



PATIENT	PRESENTING CLINICAL SIGNS
Chesterfield Winston Donagher	Presented at our hospital for transfer for pancreatitis. Patient was laying around a lot and acting lethargic. Owner says patient has been moving at a very slow pace as if he is in pain. Previous Health Concerns: gallbladder issues Current Medications: Cerenia ½ tab last night; ursodiol SID Appetite/When did they eat last: not eating since yesterday morning Diet: W/D; owner has been giving meatloaf and gravy past 4-5 days Abnormal PE/Chem/CBC/UA Results: CREA 2.1 BUN 55- High Phos 10.3-high ALKP- 362- high CHOL- 331- high AMYL- >2500- high Lipa- 5331- high On first chem- CRE didn't read and recommend dilution and then on dilution was 2.1 CBC WBC- 3.48-LOW Neu- bands- .27-LOW Mono- 1.44- HIGH Radiographs Large amount of Gas distension in stomach, GI tract. loss of serosal detail in mid abd
SPECIES	
Canine	
BREED	
Yorkie	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered male	Urinary System
AGE	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.
14 years	
WEIGHT	The kidneys presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pyelectasia was noted in the kidneys. Occasional cortical cyst was noted in both kidneys. The right kidney measured 3.82 cm. The left kidney measured 3.47 cm.
3.8 kg	
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	Adrenal Glands
Erin Wicks	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 left adrenal gland measured 1.54 x 0.44 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.
HOSPITAL NAME	
Shores VEC	
REFERRING VET	Spleen
Dr. Moser	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.
INVOICE	
94910	
DATE	
12/23/21	



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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. The common bile duct measured 0.2 cm. 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.

Gastrointestinal

The **stomach** was dilated with fluid. The distal small intestine was unremarkable.

Pancreas

The **pancreas** revealed extensive, mixed hypoechoic parenchymal changes with enhanced surrounding mesentery. This enveloped the upper gastrointestinal tract and duodenum.

Free Abdomen

Free fluid was noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis with regional free fluid, possible pancreatic carcinoma.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas is strongly encouraged. Recheck sonogram in 3 days to ensure adequate resolution.



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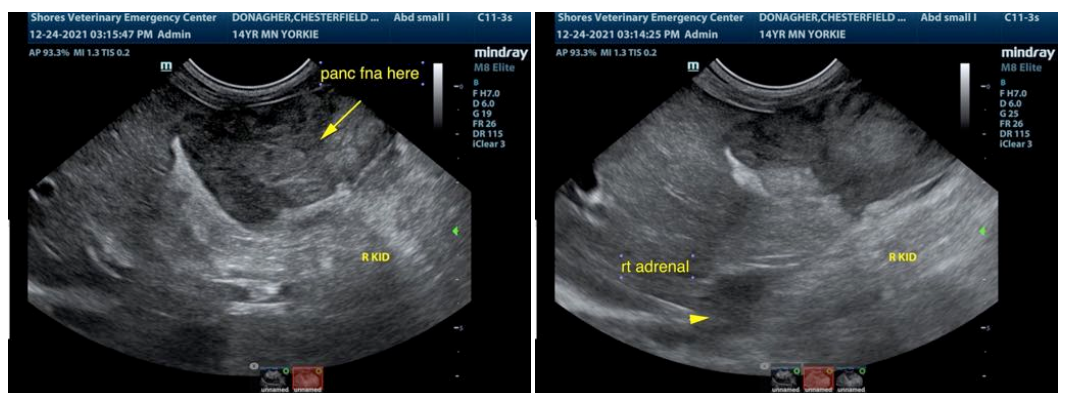
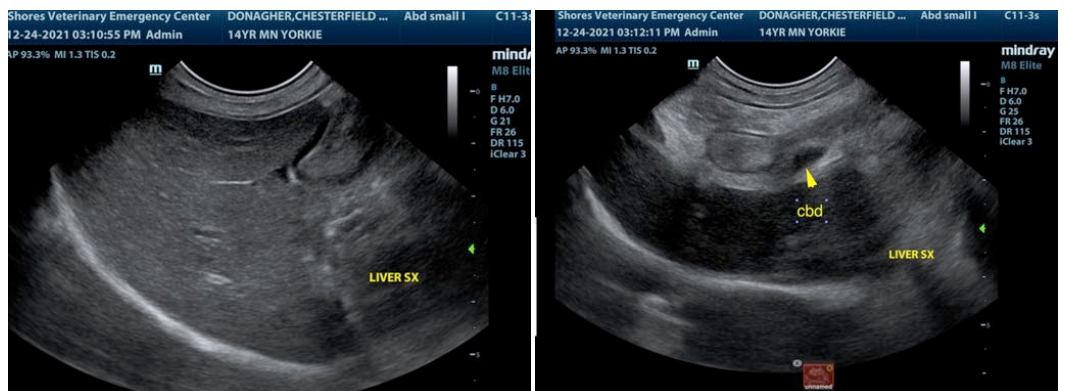
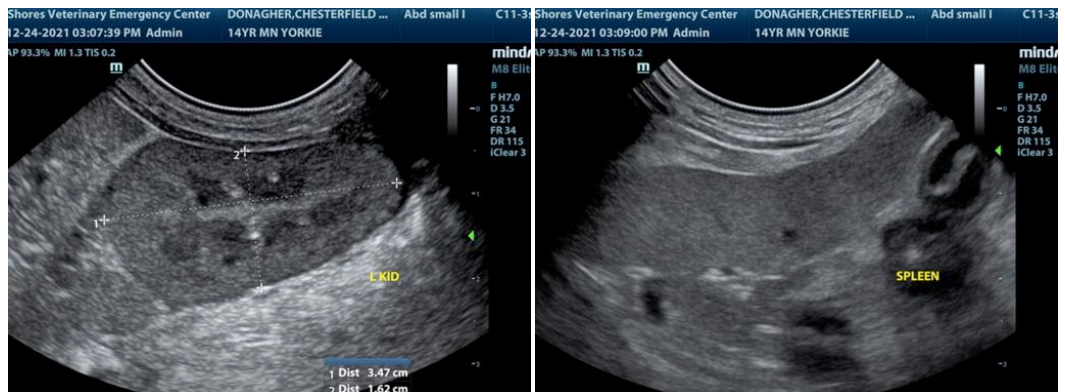
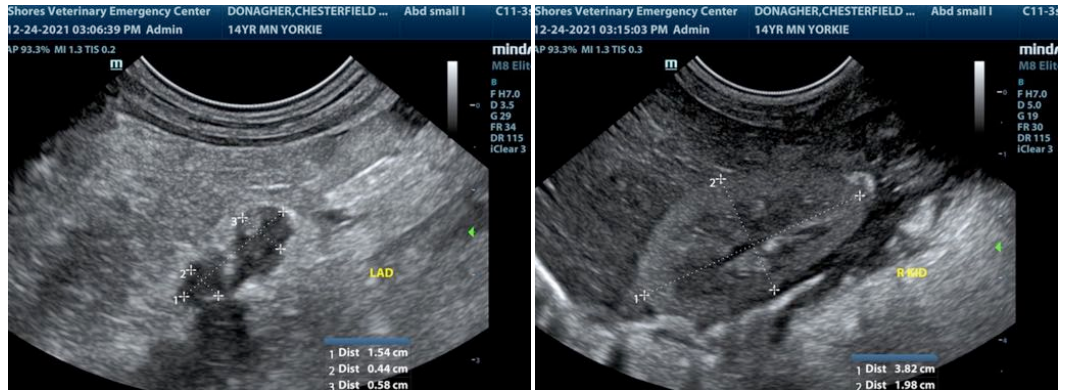
Dr. Moser

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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