



PATIENT

Muffin Griffith

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

26608

DATE

10/24/21

PRESENTING CLINICAL SIGNS

Presented 10/23 PM with 2 days duration V/D/anorexia.
Abnormal PE/Chem/CBC/UA Results: 10/23/21 initial diagnostics: CBC = mild leukocytosis 18.14k with marked monocytosis 4.18k, neuts wnl 9.3 with suspect bands chem17 = CREA 4.6, BUN 96, Phos 16.1, ALT 146, ALP 734, Amylase 2469 lytes = low Na 140, high K 6.1, low Cl 98 Lepto witness test = negative Radiographs = mass effect in region of liver or possible tail of spleen, diffuse bronchointerstitial to alveolar pulmonary pattern, dorsal deviation of trachea at cranial mediastinum, possible nephrolith with irregularly Exam - MM muddy, tacky. Grade 1/6 left apical systolic murmur. Abdominal pain. 10/24 - Recheck CHEM 17 - CREA 2.3, BUN 88, PHOS 11.0, ALT 134, ALKP 489, AMYL 1833

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 1.0 cm beyond the cystourethral junction.

The **kidneys** presented normal size and contour with non-specific increased cortical echogenicity and remodeling. Minor pyelectasia noted. However, if the patient is on IV fluid therapy, this may be artifactual. The kidneys measured 4.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

A **splenic** nodule or cyst was noted measuring 2.0 cm, likely incidental. The remainder of the spleen was slightly heterogeneous, yet largely expected for this age patient.

Liver

The **liver** was swollen and irregular contour with increased portal markings and heterogeneous parenchymal changes. An anechoic cyst was noted in the caudate process of the liver, measuring 2.0 cm x 1.0 cm. Gallbladder sand and small calculi noted.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable.

Pancreas

The right limb of the **pancreas** revealed mixed hypoechoic, ill-defined parenchymal lesion with regional inflammation, enveloping the upper duodenum. Extensive pancreatic pathology noted in the right limb.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatic pathology
- Non-specific mild degenerative renal changes
- Hepatic remodeling with biliary sand



PATIENT

Muffin Griffith

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

26608

DATE

10/24/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for acute toxic insult or infectious agents playing a role in the azotemia, as the azotemia is extensive for a prerenal event. Recommend ultrasound guided FNA of the hypoechoic portions of the pancreas to ensure underlying neoplasia is not present. Aggressive fluid therapy, broad-spectrum antibiotics, pain management and Leptospirosis titers all indicated. Urine culture and sensitivity indicated. Surgical debridement of the pancreatic pathology may be necessary, but I'm concerned for the underlying possibility of pancreatic carcinoma with secondary inflammation. Hence, FNA and treatment for pancreatitis and acute renal failure indicated. Recheck sonogram in 48-72 hours. Bilirubin and ALP values should be monitored carefully, as the pancreatic pathology is in the region of the duodenal papilla and common bile duct. There is a risk for eventual post-hepatic obstruction.





PATIENT

Muffin Griffith

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

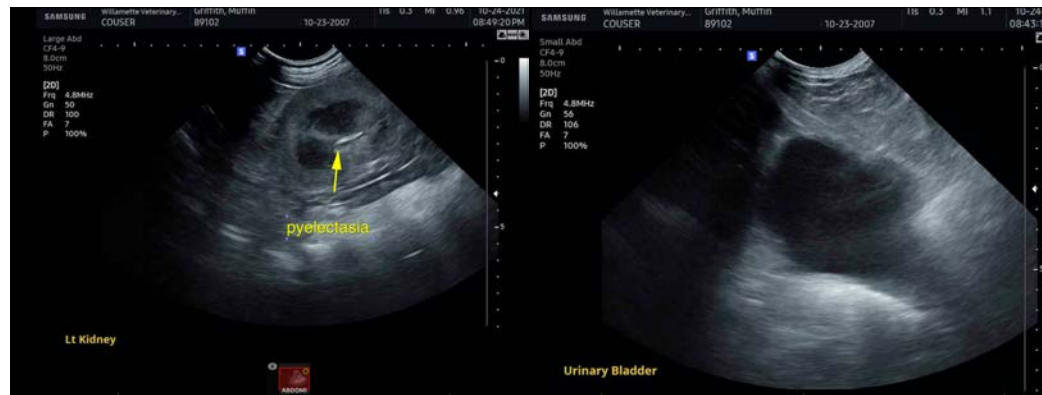
Dr. Couser

INVOICE

26608

DATE

10/24/21



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