**PATIENT**Holiday Burczyk
243375**SPECIES**

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

1 Year 5 Months

WEIGHT

3.5 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Gregg

INVOICE

36464

DATE

3/25/22

PRESENTING CLINICAL SIGNS

Several day history of vomiting and diarrhea and anorexia. Tried outpatient treatment yesterday, still refused to eat. Currently on metronidazole.

Abnormal PE/Chem/CBC/UA Results: 3/23/22: 1. CHEM: GLU 160 (H), Na 136 (L), Cl 100 (L) 2. WBC 15.3 (H), RBC 8.5 (H), HCT 60 (H), NEU 12079 (H), PLT 453 (H) 3. Abdominal radiographs: stomach is mildly fluid filled, SI is fluid filled with small amounts of gas --> no obvious obstruction but cannot r/o completely 3/24/33: 1. CBC: HCT 48.5, RDW-CV 12.0 (L), 2. CHEM: Ca 7.8 (L), TP 4.4 (L), ALB 2.4 (L), GLOB 2.0, TCHO 87 (L), Na 137 (L), K 3.6 (L), Cl 101 (L)

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 left kidney measured 3.22 cm. The right kidney measured 2.96 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 right adrenal gland measured 0.56 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland measured 0.41 cm at the cranial pole and 0.36 cm at the acudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

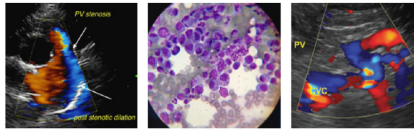
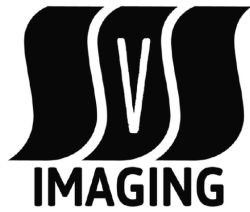
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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

The **stomach** presented severe concentric thickening, hypertrophied muscularis with loss of mural detail. Peripheral inflammation noted. The distal small intestine revealed minor areas of wall thickening and inflammation. Minor colonic thickening also present. No evidence of luminal foreign bodies. Some of the inflammation extended into the pancreas.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



PATIENT

Holiday Burczyk
243375

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

1 Year 5 Months

WEIGHT

3.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Gregg

INVOICE

36464

DATE

3/25/22

Pancreas

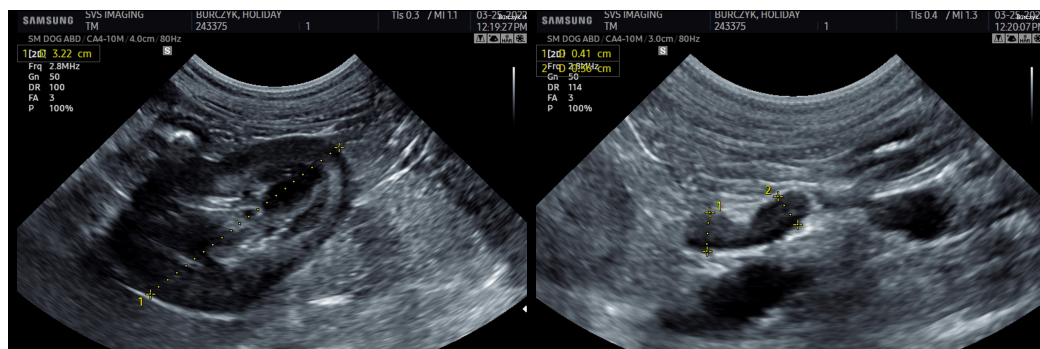
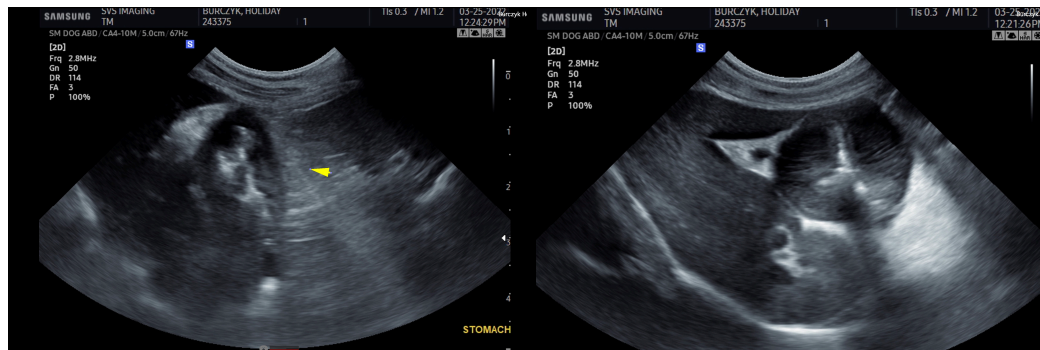
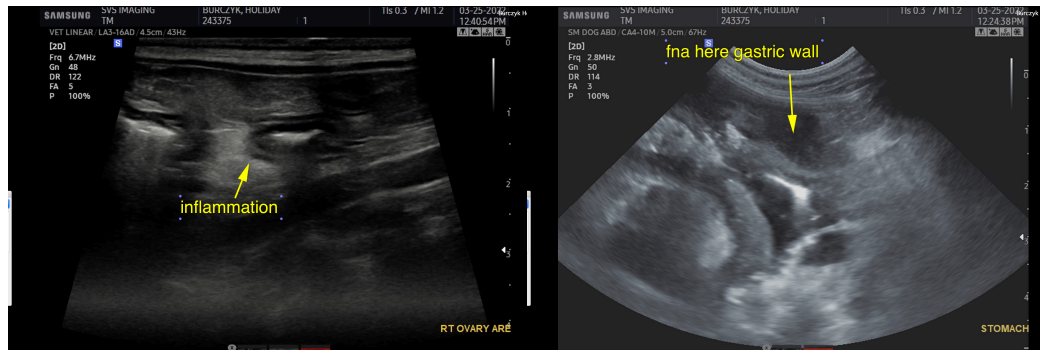
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Severe gastritis pattern with secondary pancreatic inflammation – severe gastritis versus gastric lymphoma or less likely carcinoma.

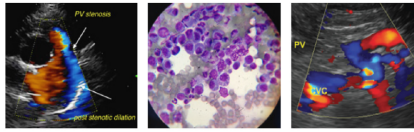
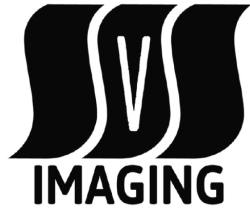
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the gastric wall recommended. Otherwise, full thickness biopsies or endoscopy could be considered. However, my concern with endoscopy is that the luminal access to the mural pathology not be optimal. If sampling is absolutely not an option, 24-hour NPO and aggressive GI protectant protocol warranted. Recheck sonogram in 72-hours. However, neoplastic criteria is met with the gastric wall thickening. Sampling is essential.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



PATIENT

Holiday Burczyk
243375

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

1 Year 5 Months

WEIGHT

3.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

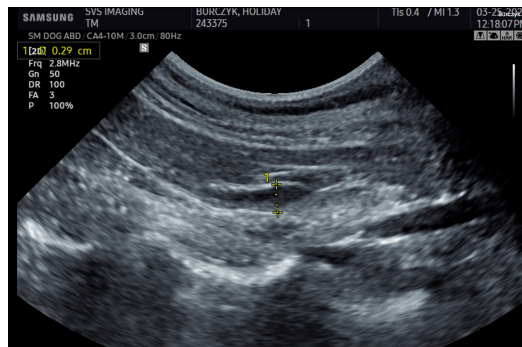
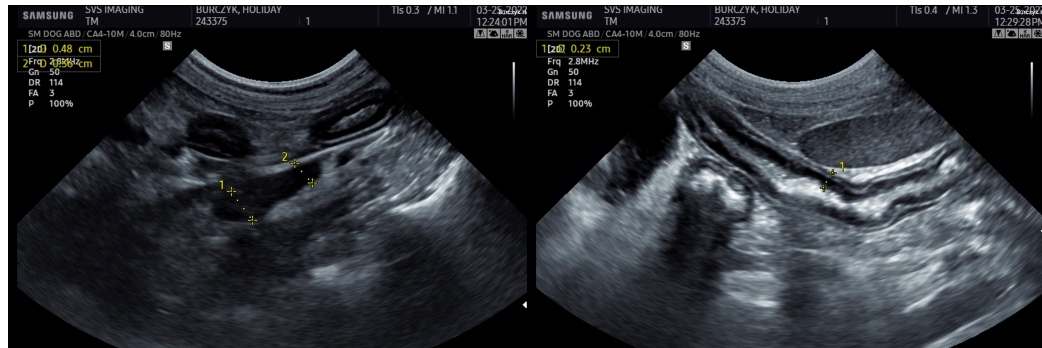
WVRC - Dr. Gregg

INVOICE

36464

DATE

3/25/22



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.

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

info@SonoPath.com