



PATIENT

Jackson Frost

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

82 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

36155

DATE

3/14/22

PRESENTING CLINICAL SIGNS

Acute abdomen presentation, vomiting and lethargic, Friday the patient at pork but not history of FB ingestion

Abnormal PE/Chem/CBC/UA Results: PE: Severe abdominal pain, T: 103.1F CBC: Monocytes 3.67K/uL CHEM: CHOL 386 mg/dL, CL 104 mmol/L T4: 0.6 ug/dL CPL: Abnormal Rads: Loss of detail in cranial abdomen

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 kidney measured 6.0 cm each.

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 0.40 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented a focal mixed hypoechoic target nodule measuring 1.2 cm. Disrupted architecture noted. The remainder of the spleen appeared unremarkable.

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

Variable upper **gastrointestinal** thickening present. No overt loss of mural detail. Some stasis was noted in the stomach. No obvious foreign body. However, a small penetrating foreign body cannot be ruled out, such as a toothpick or similar.

Pancreas

The **pancreas** revealed significant mixed echogenic inflammation in both the left and right limbs, enveloping the upper gastrointestinal tract. Localized areas of free fluid noted.



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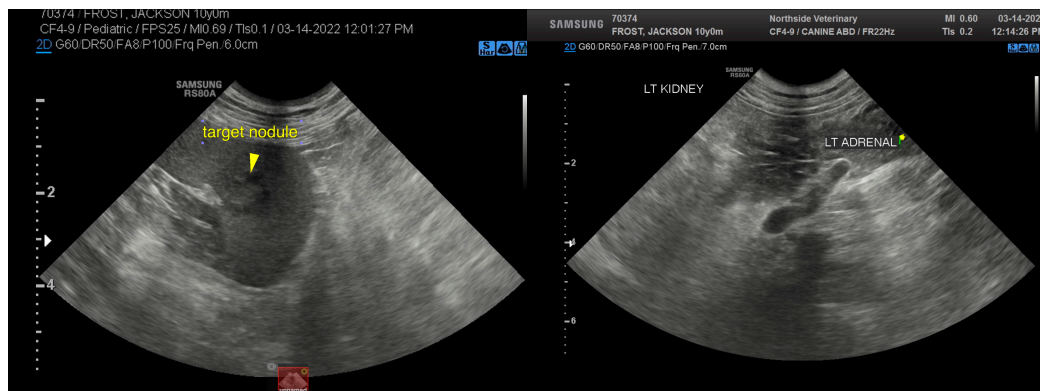
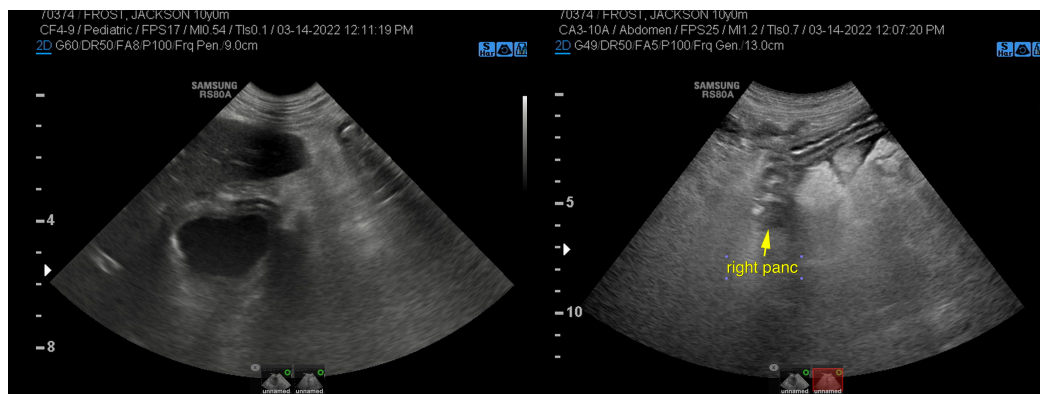
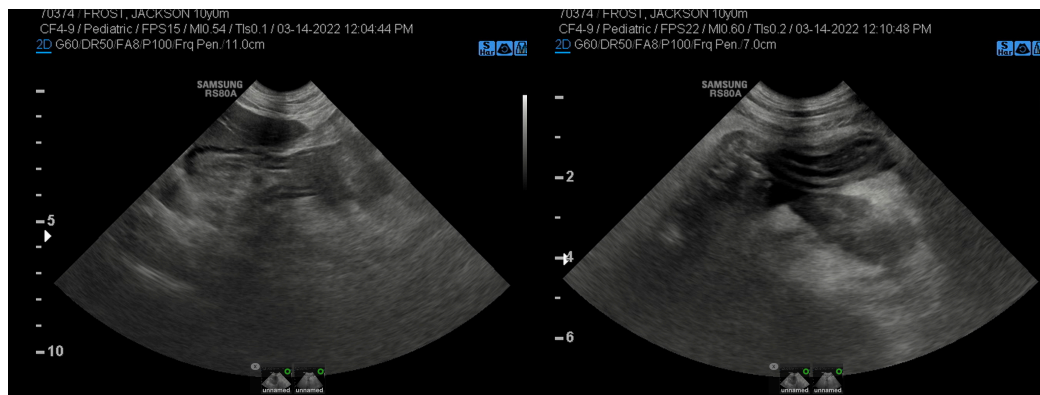
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ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis with upper gastrointestinal envelopment – mild potential for underlying carcinoma
- Splenic nodule – mild potential for round cell neoplasia, possible abscessation or hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic portion of the pancreas and splenic nodule recommended for further definition.





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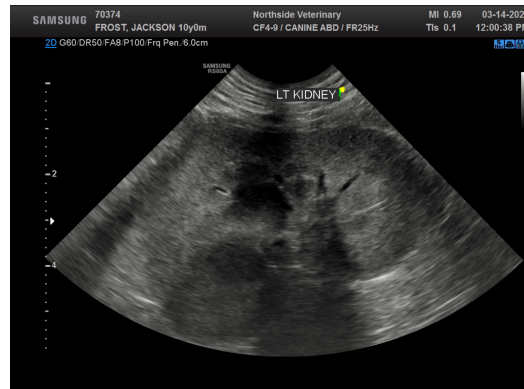
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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