



**PATIENT**

Bambi Lapham

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed female

**AGE**

10 ½ years

**WEIGHT**

19.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Maggiulli

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Maggiulli

**INVOICE**

42680

**DATE**

11/24/22

**PRESENTING CLINICAL SIGNS**

History: rDVM transfer for suspect pancreatitis and azotemia  
Abnormal PE/Chem/CBC/UA Results: CBC = HCT 45%, WBCs 12.5, Chem = ALP 353, ALT 139, Amylase 3342, AST 175, CI 96, Crea 7.3, Phos 11.5, BUN 61, Glu 66. k wnl 4.9 Mild hepatomegaly. Differentials for this finding include both benign as well as malignant processes. Correlation with blood work findings would be of benefit. Empty gastrointestinal tract. There is no evidence of pathologic intestinal dilation at this time. UA = USG 1.014, pH 5.0, WBCs 11/hpf, suspect cocci air-dried cytology = intracellular bacteria EPOC = Crea 5.56, BUN 54, iCa 1.02, CI 105, Na 134, resp alkalosis 3am- PCV/TS-43%/ 7.6g/dl CBC-HCT 37.9, RETIC HGB 18.3, WBC 22.49, NEU 13.87, LYM 6.09, MONO 2.29, PLT 147, CHEM 10/PHOS/LAC-CRE 2.3, BUN 32, PHOS 7.5, ALT 138, ALP 238, LAC 1.36 (normal)

**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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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 was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**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.

**Pancreas**

The right **pancreatic** limb revealed hypoechoic, irregular, 3.0 x 2.0 cm region that is suggestive for inflammation.

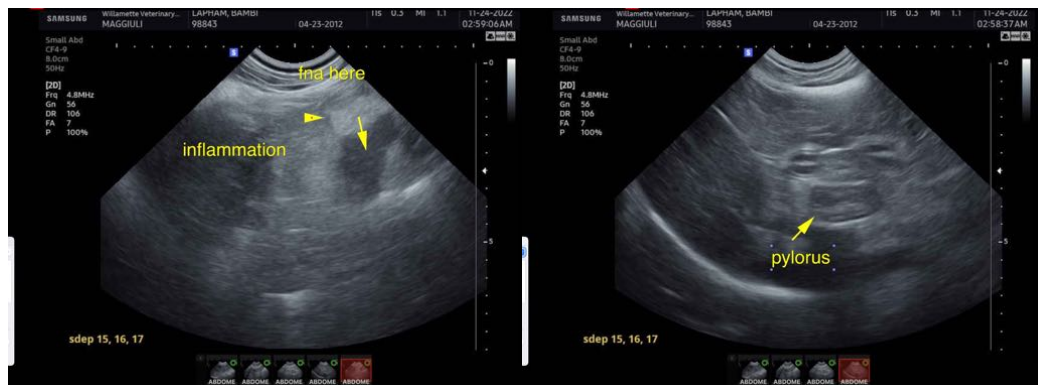
**ULTRASONOGRAPHIC FINDINGS**

Pancreatic necrosis pattern in the caudal aspect of the right pancreatic limb. Potential for carcinoma.

Otherwise, age related abdominal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the region in question is recommended to ensure that underlying neoplasia is not an issue. Cytology and culture should also be performed. Clinical management is warranted assuming no carcinoma or other neoplasia is found on cytology. Recheck sonogram is recommended in a week to ensure adequate resolution.





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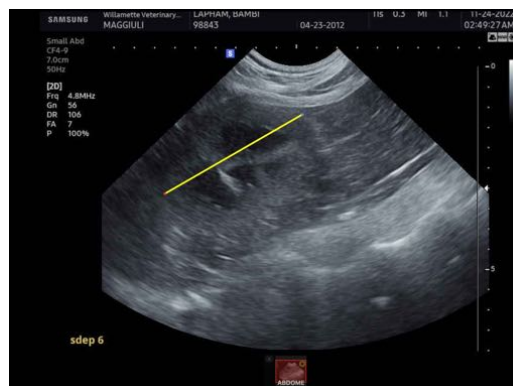
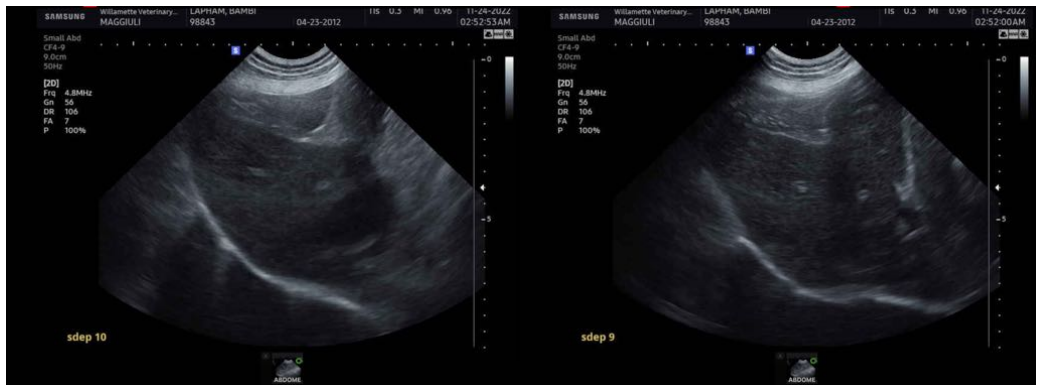
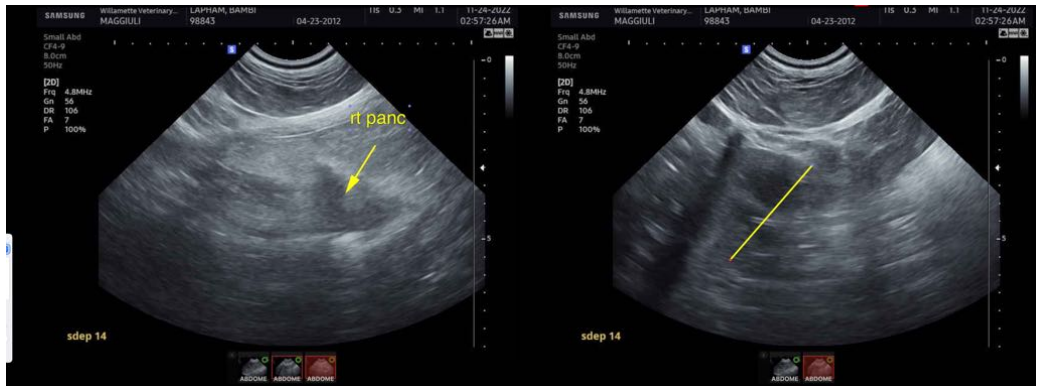
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Chihuahua Mix

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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