

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Vomiting, Not Eating, &amp; Lethargic

**PATIENT**

Date: 11-07-2021 Notes: vomiting since about 5 am, if tries to eat /drink comes back up concern about fb, crunching on something found broken bulb. Had exploratory surgery 11/7 and found necrotizing pancreatitis.

Sonora Schreifer

**SPECIES**

Current Medications: Buprenorphine 0.6mg/mL, Cisapride Suspension 5mg/mL, Sucralfate Tablets 1gm, Metronidazole Tablets 250mg, Clavamox Chewables 250mg, Gabapentin Capsules 100mg, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL)

Canine

Lab Results: Attached

**BREED**

Radiographs: Abdomen 2 View- stomach distended with fluid and possibly something in there bunched intestines

Mixed

Date of Previous IntraPet Ultrasound: No previous.

**SEX**

Sedation: IV pain medication, no further sedation required.

Stat Report: Not requested.

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE****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.

2019

**WEIGHT**

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 6.0 cm. The left kidney measured 5.67 cm.

42 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 left adrenal gland measured 1.78 cm x 0.6 cm at the caudal pole and 0.51 cm at the cranial pole.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Spleen**

The **spleen** was mildly enlarged with subtle micronodular changes consistent with splenitis, minor potential for neoplasia.

**HOSPITAL NAME**

Animal Emergency H

**Liver**

The **liver** revealed increased portal markings and heterogeneous parenchymal changes. The **gallbladder** was turgid. The common bile duct was dilated (1.08 cm). The pancreatic pathology caused post-hepatic obstruction.

**REFERRING VET**

Dr. King

**Gastrointestinal**

The **stomach** itself was unremarkable. The upper duodenum was enveloped by the pancreatic pathology.

**Pancreas****INVOICE**

12506

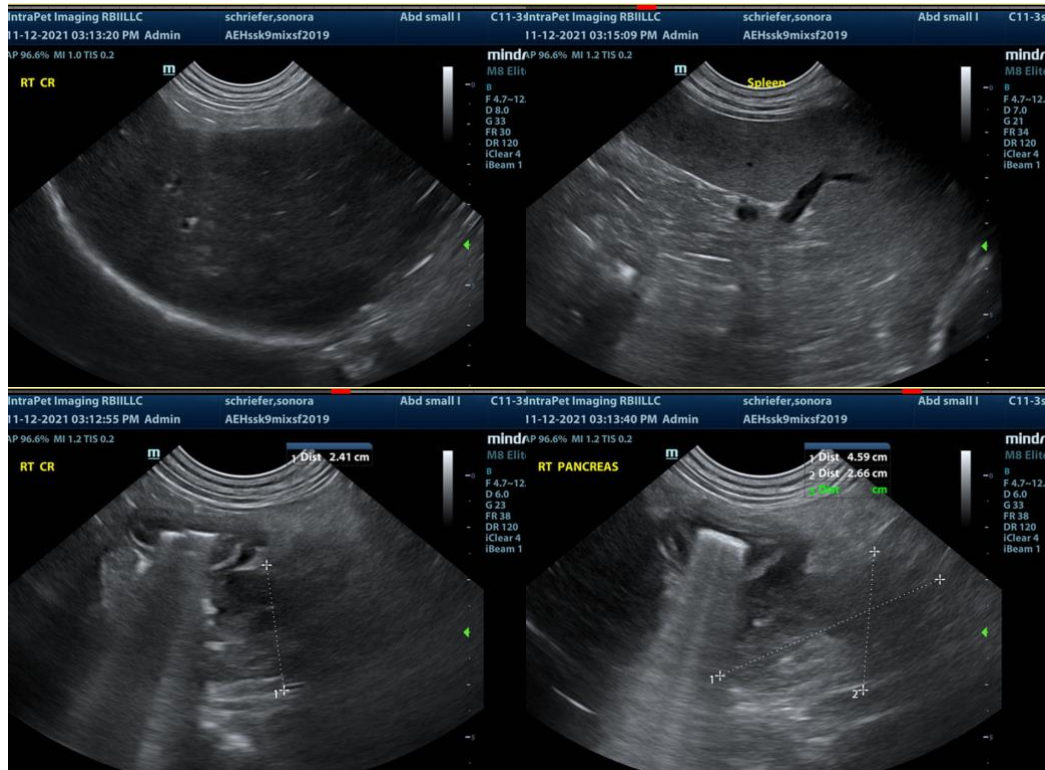
The right limb of the **pancreas** was hypoechoic with irregular parenchymal changes (up to 4.5 cm of irregular tissue), obstructing the common bile duct and enveloping the upper duodenum causing post-hepatic obstruction.

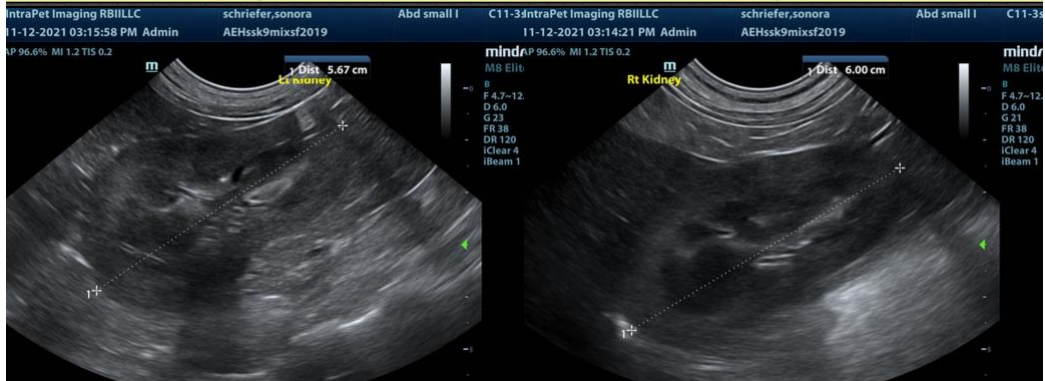
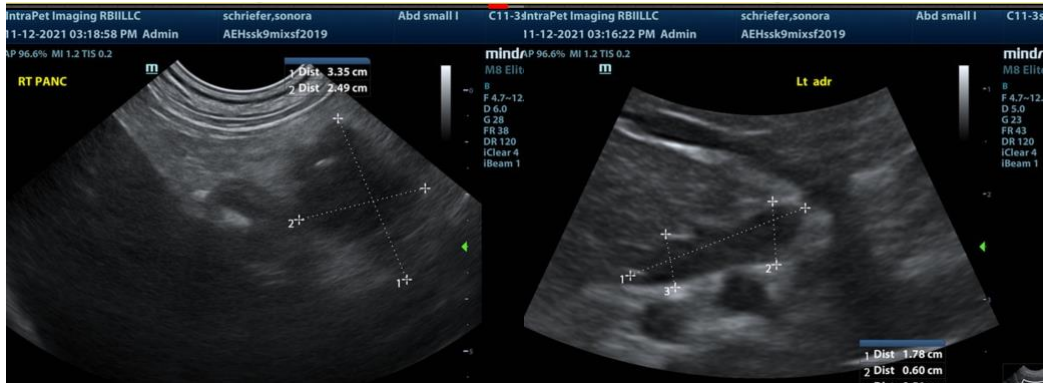
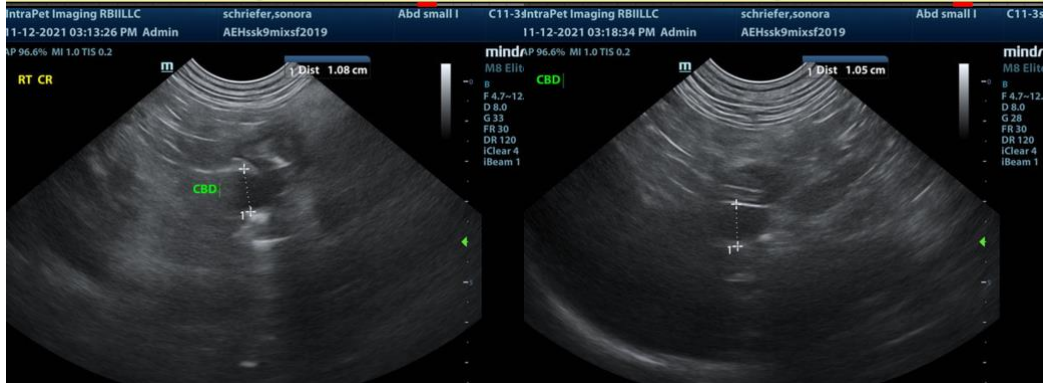
### ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with post-hepatic obstruction, possibility of pancreatic neoplasia

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the right pancreatic limb, spleen and liver all indicated. Aggressive treatment for pancreatitis with plasma expanders, plasma transfusion, pain management and GI protectants all indicated. Recheck sonogram in 48-72 hours primarily to assess the level of posthepatic obstruction. Debridement of the pancreatic pathology may be necessary to liberate the common bile duct- this would be based upon follow up sonogram.





**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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