



**PATIENT**

Toots Yakas

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Spayed Female

**AGE**

12

**WEIGHT**

10.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

45523

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

Diagnosis 1. Possible pancreatitis 2. Proteinuria, positive for Lyme 3. possible back pain vs referred abd pain Brief History hematuria started Thursday took to rdvm for blood in urine and lethargy started clavamax rx and pt cont to get worse febrile on presentation

Abnormal PE/Chem/CBC/UA Results: CBC:- leukocytosis (25.32), neutrophilia (23.49), mild thrombocytopenia (114) Chem:- decreased BUN (8.6) Ca++ (8.7), Mg++(1.1), K+ (3.5), elevated GLOB (4.6), ALKP (250), AMYL (1766), & LIPA (>1000) 4Dx HWT => POS Lyme, NEG x 3 Lepto WITNESS test => NEG

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 4.08 cm. The right kidney measured 5.5 cm with slight mineralizations noted.

**Adrenal Glands**

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 0.80 cm at the caudal pole and 0.55 cm at the cranial pole.

The **right adrenal gland** was slightly swollen and measured 0.94 cm at the cranial pole and 0.82 cm at the caudal pole.

**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. Some inspissated blood flow noted in the splenic vein, yet no overt thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

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 wall was echogenic and mildly dilated, consistent with fibrosis/porcelain gallbladder, not likely the primary issue.

**Gastrointestinal**

The **pylorus** presented concentric thickening with wall thickness up to 1.0 cm with some early area of loss of detail. The small intestine and colon were unremarkable.



**PATIENT**

**Pancreas**

Toots Yakas

Minor heterogeneous **pancreatic** changes noted, yet the primary issue appears to be the stomach.

**SPECIES**

**Free Abdomen**

Canine

Transdiaphragmatic view revealed comet tail lung pattern/B-lines.

**BREED**

Corgi

**ULTRASONOGRAPHIC FINDINGS**

- Pyloric hypertrophy and gastritis pattern
- Minor heterogeneous pancreatic changes
- Porcelain gallbladder – likely owing to history of cholangitis
- Slightly swollen adrenal glands
- Age related renal changes
- Comet tail lung pattern

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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IV fluid support, 24-hour NPO, GI protectants +/- endoscopy would be ideal in this patient. Some level of pancreatitis likely, yet cross reactivity from GI lipase may be an issue. Treatment for gastritis/pancreatitis indicated. Recheck sonogram in one week to assess the integrity of the gastric wall to ensure an emerging neoplastic event is not occurring.

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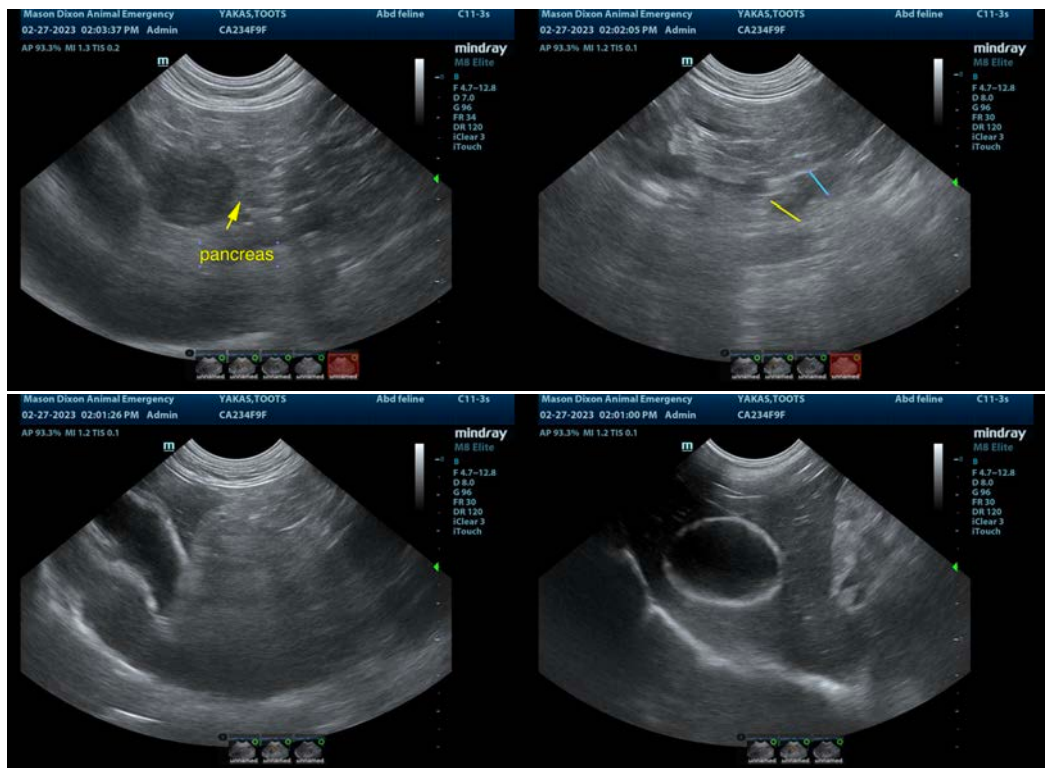
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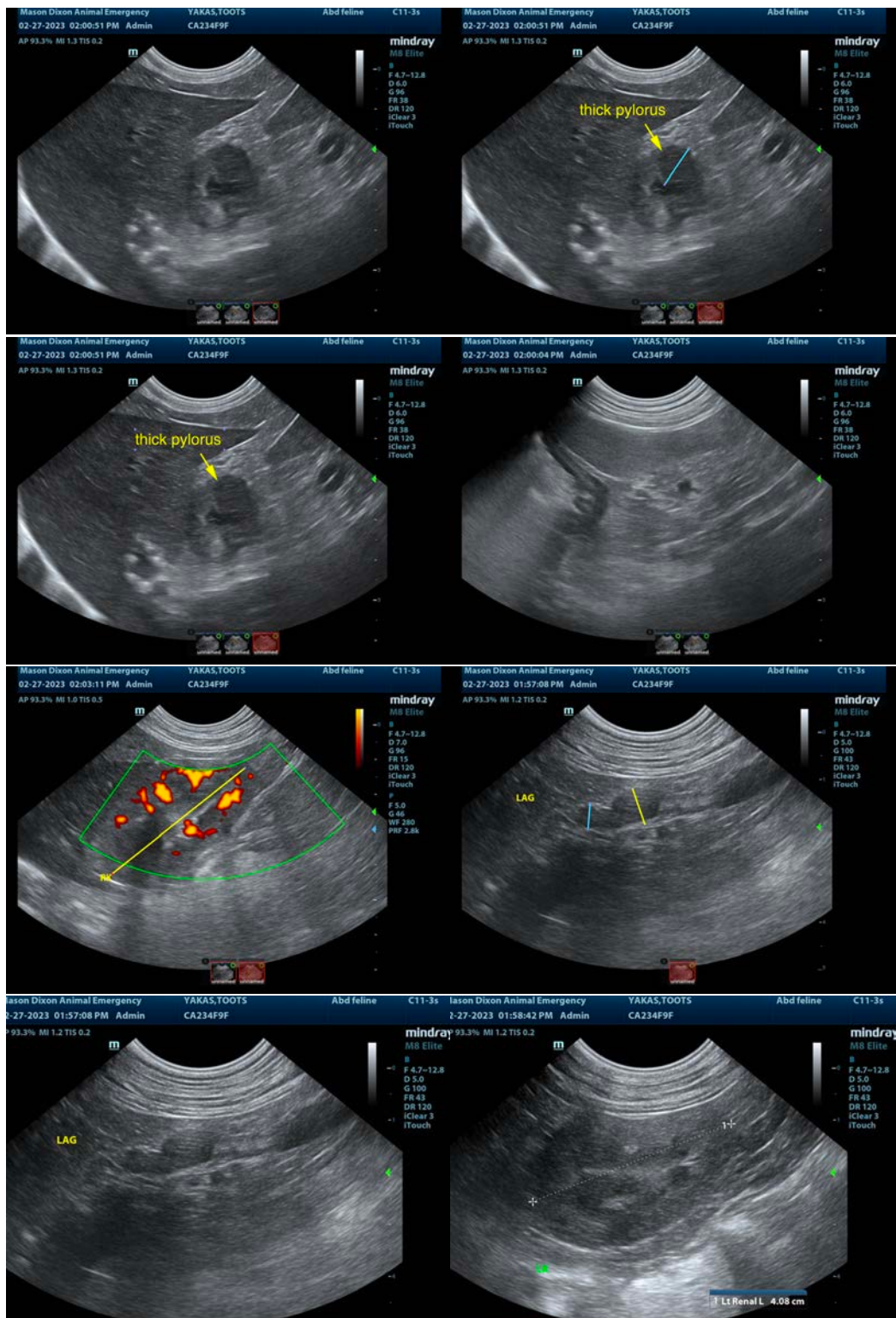
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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Corgi

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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