



PATIENT

Sir Lancelot Tenreiro

SPECIES

Canine

BREED

Maltese X

SEX

Neutered Male

AGE

12 Years 3 Months

WEIGHT

14

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

26077

DATE

10/5/21

PRESENTING CLINICAL SIGNS

Sir Lancelot still hasn't been eating barely anything since 10/1 when he was seen for pancreatitis. He ate a small amount yesterday but it was his favorite treat and he barely ate any of it. He also threw up this morning. He will drink though.

Abnormal PE/Chem/CBC/UA Results: PE: Was a little dehydrated but everything looked good other wise. No UA CBC: Neutrophils 14.17K/uL Eosinophils 0.08K/uL Platelets 507 K/uL Chem: ALP 233U/L No fecal or heart worm

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.06 cm. The right kidney measured 4.86 cm.

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 1.83 cm x 0.65 cm at the cranial pole and 0.65 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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 were noted.

Liver

The **liver** presented slight increased portal markings and minor coarse architecture. The gallbladder and common bile duct were unremarkable.

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

Sir Lancelot Tenreiro

Heterogeneous changes were localized around the right **pancreatic** base with enhanced surrounding mesentery, consistent with pancreatitis. The majority of the pancreas revealed ill-defined mesentery.

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ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis, primarily in the right limb

BREED

Maltese X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour NPO, IV fluid support, broad-spectrum antibiotics, and pain management all warranted. Recheck sonogram in 48-72 hours to ensure adequate resolution.

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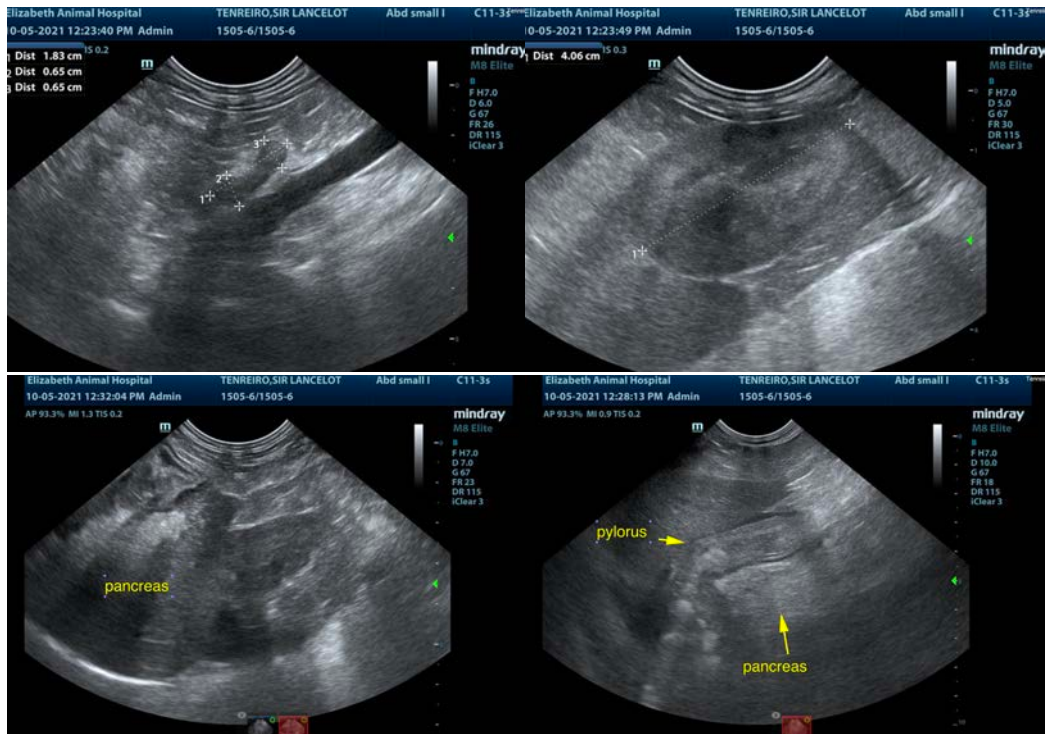
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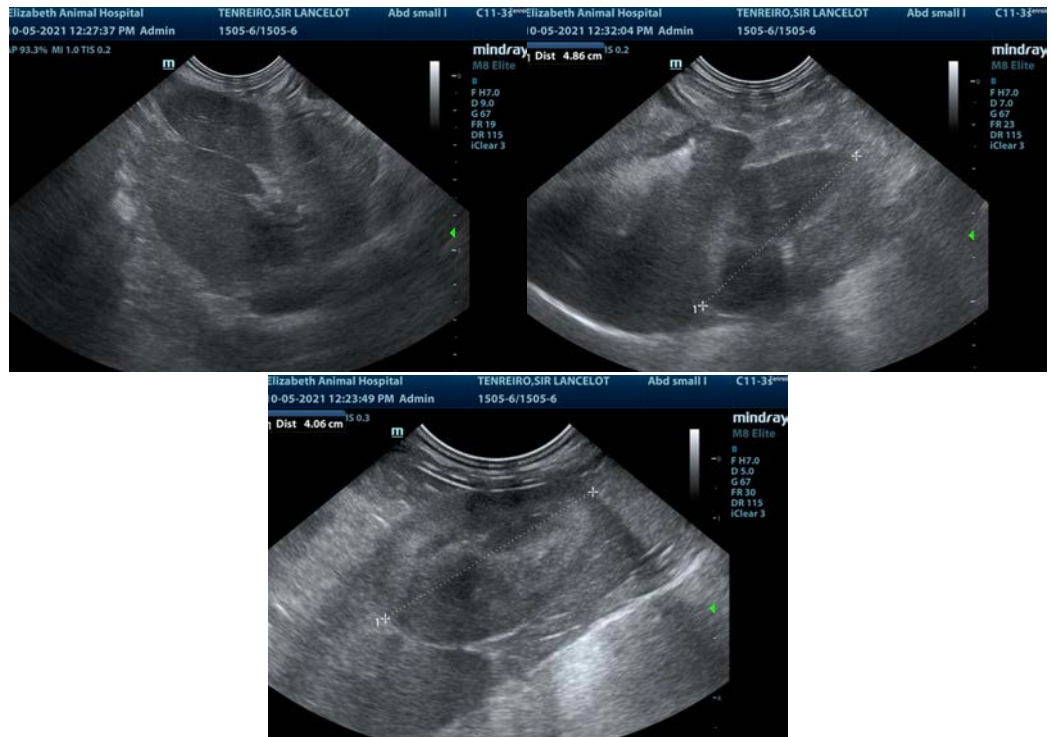
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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