



**PATIENT**

Levi Jones Tyson

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

11.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jagger

**HOSPITAL NAME**

VCA Parkway AH

**REFERRING VET**

Dr. Jagger

**INVOICE**

42839

**DATE**

2/15/23

**PRESENTING CLINICAL SIGNS**

History: Seen 1/27/23 for vomiting/diarrhea/inappetence and labs showed neutrophilia, mild Alk Phos and TP elevations. O declined imaging at that time and he was treated with convenia and cerenia injections, sent with LF canned i/d. Not currently vomiting or having diarrhea but very listless and not interested in food.

Abnormal PE/Chem/CBC/UA Results: 1/27/23 WBC 38.67 (6-17) Neutrophils 33.23 (3-12) Alk Phos 220 (20-150) TP 8.6 (5.4-8.2)

**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 3.53 cm.

**Adrenal Glands**

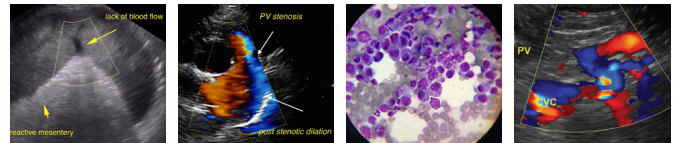
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.41 cm.

**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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. The common bile duct was at the upper limits or normal and measured at 0.34 cm. This should be monitored.



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**Gastrointestinal**

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The **stomach** presented hypertrophied muscular layers of the mucosal muscularis. The muscularis and serosa layers are unremarkable. Minor duodenal spasming was noted. The colon was unremarkable.

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**Pancreas**

**BREED**

Chihuahua

The right limb of the **pancreas** was edematous and hypoechoic with swollen parenchyma. The pancreas had surrounding, hyperechoic fat. The right pancreatic limb deviated the small intestine. The pancreatic presentation extended for 3.0 x 1.5 cm.

**SEX**

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**Free Abdomen**

Reactive mesentery was noted associated with various portions of small intestine. This is suggestive of transmural inflammation.

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11 years

**ULTRASONOGRAPHIC FINDINGS**

Right limb pancreatitis.

**WEIGHT**

11.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

24-hour n.p.o. fecal exam and IV Fluid support are all indicated as well as broad spectrum antibiotics. A recheck sonogram is recommended 48-72 hours. The common bile duct should be monitored as the pancreatic pathology in the area of the common bile duct. Secondary to hepatic obstruction could develop. AKLK and bilirubin values should be monitored carefully.

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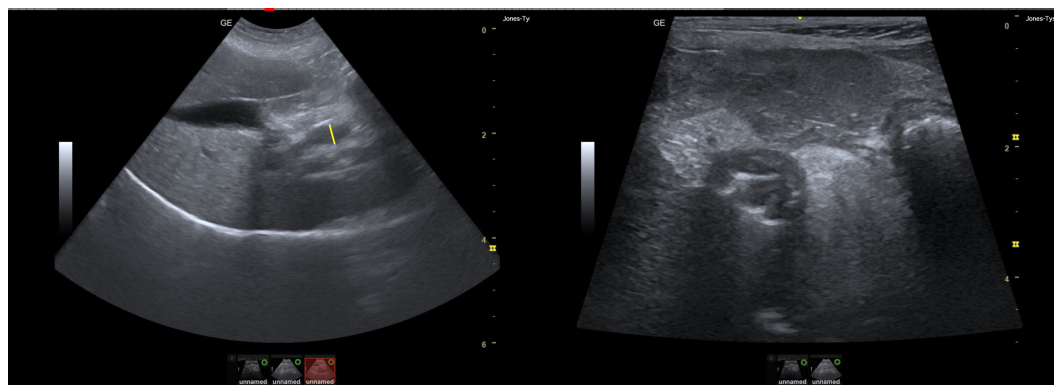
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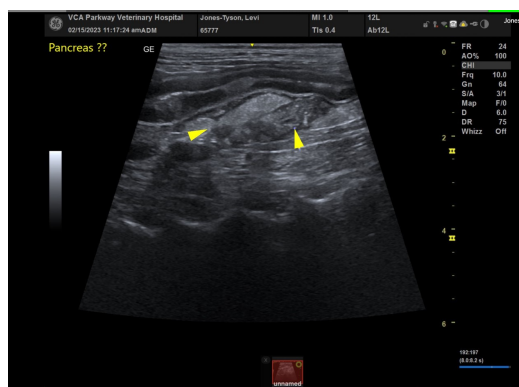
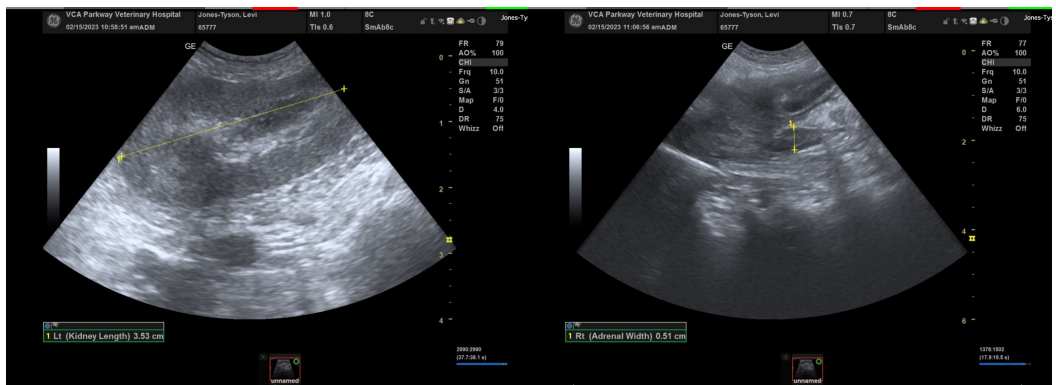
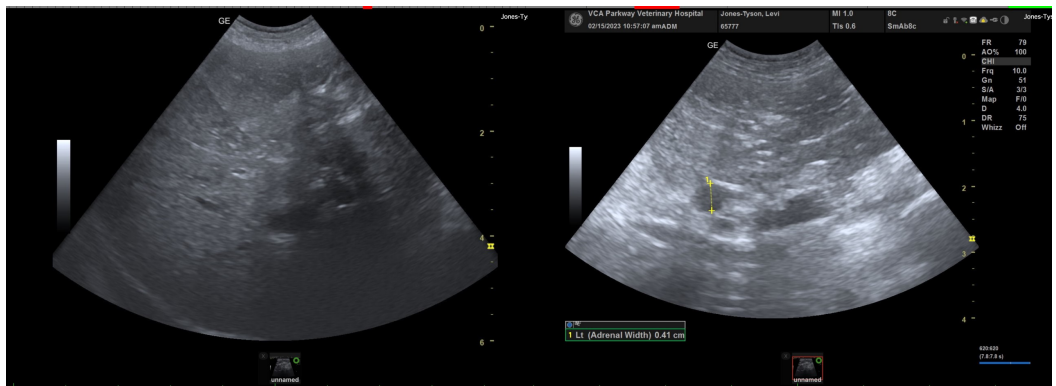
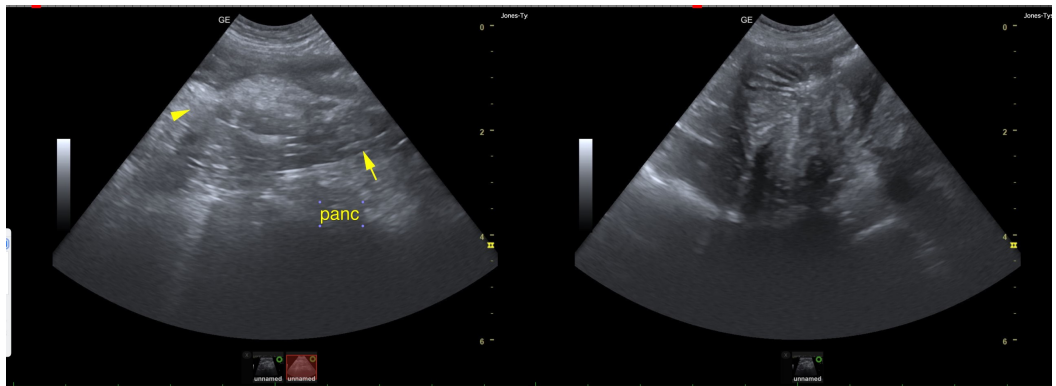
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

**BREED**

Chihuahua

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

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