



PATIENT

Jackson Kentziger

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

14 years

WEIGHT

6.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24/7

REFERRING VET

Dr. Gavin

INVOICE

84607

DATE

12/14/21

PRESENTING CLINICAL SIGNS

History: Was in hospital last week being treated for pancreatitis. Not responding well to treatment. History of eating rocks. On pantoprazole, methadone, cerebra and maropitan.
Abnormal PE/Chem/CBC/UA Results: Lipase amylase normal severe elevation of liver enzymes. UA urobilagen present in urine

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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 3.65 cm with trace pyelectasia. The left kidney measured 4.09 cm with slight pyelectasia that measured 0.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.6 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland measured 0.44 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself caudally with minor, heterogenous parenchymal changes.

Liver

The **liver** was uniformly swollen with coarse architecture. Minor gallbladder polyps were noted. There was mild over distension.

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. Minor pyloric hypertrophy was noted with echogenic mucosa. There was no evidence of foreign matter. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. Intestinal wall thickness measured 0.37 cm. Significant inflammation was noted around the upper duodenum. This obscured mural visibility of portions of the pyloric outflow and duodenum.

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Pancreas

The **pancreas** revealed an extensive, mixed hypoechoic parenchymal change with hyperechoic surrounding fat in a region of approximately 2.0 x 1.5 cm in the right base. The left pancreatic limb revealed similar changes to the right with extensive, mixed, hypoechoic edematous parenchyma.

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Extensive pancreatitis, likely areas of pancreatic necrosis.

Gastritis.

AGE

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Benign hepatopathy with minor biliary congestion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend aggressive pancreatitis therapy with hospitalization, plasma transfusion, plasma expanders, GI protectants and 24 hour n.p.o. followed by slurry feeding. Broad spectrum antibiotics are also recommended as well as pain management. There is no overt evidence of foreign body; however, small penetrating foreign matter such as toothpick or similar cannot be completely ruled out as the peritonitis type presentation around the pyloric outflow and pancreas does not allow for complete visibility of underlying structure.

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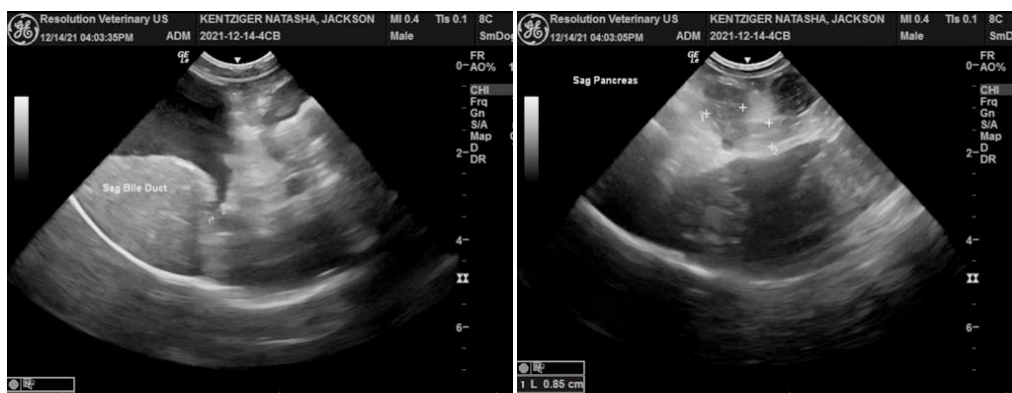
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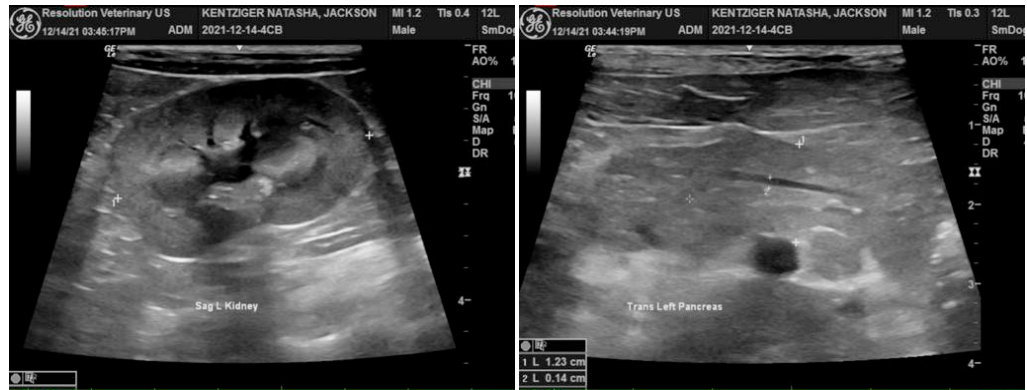
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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