



## PATIENT

Humphrey Lapointe

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered Male

## AGE

7

## WEIGHT

16.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

KF

## HOSPITAL NAME

Animal Emergency  
Hospital Deland

## REFERRING VET

Dr. Schwanebeck

## INVOICE

21704

## DATE

3/19/23

## PRESENTING CLINICAL SIGNS

History: P presented for not eating, being lethargic, and only having one bowel movement over the last 2 days. The only thing that the O knows of that the P ate is a palmetto bug. P is drinking a lot of water but every time he drinks he vomits and cannot hold the water down.

Abnormal PE/Chem/CBC/UA Results: BW: GGT: 30, APL: 434, Amylase >2500, Lipase: 912

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pyelectasia was noted in both kidneys, potential UTI may be an issue, however, if this patient is under fluid therapy this could be normal. The kidneys measured approximately 4.0 cm each.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The visible **spleen** was uniform yet the distal splenic vein appeared to have a potential thrombus given the echotexture of the lumen. Free fluid was noted around the spleen, as well as significant inflammation.

### Liver

The **liver** revealed increased portal markings and multifocal nodular changes with remodeling. A gallbladder was normal with a minor amount of debris. Given the pancreatic presentation, FNA of the liver is strongly encouraged to ensure the nodular changes do not represent metastatic disease.

### Gastrointestinal

The upper **gastrointestinal tract** was mildly thickened without evidence of foreign body; however, it was enveloped by the regional pancreatic pathology. I cannot rule out an underlying penetrating foreign body, such as a toothpick or similar, as echo with penetration was difficult in multiple regions, and a penetrating foreign body could be missed.

### Pancreas

A 4.0 cm x 3.0 cm hypoechoic necrosis/abscess area was noted at the base of the **pancreas**. Ultrasound guided FNA of the parenchymal portion of the lesion and drainage is indicated.

### Free Abdomen



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Regional **peritonitis** and localized areas of free fluid were noted. There is an extensive amount of necrosis and inflammation throughout the cranial abdomen, associated with the pancreas and upper gastrointestinal tract.

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## ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/necrosis/abscess pattern. There is a possibility of underlying neoplasia.
- Undefined nodular hepatic changes
- Splenic vein thrombosis suspected
- Extensive peritonitis
- Mildly thickened upper GI tract, cannot rule out underlying penetrating foreign body
- Age-related renal changes with pyelectasia

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Direct exploratory surgery with expectations of debridement and drainage or removal of abscessation, as well as inspection and biopsy of the liver (J2 placement) could be justified, as well as exploring for potential underlying foreign matter that may have been ingested. If medical management is to be utilized, ultrasound guided FNA of the parenchymal portion of the pancreas, drainage of the abscess and FNA of the liver are all indicated with aggressive medical management, plasma transfusion, plasma expanders, broad spectrum antibiotics, pain management, GI protectants. The patient should be monitored carefully with follow up ultrasound every 2-4 days, depending upon the clinical profile, however, the amount of pathology is extensive. Prognosis is extremely guarded. The patient is at high risk for thromboembolic events.

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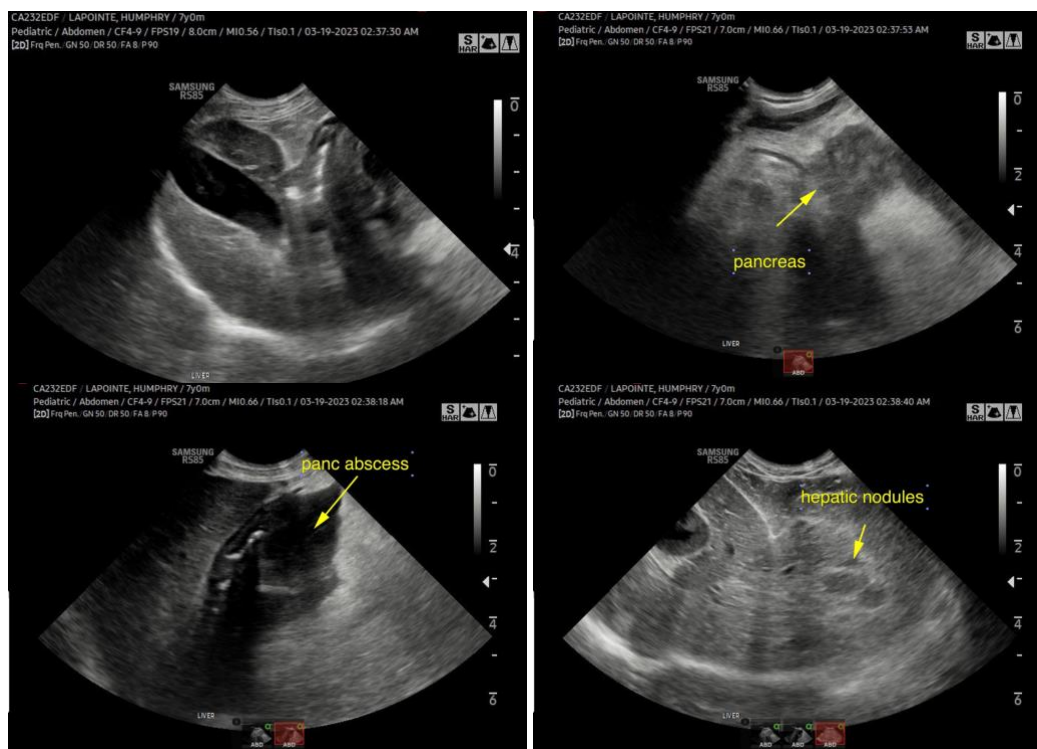
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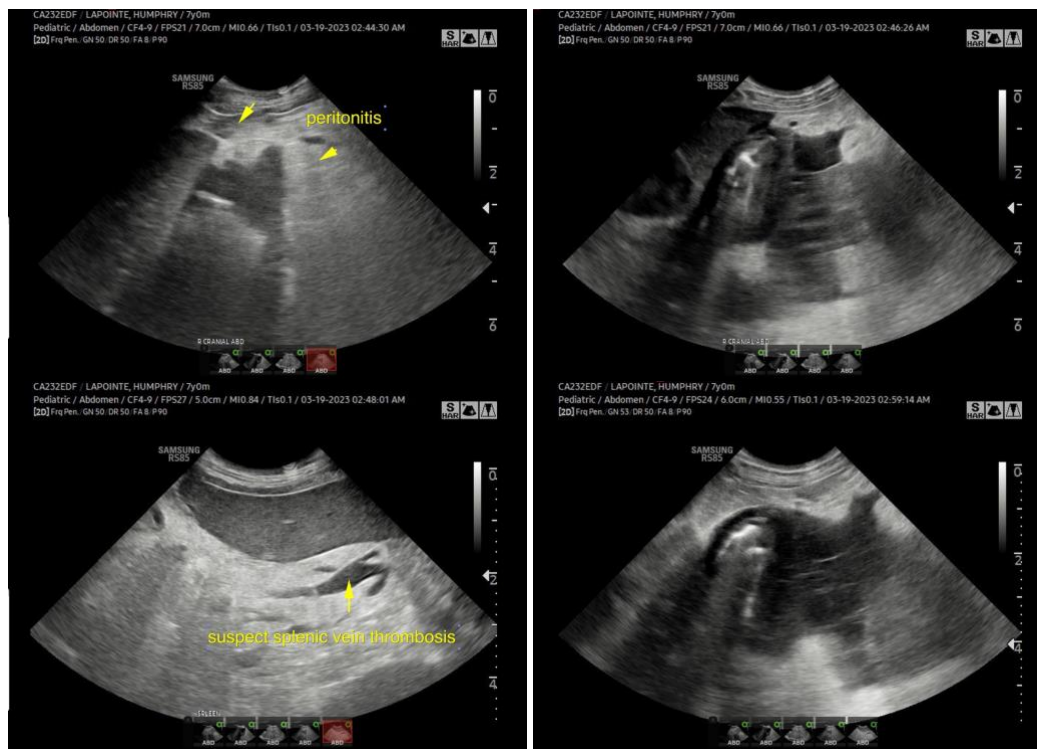
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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