



PATIENT

Chloe Crownover

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

95874

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for recheck. Patient was here and was diagnosed with pancreatitis. Patient was doing good until Monday morning. Patient ran out of meds on Sunday. Patient is very lethargic again. Owner also says patient is drinking only small amounts of water and not eating since yesterday. Patient vomited 3 times today and looked like gall. Previous Health Concerns: pancreatitis; corneal abrasion; uveitis Current Medications: phenobarbital
Abnormal PE/Chem/CBC/UA Results: mm slightly icteric, tacky Abdominal: pot belly Integument: icteric 1) Chemistry Panel – ALT & AlkP too high to read, hyperbilirubinemia 2) EPOC WNL 3) Lepto Witness - negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney measured 5.15 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. The left adrenal gland measured 1.68 x 0.42 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was heterogenous and mildly swollen. Lobar biliary duct dilation was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was obstructed and thickened with lobar biliary duct dilation and turgid gallbladder. The common bile duct appeared to



PATIENT

Chloe Crossover

be tethered at the level of the duodenal papilla owing to mixed echogenic pancreatic pathology. The common bile duct measured 1.0 cm at the maximum width.

SPECIES

Canine

Gastrointestinal

The pancreatic pathology enveloped the upper duodenum and pyloric outflow. The intestines were 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.

BREED

Yorkie

Pancreas

The pancreas was heterogenous in the right limb.

SEX

Spayed Female

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Post hepatic obstruction with dilated common bile duct and heterogenous right pancreatic limb.

WEIGHT

6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical intervention in this patient with bile duct deviation procedure and debridement of the pancreatic tissue liberating it from the duodenum and common bile duct.

INTERPRETED BY

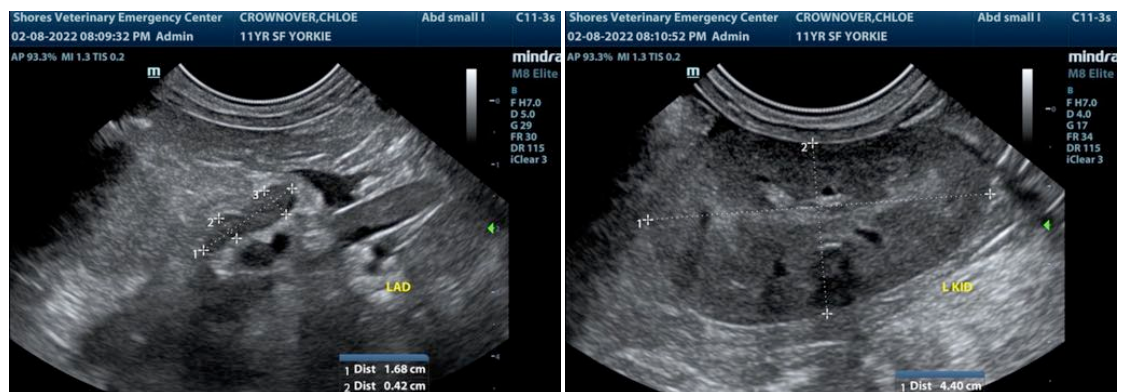
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC



REFERRING VET

Dr. Nelson

INVOICE

95874

DATE

2/8/22



PATIENT

Chloe Crossover

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

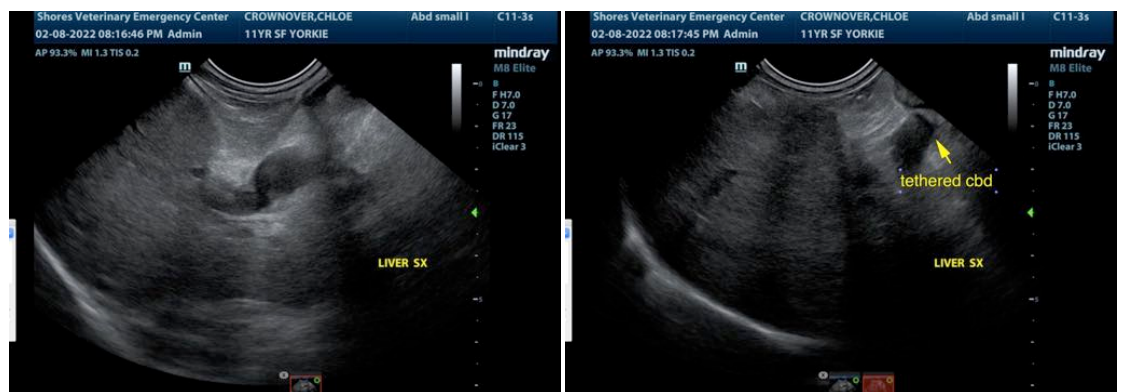
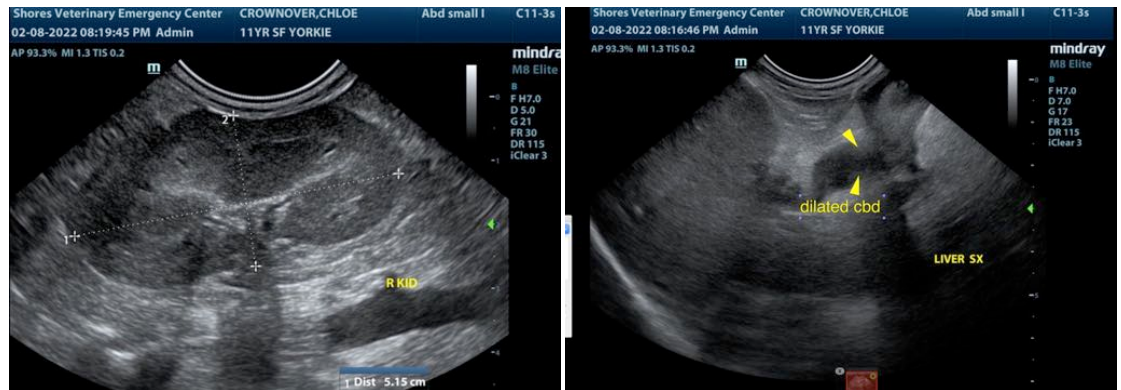
Dr. Nelson

INVOICE

95874

DATE

2/8/22



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.



PATIENT

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

Chloe Crownover

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

95874

DATE

2/8/22