



PATIENT

Remi OConnor

PRESENTING CLINICAL SIGNS

History: Recheck pancreatitis. Current meds: Buprenex, Unasyn, Metronidazole, Pandoperazole, Cerenia
Abnormal PE/Chem/CBC/UA Results: ALP 274 on 3/11

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Brittany Spaniel

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Neutered male

The residual prostate was uniform and measured 0.97 cm.

AGE

9 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 and no evidence of pelvic dilation was present. The right kidney measured 6.2 cm.

WEIGHT

55 lbs

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 right adrenal gland measured 2.38 x 1.42 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.11 x 0.68 cm at the cranial pole and 0.7 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** revealed a hypoechoic nodule at the mid caudal body measuring 0.66 x 0.76 cm.

HOSPITAL NAME

Newton VH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

REFERRING VET

Dr. Kim

INVOICE

96845

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. There was retention of ingesta noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool

DATE

3/14/22



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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SPECIES

Pancreas

Canine

The right **pancreatic** limb revealed residual hypoechoic parenchymal changes that measured 2.4 x 0.32 cm with regional inflammation. This is significantly reduced from the prior sonogram. The left base of the pancreas appears to be the residual area of inflammation. However, the pancreatic presentation has resolved by approximately 50%.

BREED

Brittany Spaniel

ULTRASONOGRAPHIC FINDINGS

SEX

Residual pancreatitis, resolved by approximately 50%.

Neutered male

Persistent splenic nodule.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

55 lbs

Ultrasound-guided FNA of the hypoechoic portion of the pancreas with culture and sensitivity as well as cytology is recommended to rule out underlying carcinoma. Ideally continual medical management with IV fluid support, broad spectrum antibiotics and pain management is all indicated. If the patient is clinically stable then outpatient therapy could be considered; however, this area of approximately 3.0 cm at the left base is a moldering area of likely necrosis. It will take significant medical time to resolve; however, my preference would be to continue to treat intensively even if the patient is eating as fluid therapy is the best option to plasma expand this region and allow for rapid healing. However, regardless, a recheck sonogram is recommended in a week if the patient is improving medically.

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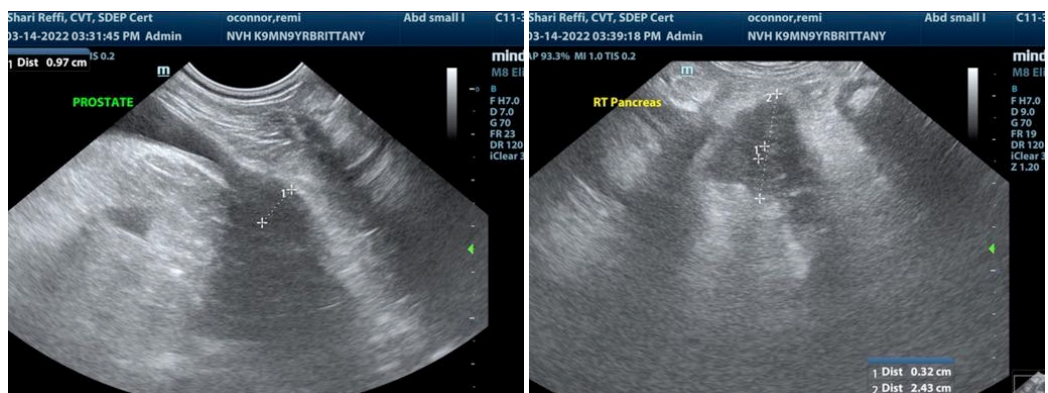
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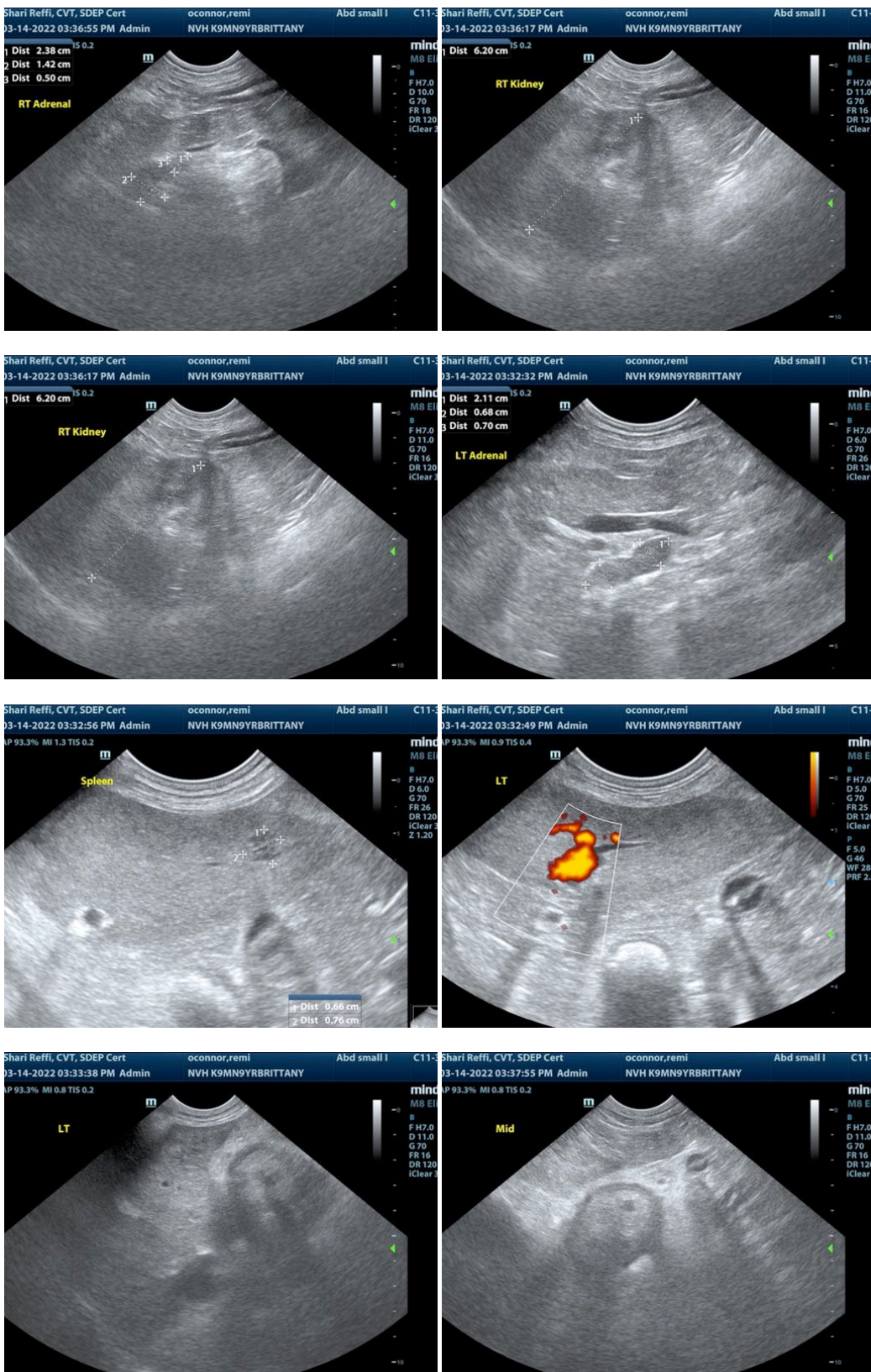
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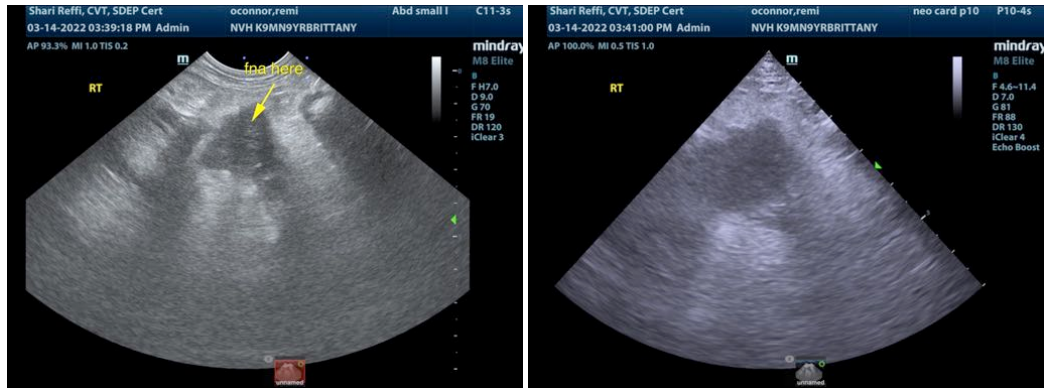
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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