



PATIENT

Thor Rosenberger

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

9 year

WEIGHT

49 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

43018

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for: yesterday morning started vomiting after eating, continued to vomit throughout day, went to rDVM at 4pm did rads, GI tract inflamed- told not to feed for 2 days and just give water, rDVM thinks diarrhea is going to start since colon is clear but O thinks P might be constipated, panting non-stop, when not panting huffing a lot, lethargic- doesn't want to get up or move, decreased drinking, past week quick food switch from O homemade diet of veggies and cooked meat (boiled, fried, or canned) to dry dog food. Previous Health Concerns: skin issues- hot spots P was hospitalized for pancreatitis, went home, now doing worse again. Seems more bloated.

Abnormal PE/Chem/CBC/UA Results: 2/25 Radiographs - thorax unremarkable, mild loss of detail mid to cranial abdomen on lateral; no obvious FB/obstruction CBC - Neu (3.48) WBC (5.17) HGB (19.3) MCHC (38.5) EPOC - Lactate (7.49) BUN (39) Creat (1.66) HCT (59) Na (139) pH (7.328) cPL - Strong abnormal 2/28 Epoc pO2 94.0 (H), O2SAT 97.7 (H), K+ 3.2 (L) Drichem: IP 6.4; ALB 2.3; GLU 126; TCHO 334; ALT 137; ALP 499; Tbili 0.6; AMY 2249; lip >1000

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.48 cm. The right kidney measured 8.34 cm.

Adrenal Glands

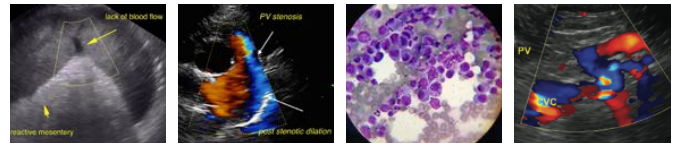
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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 structurally uniform. The gallbladder and common bile duct were unremarkable.



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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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Mixed, hypoechoic irregular mass was noted and measured approximately 7.0 cm. The mass was undifferentiated. The mass was in the region of the pancreas and deviated the gastrointestinal tract caudally. The mass may be non-neoplastic. FNA is indicated. However, an extensive amount of reactive mesentery and heterogenous parenchyma and free fluid was noted consistent with peritonitis.

Free Abdomen

Free fluid and reactive mesentery was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatic pathology.

Peritonitis type presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with resection of necrotic pancreas and liberation of adhesions as well as abdominal lavage is likely in this patient's best interest as the pathology is likely too extensive for medical management alone. I cannot rule out a penetrating foreign body such as a toothpick or similar that may be the underlying issue as acoustic windows are limited owing to the extensive peritonitis.





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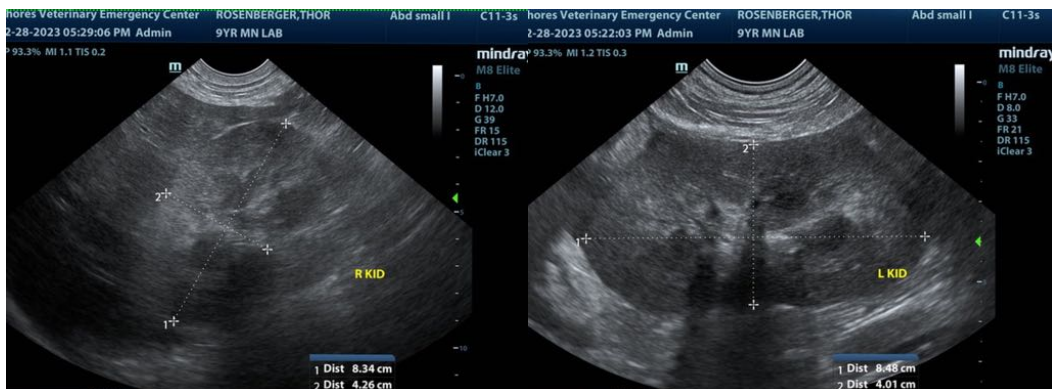
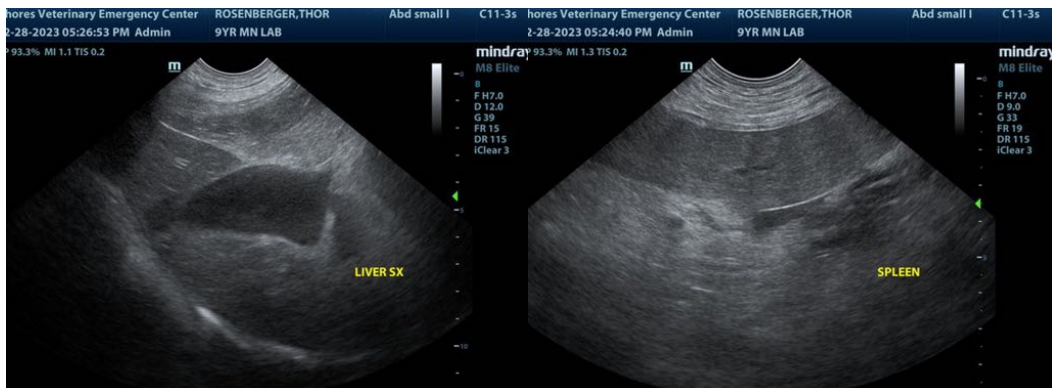
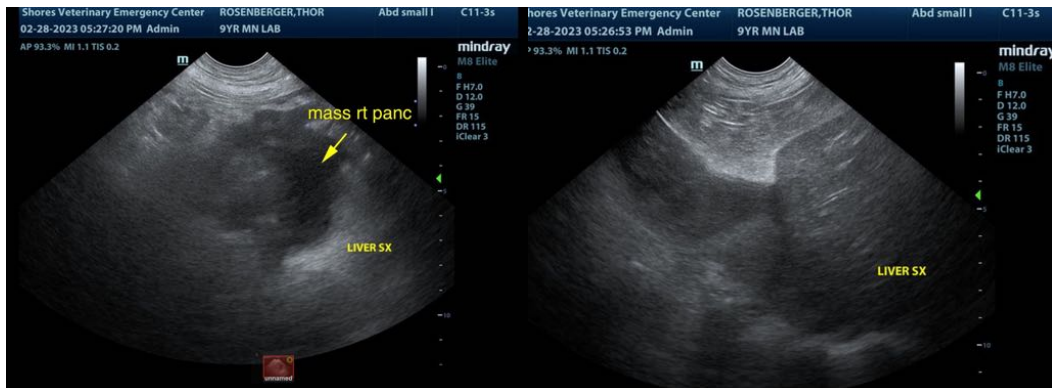
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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