



**PATIENT**

Haze Hall

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

2008

**WEIGHT**

45 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

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**DATE**

10/26/21

**PRESENTING CLINICAL SIGNS**

History: Vomiting, lethargy, Anemia

Increase liver enzymes

Evaluate for splenic mass vs severe pancreatitis vs FB

Labs + Radiographs attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.4 cm. The left kidney measured 6.58 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 3.4 x 1.0 cm at the caudal pole and 1.25 cm at the cranial pole. The left adrenal gland measured 3.45 x 1.2 cm at the caudal pole and 0.8 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged with slight, irregular contour.

**Liver**

The **liver** was uniformly enlarged with multi-focal, hyperechoic, non-disruptive nodular changes. The gallbladder and common bile duct were normal.

**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



**PATIENT** demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Haze Hall

**SPECIES** *Pancreas*

Canine The **pancreas** revealed an enlarged, mixed, hypoechoic mass type effect that extended for approximately 6.0 x 5.0 cm. Minimal blood flow was noted. This is most consistent with necrosis; however, it may represent underlying carcinoma. A minimal amount of inflammation was noted around the pancreas, which is concerning for underlying carcinoma.

**BREED**

Mixed

**SEX**

*Free Abdomen*

Spayed Female

Slight areas of free fluid were present.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

2008

Extensive pancreatic pathology. Necrosis +/- carcinoma.

Hepatic nodules.

**WEIGHT**

Enlarged spleen with irregular contour.

45 lbs

Free fluid.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

FNA of the pancreas and hepatic nodules is strongly recommended. The prognosis is guarded depending upon cytology results. If no neoplasia is found then surgical debridement of much of the pancreatic pathology would likely be ideal.

**IMAGING PERFORMED BY**

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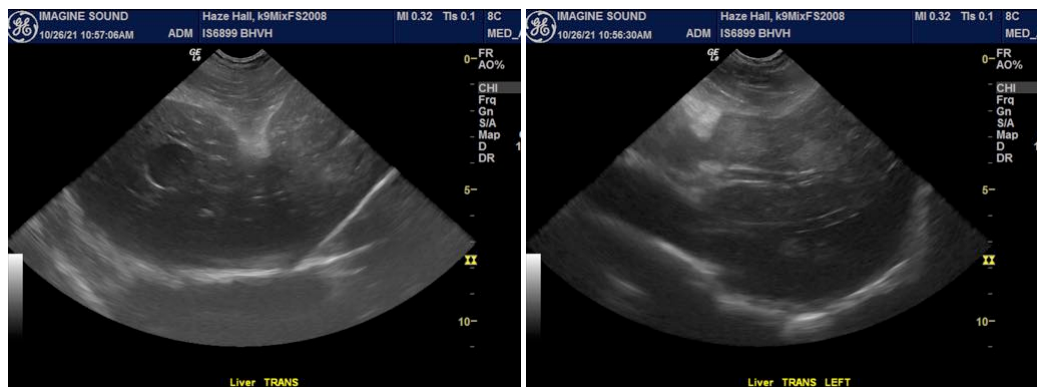
Dr. Thomson

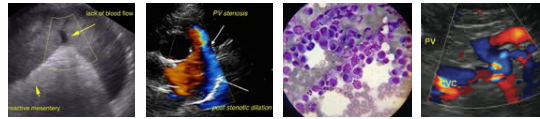
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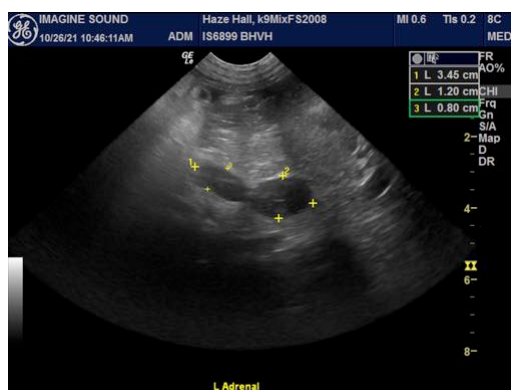
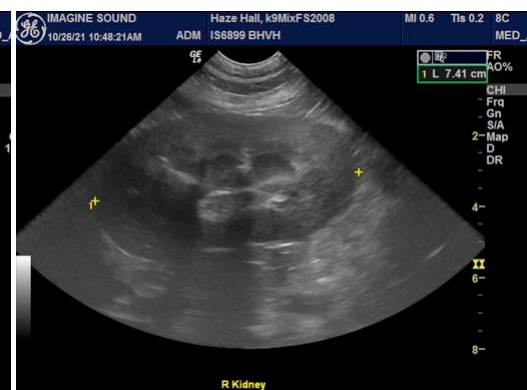
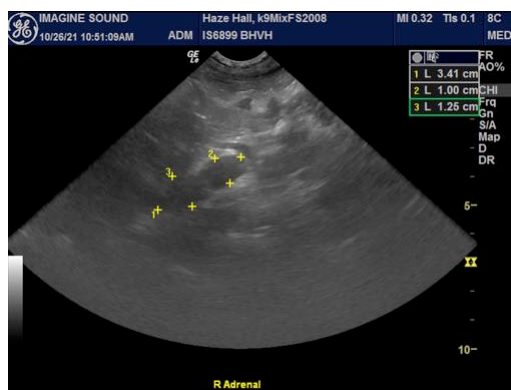
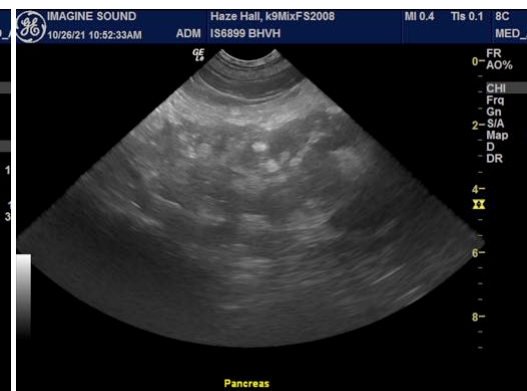
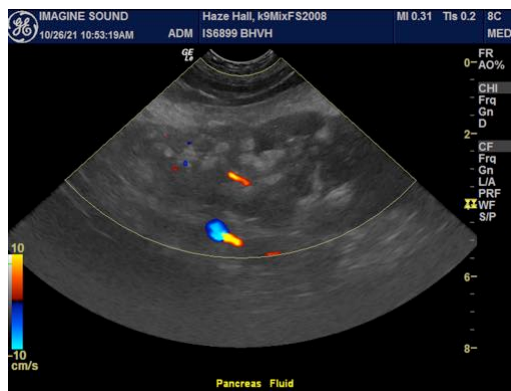
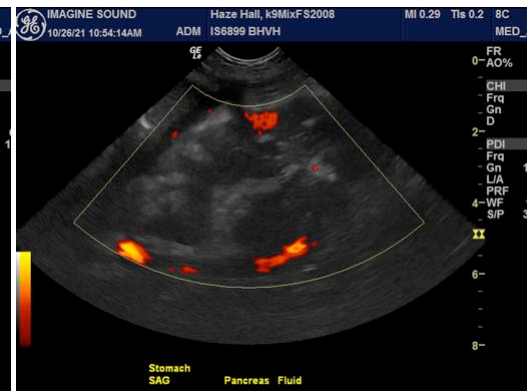
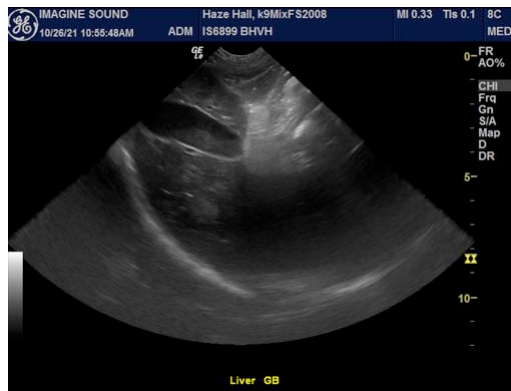
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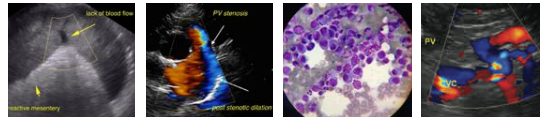
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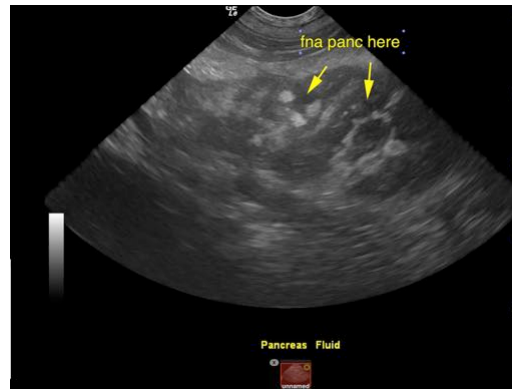
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com