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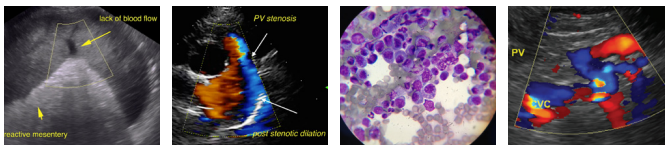
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lincoln Bassounas

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Neutered Male

AGE
11 Years

WEIGHT
15.8 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Miller

INVOICE
36513

DATE
3/28/11

PRESENTING CLINICAL SIGNS

Presented at our hospital for not himself today, down and out, laying around all day, shaking, no interest in food, V+ 1x, Previous Health Concerns: BW done in Feb, Renal/Hepatic values good, but proteinuria; sent out UPC -also elevated, was to finish Doxy and then recheck UPC. Lyme positive. Was placed on Amoxi and Galliprant for Dental Dz, waited 2 weeks then started Doxy 3/20 for Lyme Dz. O has been putting the Doxy in Cheese. Current Medications: Currently only on Doxy and Cosaquin Abnormal PE/Chem/CBC/UA Results: Abdominal: Painful on abdominal palpation Radiographs – loss of detail mid abdomen, unable to make out the exact margins of liver/spleen Fast Scan – no free fluid noted EPOC – WNL cPL – strong abnormal

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 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. The left kidney measured 7.08 cm. The right kidney measured 7.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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** was mildly enlarged with increased portal markings. The gallbladder was unremarkable. Minor amount of hepatic remodeling, consistent with history of inflammatory hepatopathy.

Gastrointestinal

The upper **gastrointestinal tract** revealed edematous duodenum. The distal small intestine was unremarkable. Soft stool noted in the colon. Proximal colonic thickening noted up to 1.0 cm with some areas of loss of detail.

Pancreas

Extensive mixed hypoechoic **pancreatic** changes noted throughout the right limb, left limb and base with reactive mesentery and moderate free fluid.

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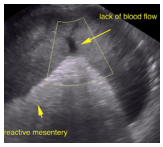

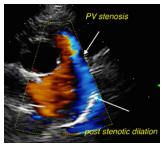

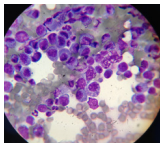
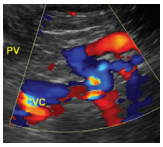

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Free Abdomen

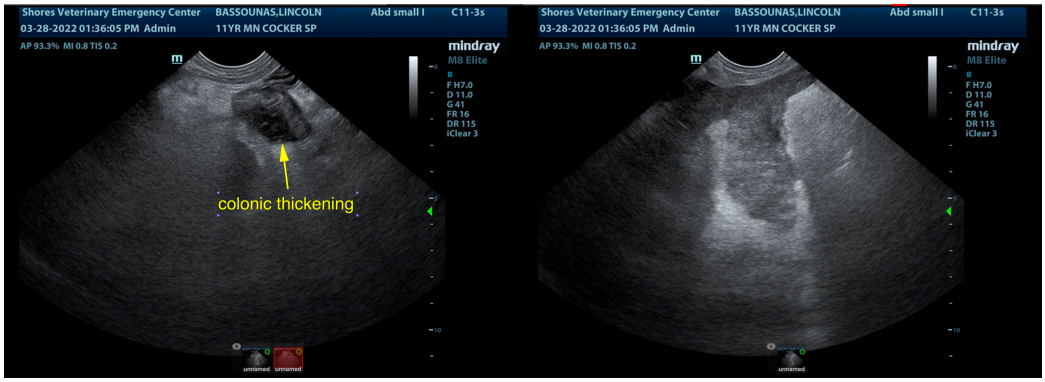
Free fluid noted in the abdomen. Reactive mesentery noted throughout the mid abdomen.

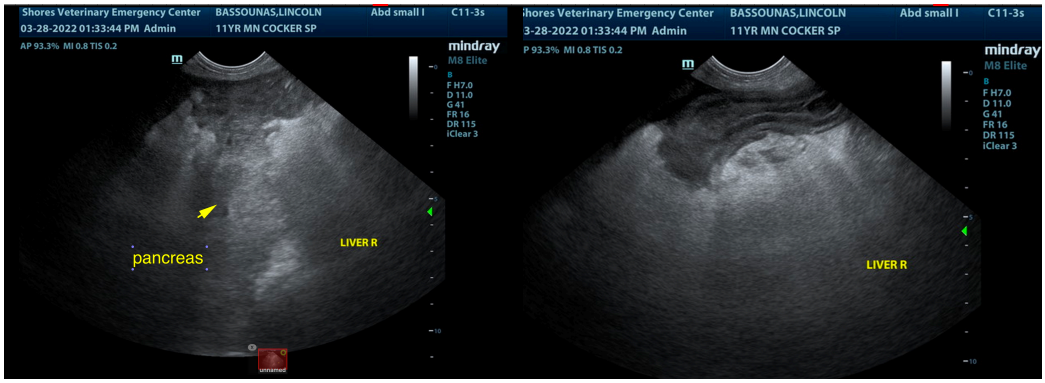
ULTRASONOGRAPHIC FINDINGS

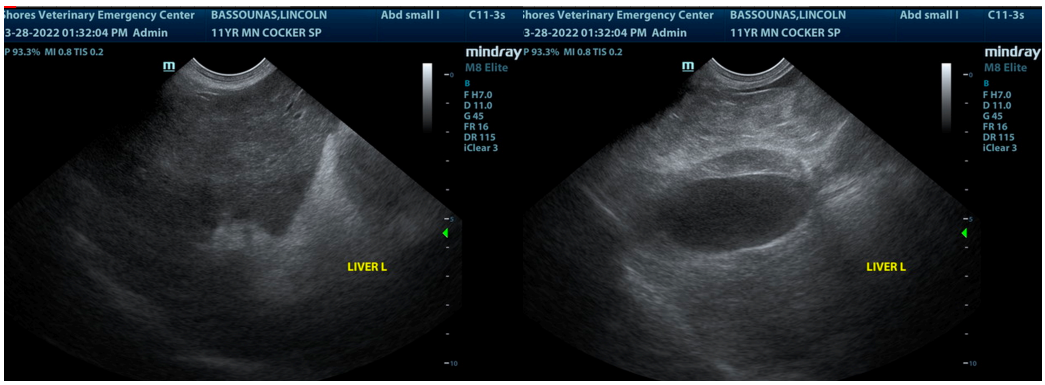
- Extensive pancreatic pathology with free fluid
- Hepatic remodeling
- Age related renal changes
- Variable upper gastrointestinal and colonic thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Free fluid may be owing to peritonitis. Abdominocentesis of the free fluid with immediate cytospin and slide preparation recommended. FNA of the hypoechoic portions of the pancreas. Concern for carcinomatosis as opposed to extensive pancreatitis and necrosis. Prognosis is guarded.







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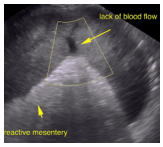

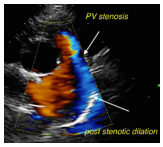

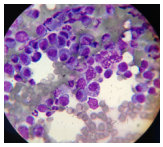
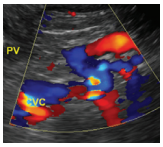

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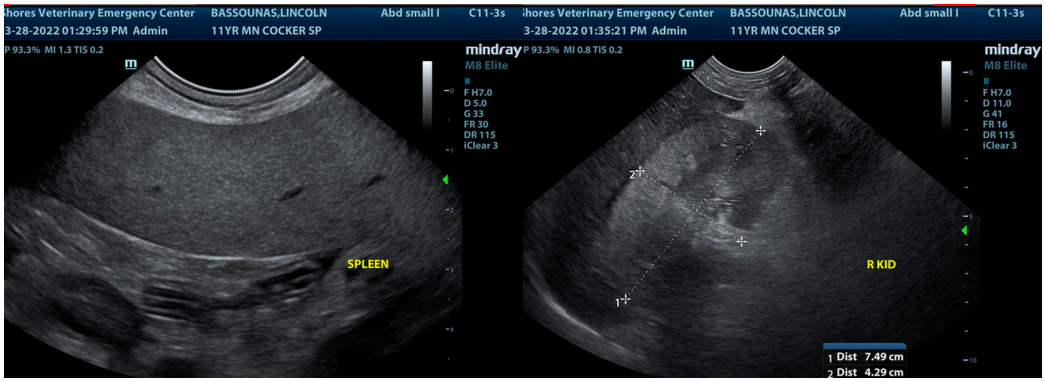

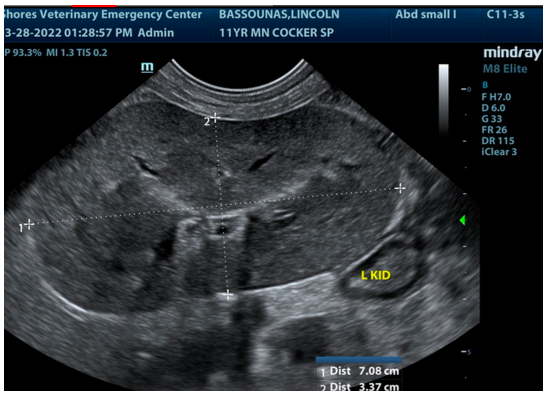

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com