



PATIENT

Roxanne James

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

90.7 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

14161

DATE

3/4/22

PRESENTING CLINICAL SIGNS

History: Hx of pancreatitis. Anorexia, diarrhea, vomiting. On low fat bland diet, improved but then symptoms returned.

Abnormal PE/Chem/CBC/UA Results: 2/18-CPL abnormal. 2/17- Phos 5.8 (5.0H), ALP 367,WBC 28 (17 H), Neut 25.86 (12.3 H)

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 7.06 cm. The right kidney measured 7.03 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

Minor heterogeneous **splenic** changes yet no overt masses deriving from the spleen.

Liver

The left **liver** revealed an isoechoic to nodular 5.3 cm expansive mass with regional inflammation. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

A large cystic structure was noted in the region of the **pancreas**, measuring approximately 10 cm. This may be the source of the free fluid owing to leakage. However, the pedunculated left sided liver mass was also present.

Free Abdomen

A large amount of echogenic free fluid was noted in the **abdomen**. Enhanced heterogeneous omentum noted throughout the mid abdomen.



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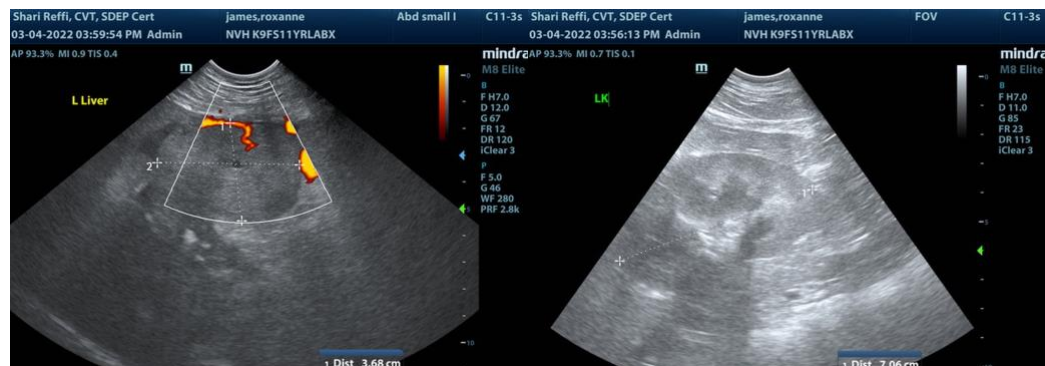
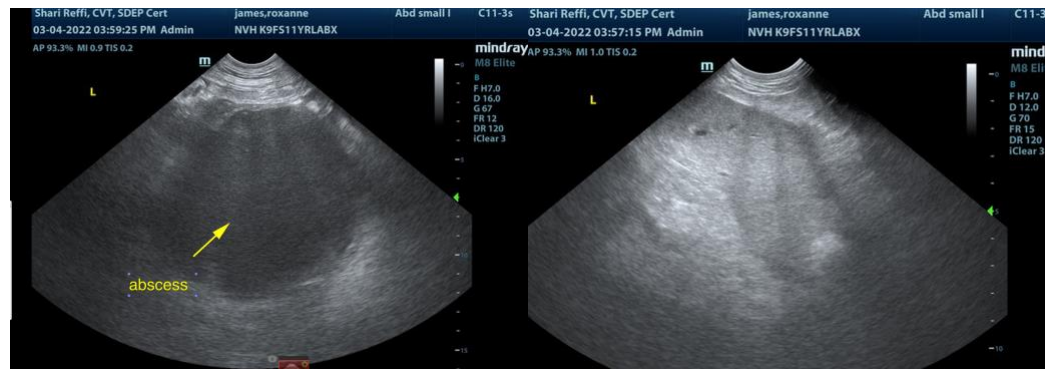
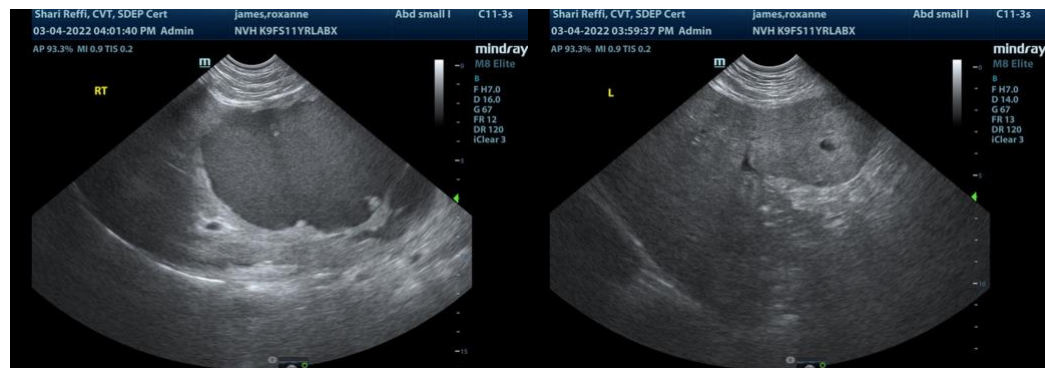
3/4/22

ULTRASONOGRAPHIC FINDINGS

- Pancreatic mass with left caudal liver mass
- Heterogeneous spleen
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact origin of the abscess may be hepatic in origin as it impinges upon and does not clearly separate from the liver, however, it superimposes the area of the pancreas. Exploratory surgery recommended with drainage of the abscess and left lateral lobectomy. No obvious metastatic disease noted. Hepatic abscess +/- neoplasia. Possible pancreatic involvement. Immediate exploratory surgery recommended.





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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