



PATIENT PRESENTING CLINICAL SIGNS

Sugar Pixie Deshong

History: Presented 2 weeks ago to emergency clinic for severe, acute vomiting. Pancreatitis diagnosed with bloodwork. Started at home supportive care. Hospitalized Tues-Fri here with supportive care, BW normalized, appetite returned. Discharged Friday - decreased appetite, difficulty medicating at home. Lethargy, decreased appetite continued through weekend and early part of week. Weight loss noted, no vomiting at home.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 3/2/22 - ALP 1,050 HCT 31.5% All other values WNL

BREED

Pomeranian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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 was noted. Ureteral papillae were normal.

AGE

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight mineralization was noted in both kidneys. The right kidney measured 4.5 cm. The left kidney revealed slight pyelectasia and measured 3.94 cm.

WEIGHT

9.36 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The right adrenal gland was slightly enlarged and uniform measuring 1.4 cm in length x 1.0 cm at the cranial pole and 0.8 cm at the caudal pole. The region of the left adrenal gland revealed an undifferentiated, multi-focal, mineralized mass and measured 3.0 x 2.0 cm with regional inflammation that extended around the left kidney.

IMAGING PERFORMED BY

Jack Reese

Spleen

HOSPITAL NAME

Willow Run VC

The **spleen** was enlarged with scalloping contour and mildly irregular. The parenchyma was uniform. Enhanced mesentery was noted around the spleen and the region of the vena cava.

REFERRING VET

Dr. Arnold

Liver

The **liver** revealed uniform vacuolar hepatopathy pattern. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

DATE

3/9/22

The **stomach** was particularly thickened with concentric wall thickening and loss detail. Wall thickness measured up to 1.2 cm. Regional free fluid was noted. The small intestines and colon were unremarkable.



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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.

Free Abdomen

A slight amount of free fluid was noted in the caudal abdomen. Significant inflammation was noted around the left kidney and left adrenal gland.

ULTRASONOGRAPHIC FINDINGS

Extensive abdominal inflammation with left adrenal mass. Suggestive for carcinoma.

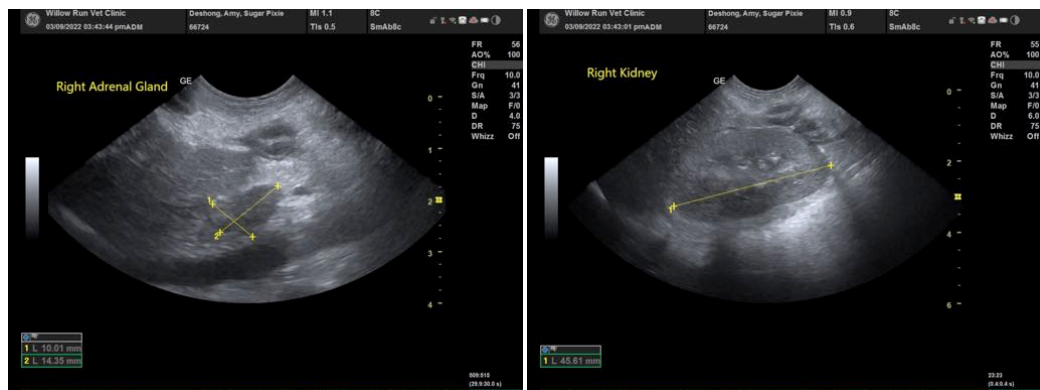
Severe gastritis pattern.

Deviated left kidney.

Enlarged irregular spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal inflammation is likely related to the primary mass in the left adrenal gland. Visibility of the vena cava was obscured, yet likely invasion or leakage of free fluid from the vena cava and regional inflammation is likely. CT evaluation would be necessary for further definition. Abdominocentesis and cytospin of the free fluid is recommended as well as FNA of the spleen and adrenal mass could be considered if the sonographer is comfortable with the procedure. However, the prognosis is poor. This is a particularly aggressive presentation.





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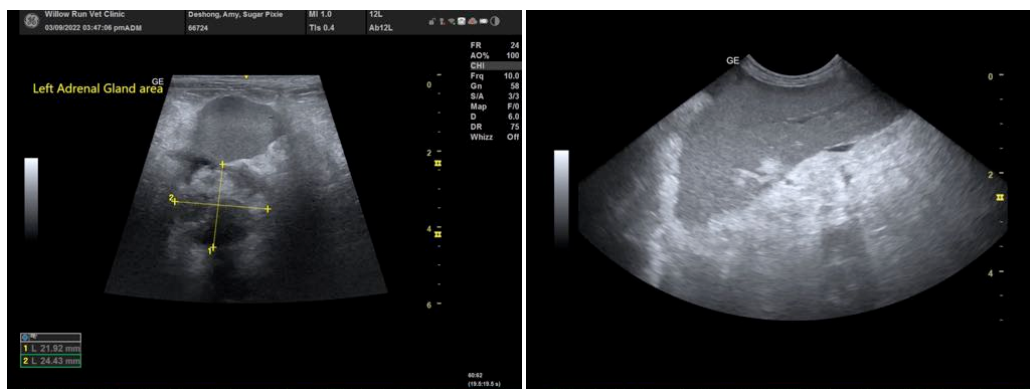
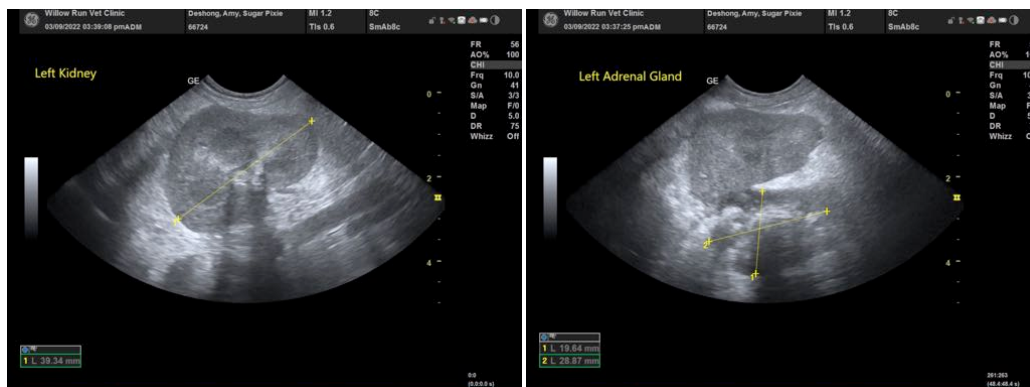
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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