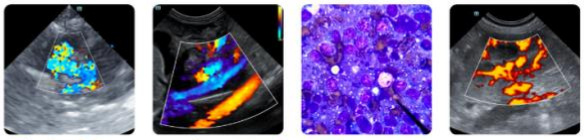

PATIENT

Archie White

SPECIES

Canine

BREED

Fox Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

21.9 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Jenny Russell

HOSPITAL NAME

Southwest Texas Veterinary Medical Center

REFERRING VET

Dr. Taylor Stokes

INVOICE

14616

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- P is diabetic and has been managed on vetsulin
- P came in today lethargic and having vomited a few time
- O did not give insulin last night and this morning due to not eating

Bloodwork: ALP 400s (high of 200s) HCT concentrated, Platelets increased BG in the 600s no ketones in the urine at time of arrival Radiographs gave suspicion of spleen being enlarged but with suspected that it is the pancreas very enlarged it may just have pushed the spleen back into view.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. A slight subtle hyperechoic medullary rim sign was noted consistent with diabetic nephropathy. The left kidney measured 5.31 cm in length. The right kidney measured 5.56 cm in length. Microcystic cortical changes were noted bilaterally.

Adrenal Glands

The **adrenal glands** appeared heterogenous, moderately enlarged and mildly swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.8 cm x 0.95 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland measured 2.66 cm x 0.84 cm width at the cranial pole and 0.73 cm width at the caudal pole.

Spleen

The **spleen** presented enlarged with mild heterogenous parenchymal changes with hyperechoic lipid plaques yet not overtly pathological. However, the general spleen is most consistent with hyperplasia.

Liver

The **liver** presented heterogenous and mildly enlarged with coarse architecture. The gallbladder revealed minor nondependent coalesced bile yet not overtly pathological. No evidence of posthepatic obstruction noted at the time of the sonogram, however, given the position of the pancreatic pathology, there is a strong potential for posthepatic obstruction. The common bile duct at the level of the duodenal papilla measured 0.34 cm.

Gastrointestinal

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. A large amount of gastric stasis was noted with pyloric thickening and loss of mural detail. Wall thickness measured up to 0.50 cm.

Pancreas

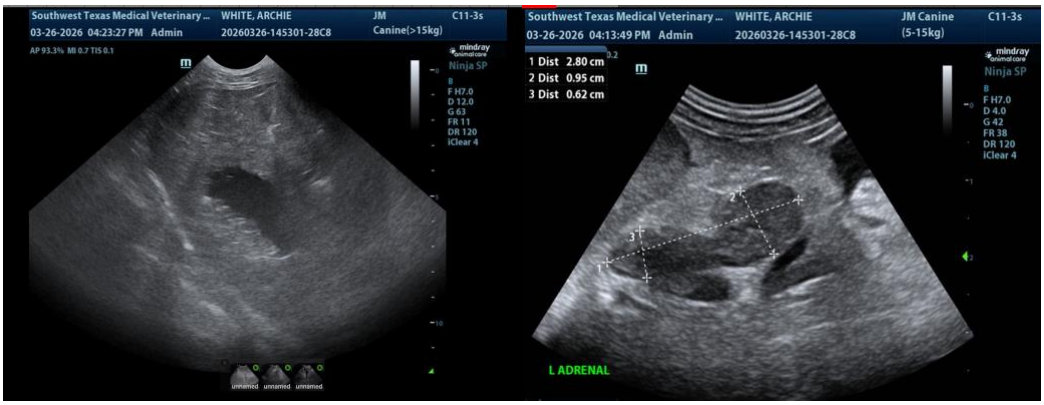
The **pancreas** revealed extensive mixed echogenic parenchymal changes consistent with pancreatitis, steatitis and likely necrosis extending throughout the left lobe and base. The pancreatic pathology enveloped the upper duodenum with regions of intestinal spasming present. The cystic portion of the pancreas measuring approximately 1.0 cm at the left base of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis- strong concern for regional pancreatic necrosis.
- Gastroenteritis.
- Nodular hyperplasia liver pattern.
- Nodular swollen adrenal glands- potential underlying Cushing's.
- Age-related renal changes.
- Enlarged spleen- hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Drainage of the cystic pancreatic portion, culture and sensitivity, 25-gauge FNA of the hyperechoic portions of the pancreas is recommended. Aggressive treatment for extensive pancreatitis is Indicated. Evacuation of the stomach with a gastric tube may prove fruitful in this patient as well. Pain management, plasma expanders, potential plasma transfusion, broad spectrum antibiotics and GI protectants are all indicated. Recheck sonogram in 48 to 72 hours. Prognosis is guarded.



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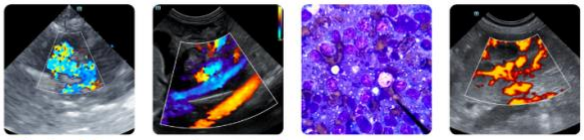

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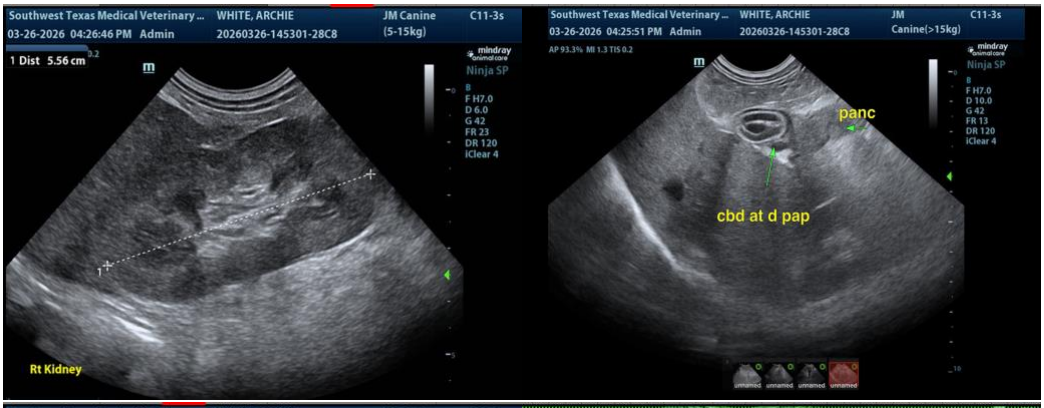

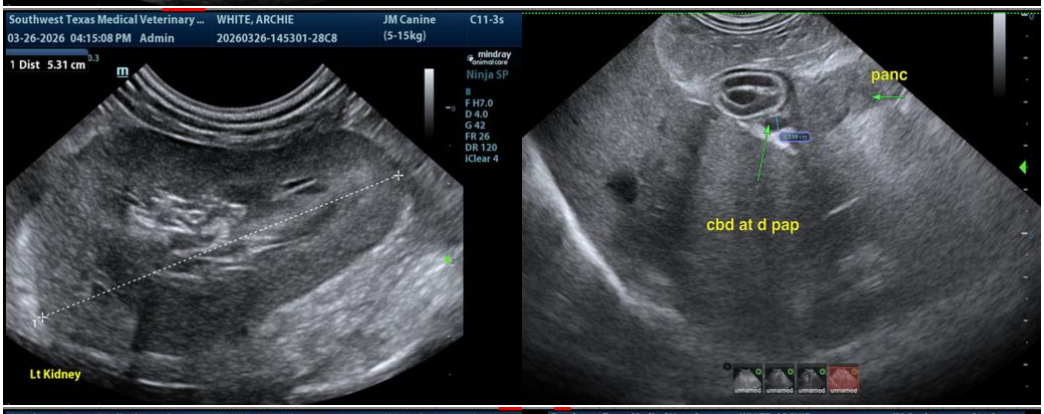

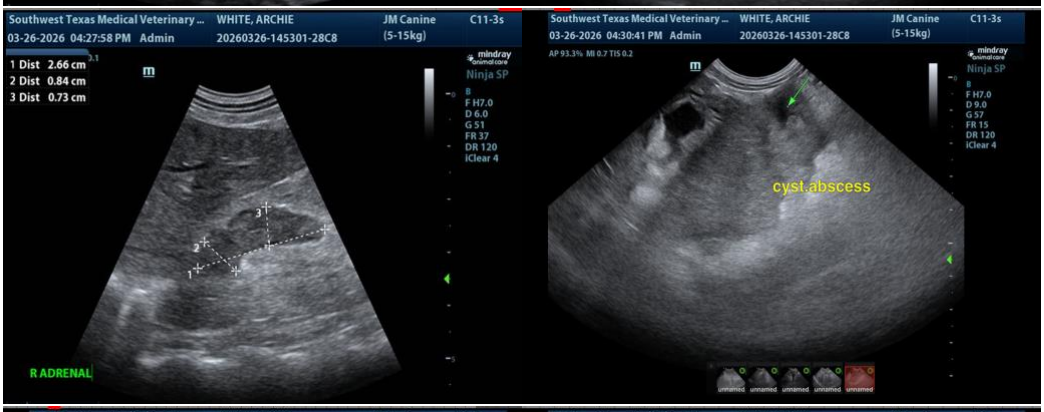

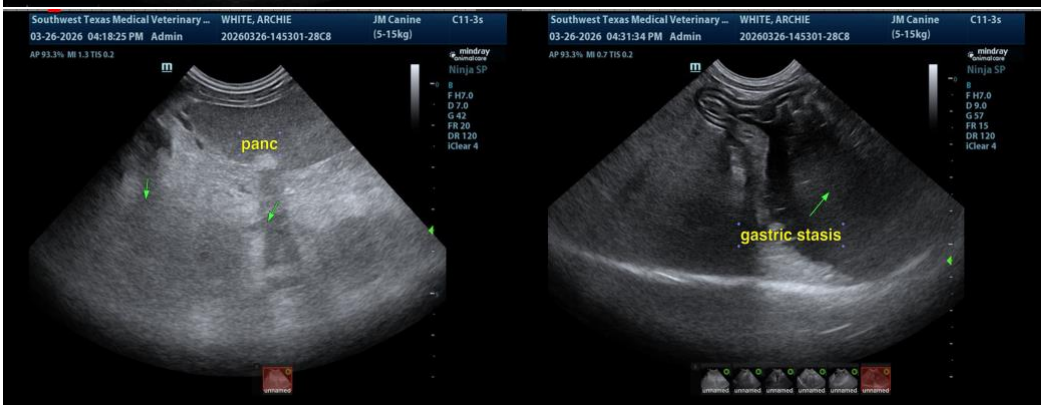

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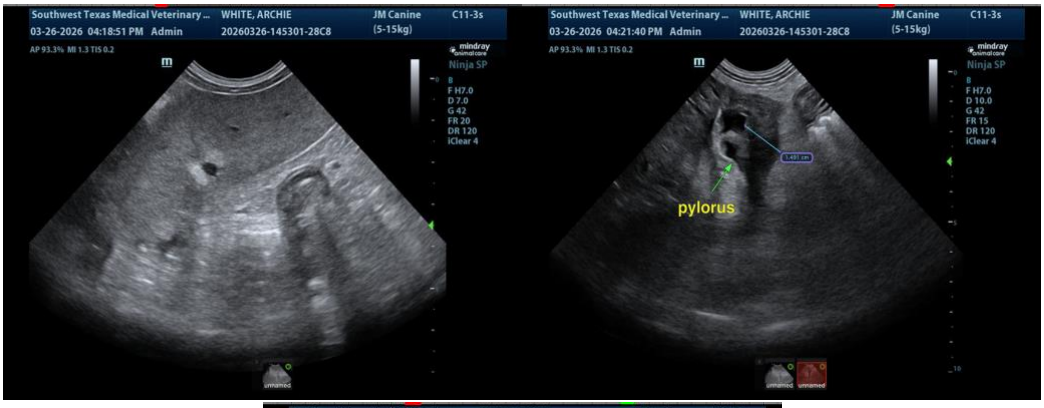

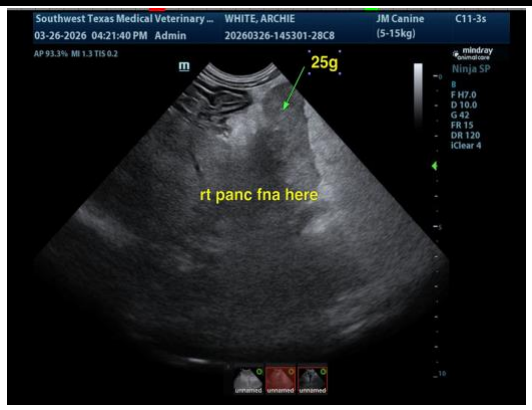

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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