

DATE PRESENTING CLINICAL SIGNS

3/14/26 **Patient History:** Teddy presented for lethargy and decreased appetite for 2 days as well as vomiting.

PATIENT Hx of found chewing on an animal bone he found in the yard 2 days ago - no other change in diet or people food.

Teddy Hartsough **Radiographs**

SPECIES Abdominal radiographs - Performed - Results: Mostly empty stomach with small amount of ingesta; mild caudal displacement of stomach axis; loss of serosal detail; gas in small intestine; fluid-filled bowel loops; no prominent obstructive pattern; VD view with considerable loss of detail in right limb of the pancreas.

Canine **Ultrasound** Point-of-care abdominal ultrasound - Performed - Results: Mild free abdominal fluid around spleen, cranial to bladder, around intestinal loops, and near pylorus; peripancreatic area hyperechoic with hypoechoic center; spleen normal; liver enlarged and hyperechoic; small intestines with prominent muscularis.

BREED Minnie Aussie **Current Medications:** ivf, methodone, unasyn, panoquell, cerenia, pantoprazole

SEX Neutered Male **Labwork Results:** Initial Bloodwork:
Mini chemistry panel - Performed - Results: ALT 131, ALP 414; electrolytes Na 136, K 3.7, Cl 86.
PCV/Total solids - Performed - Results: PCV 50, TS 8.8.

AGE 2017 **AGE** CBC: lymphopenia
Liver panel: GGT and Tbili normal, BG 74

WEIGHT 10.5 kg **AGE** CRP >>200
CPLi >>2000

DATE OF PREVIOUS INTRAPET ULTRASOUND: No previous.
SEDATION: Not required to complete full diagnostic ultrasound.
STAT REPORT: requested.
IMAGING PERFORMED BY: Andi Parkinson RDMS

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

REFERRING VET

Not Provided

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 5.96 cm. Left kidney measured 5.8 cm.

INVOICE

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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. Left measured 2.53 cm x 0.54 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

The **spleen** was hyperechoic and folded upon itself caudally.

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. Occasional hypoechoic nodule noted, non-disruptive. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed spastic upper gastrointestinal tract. The remainder of the GI tract appeared unremarkable.

Pancreas

The **pancreas** revealed extensive mixed hypoechoic parenchymal changes in a region of approximately 6.0 cm with ill-defined surrounding fat. Areas of necrosis noted. However, some areas of vascularity to the pancreatic pathology noted. Free fluid noted in the region of the pancreas.

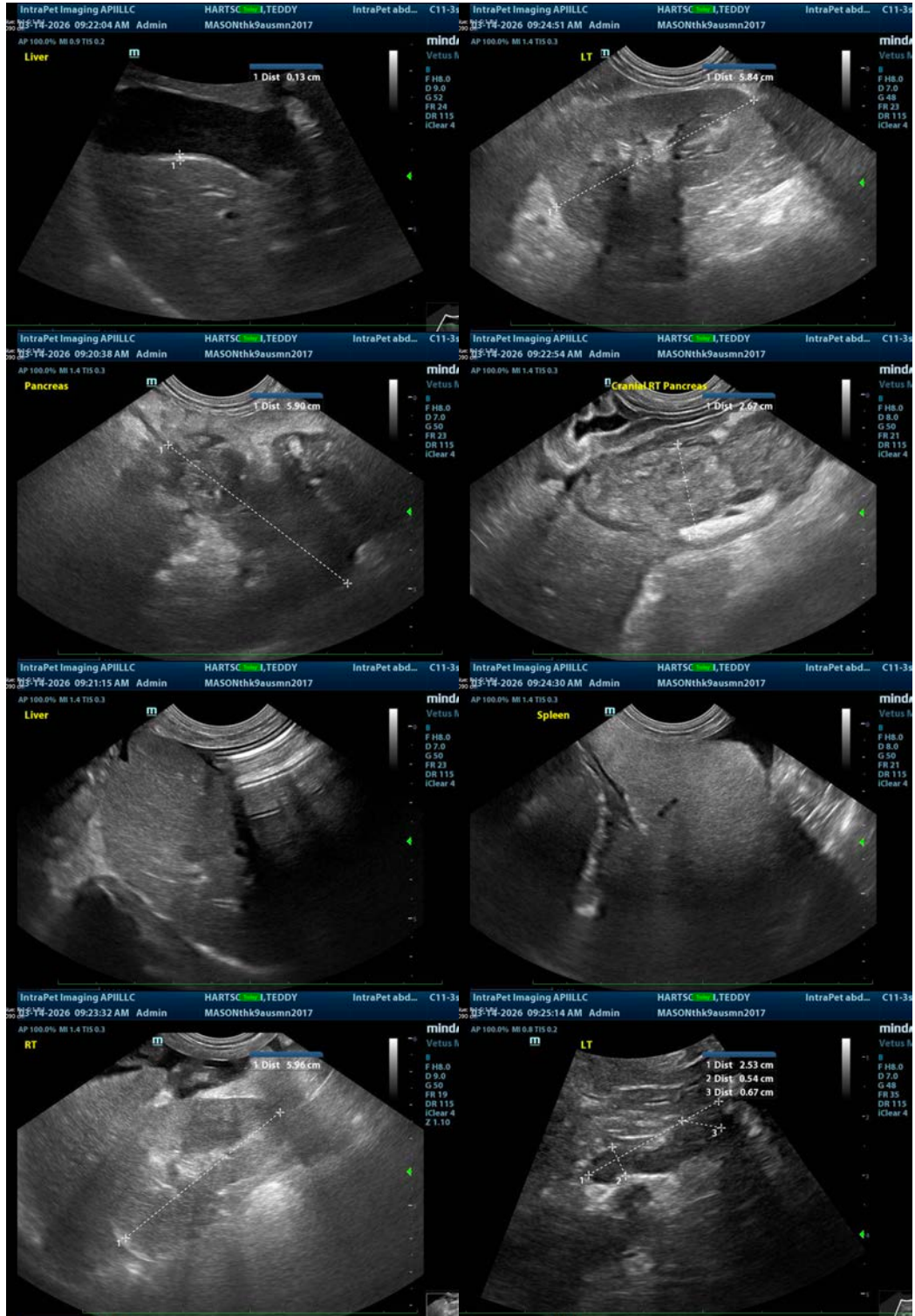
ULTRASONOGRAPHIC FINDINGS

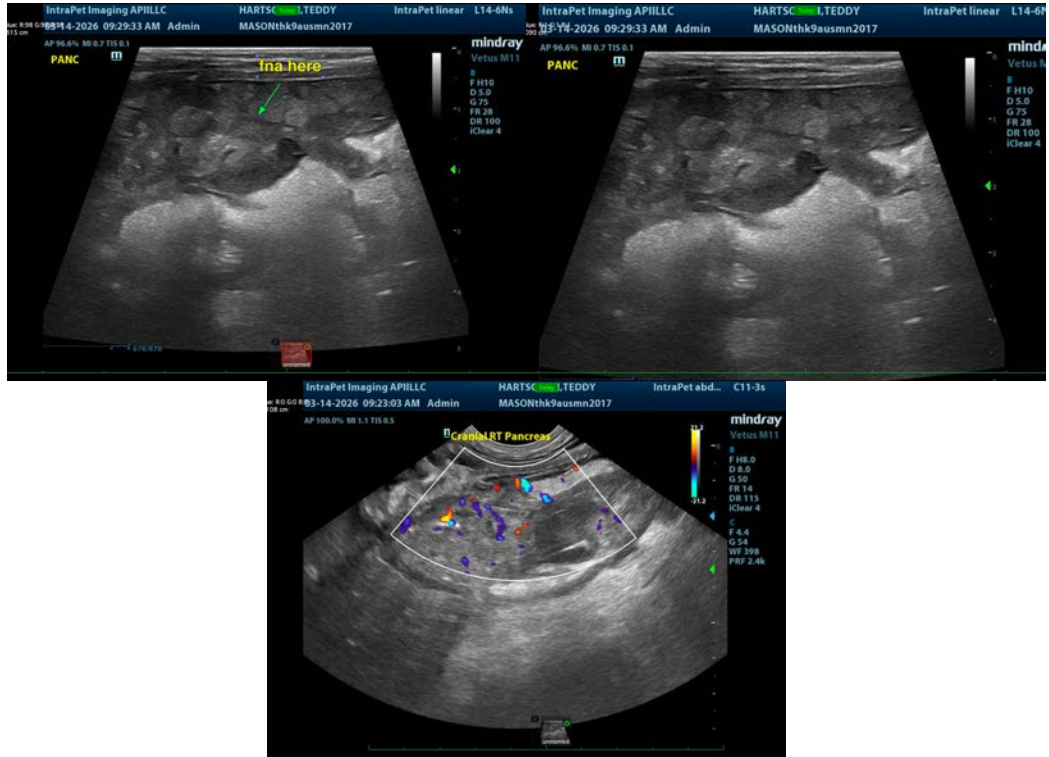
- Extensive pancreatitis and pancreatic necrosis pattern with secondary peritonitis and envelopment of the upper gastrointestinal tract. Possibility of pancreatic carcinoma.
- Spastic upper GI tract.
- Mildly thickened urinary bladder.
- Age related renal changes.
- Hyperechoic, folded spleen.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic pancreatic parenchyma and ultrasound guided abdominocentesis indicated to ensure underlying neoplasia is not an issue. Surgical intervention with debridement of portions of the pancreas may eventually be necessary in this patient, as the pathology is extensive and envelops portions of the upper gastrointestinal tract. Prognosis is very guarded. Plasma expanders, plasma transfusion, broad-spectrum antibiotics, GI protectants, pain management all indicated and recheck sonogram in 48-72 hours. Attention should be paid to potential eventual post-hepatic obstruction development, given extent of pathology in the right pancreatic base, and eventual envelopment of the common bile duct is a potential.







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.

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