



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Dylan Brown
SPECIES Canine
BREED King Charles Cavalier

Presented at our hospital for possible pancreatitis flare up, K9 was diagnosed with pancreatitis @ rDVM 2/10/22, did outpatient Tx, did well. Starting yesterday K9 was a little lethargic and appetite was slightly down. Today V+ x2 and D+ started up again. Drinking a lot and keeping it down. Previous Health Concerns: Pancreatitis last year as well; seizures/epilepsy Current Medications: Cerenia 24mg (last dose: 2/24 in PM), Phenobarbital ½ grain BID Appetite/When did they eat last: Yesterday
 Abnormal PE/Chem/CBC/UA Results: Abdominal: abdomen tense/painful on palpation; no obvious mass, FB, or fluid wave noted CBC – neutrophilia; otherwise NSF EPOC – WNL rdvm bloodwork: 12/29/21 CPL 388; Chem wnl; Lipase 843;

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

SEX Neutered male
 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.

AGE

6 years

The **kidneys** revealed normal size with minor, irregular contour. There was a slight increase in the cortical echogenicity. This is consistent with interstitial nephrosis, yet minor. The right kidney measured 4.73 cm. The left kidney measured 5.63 cm.

WEIGHT

11.6 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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 0.5 cm. The right adrenal gland measured 0.4 cm.

IMAGING PERFORMED BY

Erin Wicks

Spleen

HOSPITAL NAME

Shores VEC

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.

REFERRING VET

Dr. Ciaravella

Liver

INVOICE

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

DATE

2/25/22



PATIENT

Gastrointestinal

Dylan Brown

The **stomach** revealed minor soft, progressively shadowing luminal material. This is likely ingesta depending on when the patient was fed prior to the sonogram. Variable minor intestinal thickening was noted.

SPECIES

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Pancreas

BREED

King Charles Cavalier

The **pancreas** revealed extensive, mixed hypoechoic parenchymal changes surrounded by hyperechoic surrounding fat. This is consistent with inflammation. The majority of the pancreatic pathology was localized to the right limb. The right pancreatic limb enveloped the upper duodenum. This is likely contributing to the delayed outflow.

SEX

Neutered male

Free Abdomen

AGE

6 years

There were slight areas of free fluid noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.6 kg

Extensive pancreatitis.

Minor retention of ingesta in the stomach.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, pain management, plasma expanders and plasma transfusion would be ideal to capture vasoactive amines and circulation. A recheck sonogram is recommended in 3 days to ensure adequate resolution.

IMAGING PERFORMED BY

Erin Wicks

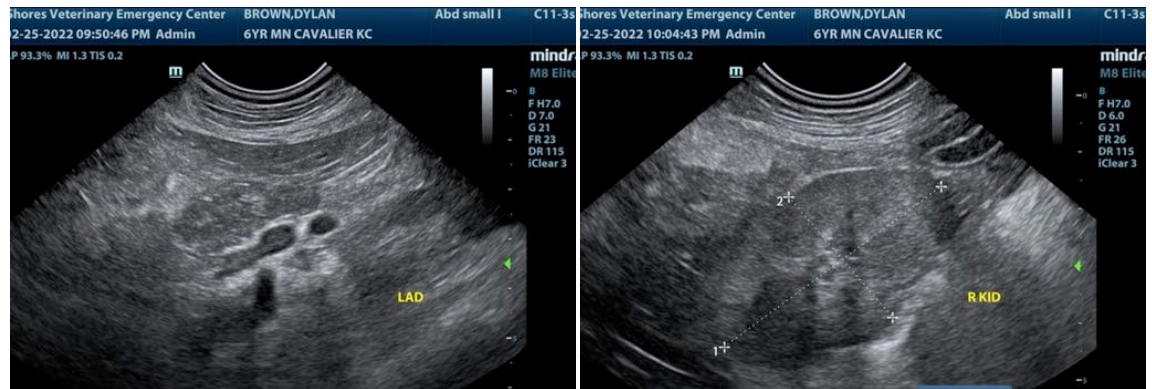
HOSPITAL NAME

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REFERRING VET

Dr. Ciaravella

INVOICE



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SEX

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AGE

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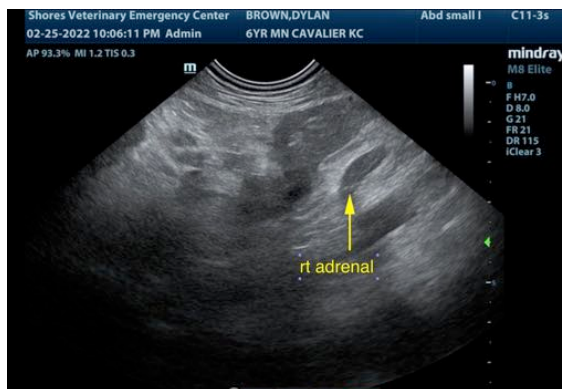
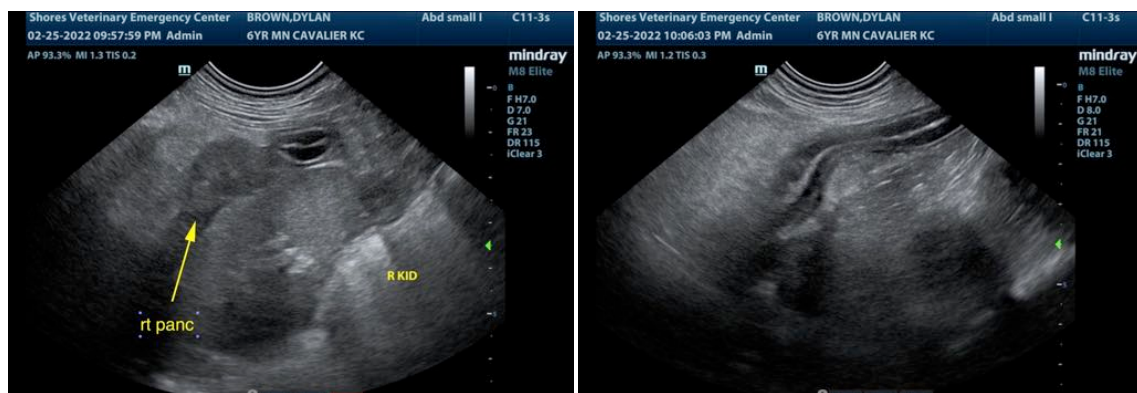
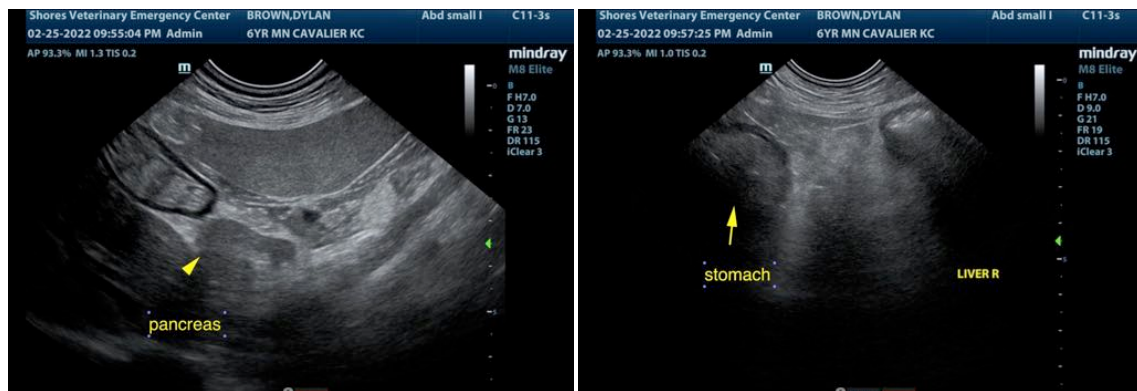
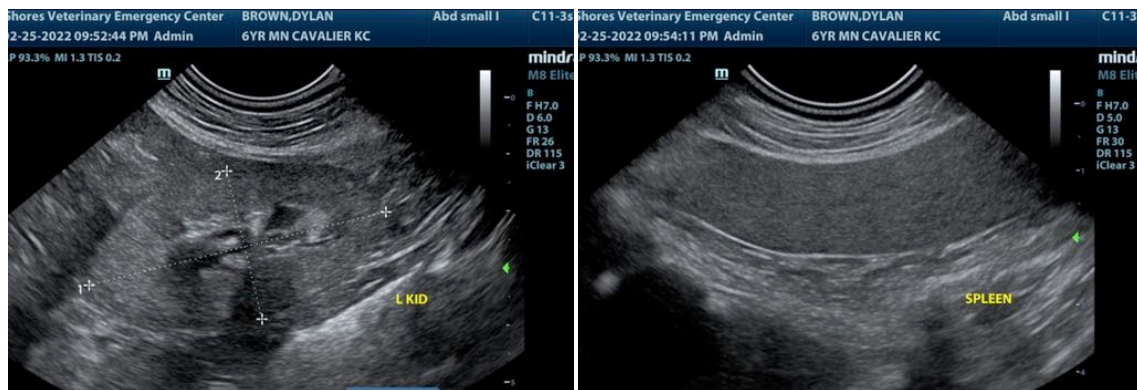
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PATIENT

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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

King Charles Cavalier

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

SEX

Neutered male

AGE

6 years

WEIGHT

11.6 kg

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