



PATIENT PRESENTING CLINICAL SIGNS

Skippy Chrust Elevated liver, pancreatic and WBC values
Abnormal PE/Chem/CBC/UA Results: ALK PHOS 261, CHOLESTEROL 534, TRIG 1680, AMYLASE 1823, PSL 5226, WBC 26.0, HEMOGLOBIN 11, NEUTOPHILS 22360, BASNDS 1300

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Affenpinscher

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.

SEX

Neutered male

AGE

13 years

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 this age patient. Medullary structure differed distinctly from that of the cortex. Occasional cortical cyst is noted. The left kidney measured 3.54 cm. The right kidney measured 4.95 cm with slight pyelectasia.

WEIGHT

15 lbs

Adrenal Glands

INTERPRETED BY

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 0.6 cm. The right adrenal gland measured 1.86 x 0.6 cm.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

Spleen

HOSPITAL NAME

Hamburg VC

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. DenHeyer

Liver

INVOICE

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Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other

DATE

2/7/22



PATIENT

disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Skippy Chrust

SPECIES

Gastrointestinal

Canine

The **gastric** wall was thickened, yet the lumen was empty. The duodenum was enveloped by the pancreatic pathology. The remainder of the intestinal tract was unremarkable. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

BREED

Affenpinscher

Pancreas

SEX

The right limb of the **pancreas** revealed mixed, hypoechoic parenchymal changes with hyperechoic surrounding fat occupying the majority of the right base. The right pancreatic pathology enveloped the upper duodenum. The regional lymph node was slightly enlarged. The pancreatic pathology extended approximately 5-7 cm.

Neutered male

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Gastroduodenitis.

WEIGHT

15 lbs

Extensive pancreatitis.

Geriatric abdomen otherwise with benign hepatopathy and occasional renal cyst.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

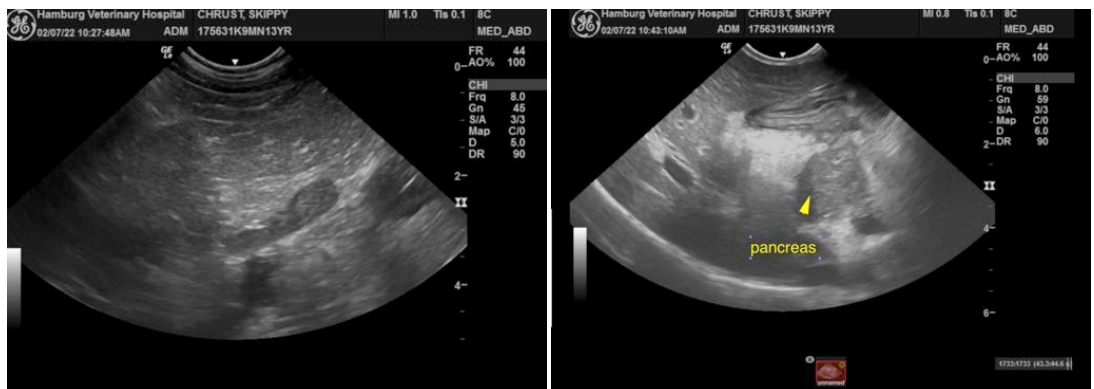
Aggressive treatment for pancreatitis is warranted. Plasma expanders, broad spectrum antibiotics, pain management and GI protectants. Recheck sonogram is recommended in 4-7 days.

IMAGING PERFORMED BY

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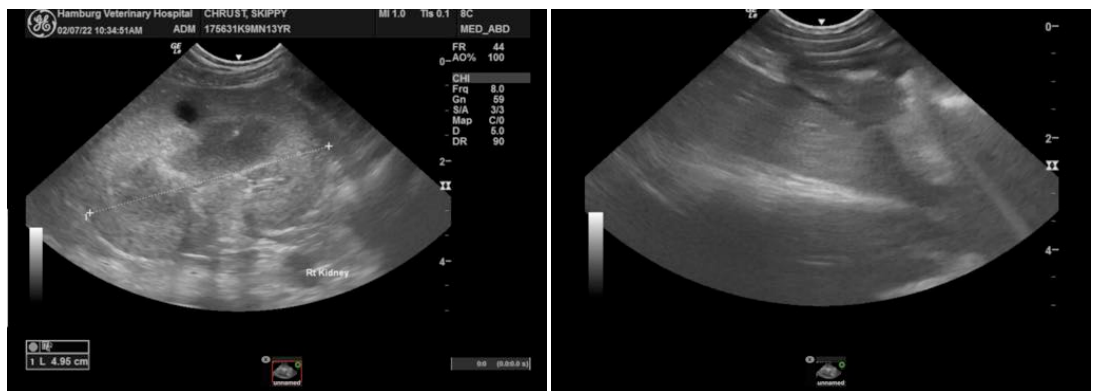
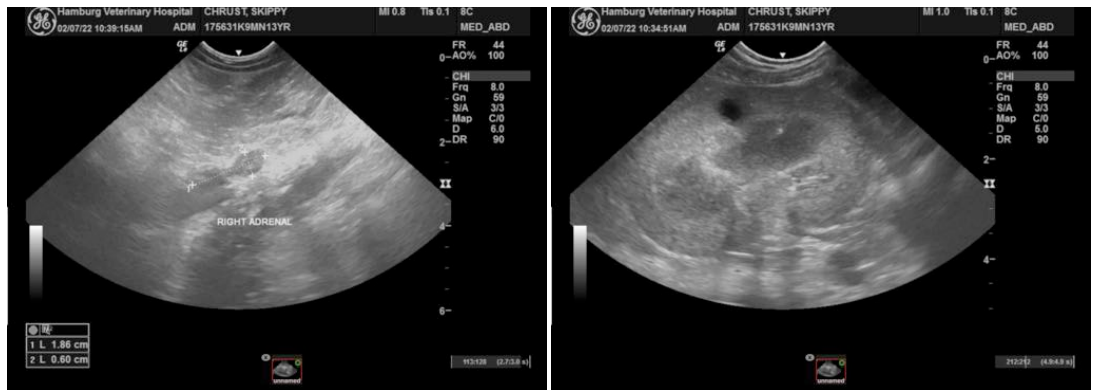
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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