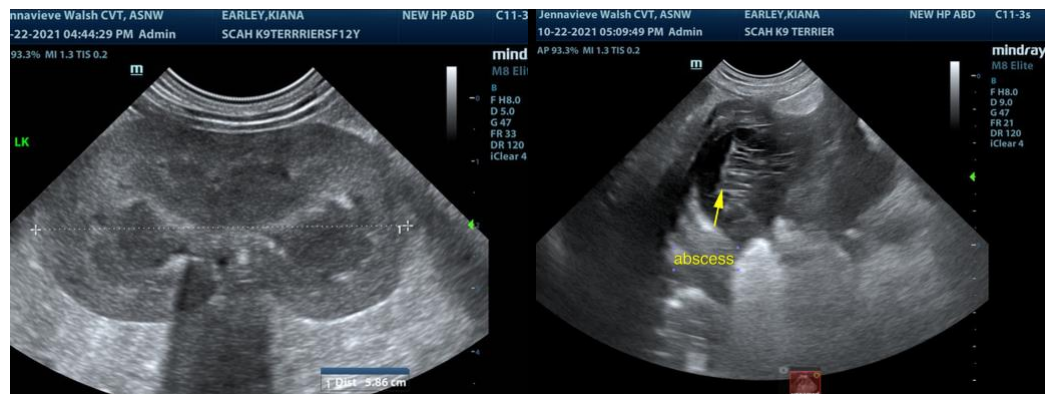
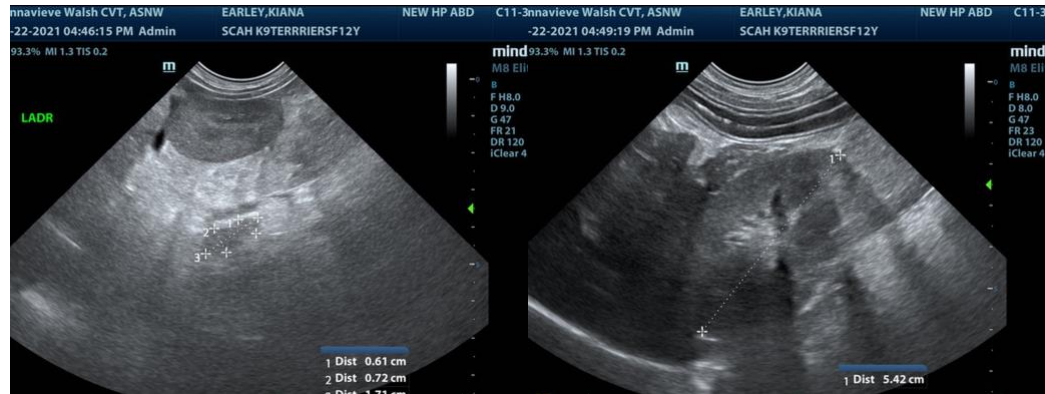
Dr. Brasted-Maki

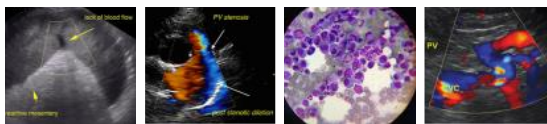
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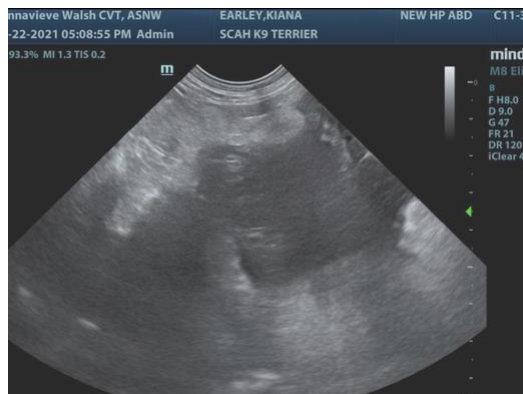
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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