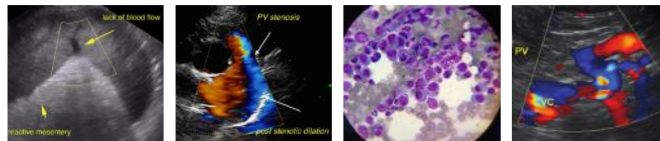
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Prancer Clugston

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

13800

DATE

2.6.22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for getting in to the trash Wednesday (owner knows there was a donut, questioning if there was dental floss, and an old piece of pet's chicken jerky was found in the cat bed he ate). Patient started vomiting (food/white foam/liquid) since then and drinking a lot. Owners took to RDVM yesterday (no xrays or BW) and gave anti-nausea injection (assume Cerenia). No vomiting since. However, patient still drinking a lot (owners now removed water) and not interested in eating hamburger or chicken as recommended. When owners felt belly patient was very painful and tried to bite. Previous Health Concerns: Lyme Current Medication: none Appetite/When did they eat last: not eating since yesterday

Abnormal PE/Chem/CBC/UA Results: Abdominal: very painful in the cranial abdomen and sl painful in the caudal abdomen Rads: ingesta in the stomach; decrease detail in cranial abdomen; round gas pattern in mid small bowel EPOC- tco2 26.4 high, chloride 100 low, lactate 3.32 high, glucose 154 high, hct 59 high CBC- neu 14.48 high, neu% 88.3 high, lym% 6.8 low, eos% 0.3 low, hgb 20.5 high CHEM- glucose 174 high, alt 242 high, alp 431 high, amylase 2298 high cpl; strongly abnormal repeat radiographs showed increasing gastric distension, intestines unremarkable, rec abd u/s to investigate for FB vs severe gastritis etc; o also said p recently was eating large amts of hair from other dog they visited and did vomit a large amt

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 **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 4.45 cm. The right kidney measured 4.37 cm.

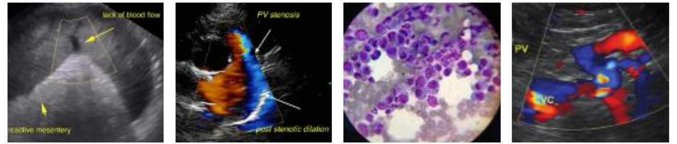
Adrenal Glands

The **left adrenal gland** was 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 1.31 cm x 0.28 cm at the cranial pole and 0.3 cm at the caudal pole.

The region of the **right adrenal gland** revealed no evident pathology.

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 were noted.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Prancer Clugston

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

13800

DATE

2.6.22

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 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.

Gastrointestinal

The **stomach** was overdistended. Enhanced surrounding fat noted, extending into the pancreas. The upper duodenum was empty and tethered by the pancreatic pathology. The duodenal envelopment is likely contributing to the gastric stasis. The distal small intestine was unremarkable. No evidence of foreign body, however, small penetrating foreign body cannot be completely ruled out.

Pancreas

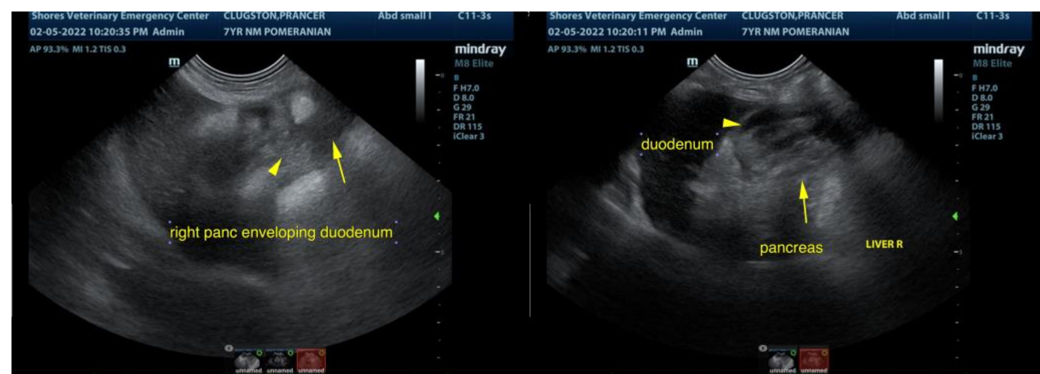
Areas of undifferentiated tissue noted in the right **pancreatic** limb. The pancreatic pathology is extensive and occupying the pancreatic base and right limb.

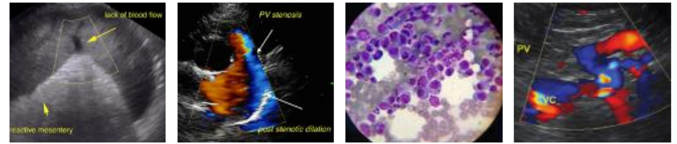
ULTRASONOGRAPHIC FINDINGS

- Upper gastrointestinal stasis, owing to extensive pancreatitis and envelopment of the duodenal outflow

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive treatment for pancreatitis with plasma transfusion, plasma expansion, GI protectants and 24-hour NPO strongly recommended. Ultrasound guided FNA of the hypoechoic portions of the pancreas would be ideal with cytology and culture to ensure underlying pancreatic carcinoma is not an issue, though not suspected. Gastric tube for evacuation of the gastric stasis may be palliative. Recheck sonogram in 48-72 hours. Guarded prognosis. ALP and bilirubin values should be monitored carefully for potential post hepatic obstruction given the position of the pathology. Surgical debridement of portions of the right pancreatic limb may be necessary in this patient depending on response to therapy.





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Prancer Clugston

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

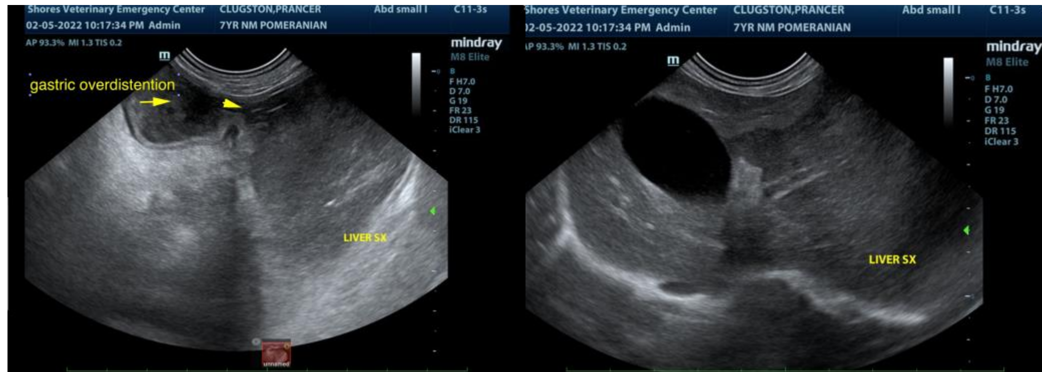
Dr. Zippay

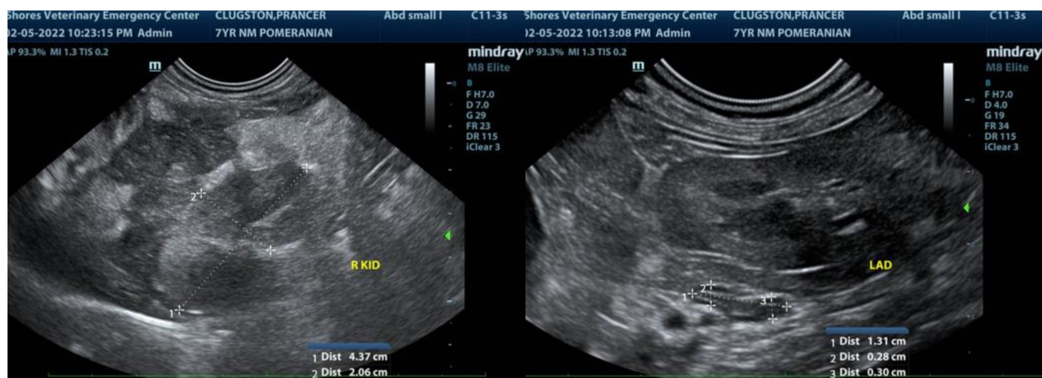
INVOICE

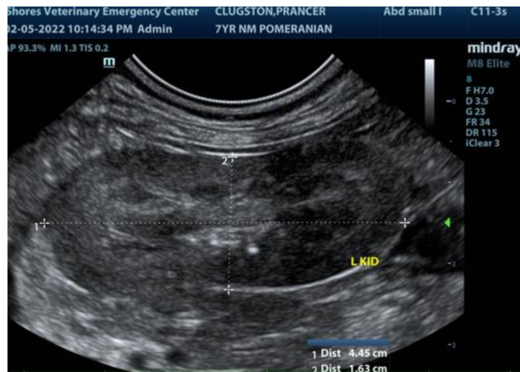
13800

DATE

2.6.22







The information and recommendations provided are based on the images presented by the referring veterinarian. 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