



**PATIENT**

Sal Farley

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

14706

**DATE**

4/11/22

**PRESENTING CLINICAL SIGNS**

History: Recheck pancreatic necrosis, doing well on supportive care, no v/d.

Abnormal PE/Chem/CBC/UA Results: Elevated ALP

**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 2.0 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 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 4.19 cm. The right kidney measured 4.05 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 left adrenal gland measured 1.77 cm x 0.94 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 1.72 cm x 0.54 cm at the cranial pole and 0.53 cm at the caudal pole.

**Spleen**

The **spleen** revealed subtle hypoechoic nodular changes, measuring up to 0.51 cm.

**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**

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**

The left limb of the **pancreas** presented persistent heterogeneous parenchymal changes. Fluid filled hypoechoic undifferentiated region in the caudal aspect in the left pancreatic limb, suspect persistent



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necrosis. Other heterogeneous changes were noted elsewhere in the left pancreatic limb. Ultrasound guided FNA, drainage, cytology and culture all indicated. However, approximately 70% of the pancreatic presentation has resolved. The right limb is stable. Minor heterogeneous areas of remodeling noted.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Persistent left limb pancreatic necrosis or possible abscessation pattern
- Splenic nodular changes
- Age-related renal changes

**BREED**

Yorkshire Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

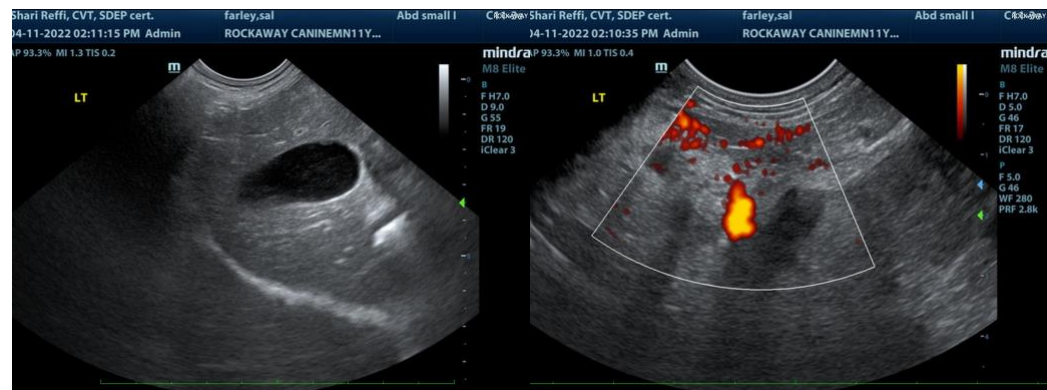
**SEX**

Neutered Male

FNA of the spleen and left pancreatic limb with culture and cytology all indicated. Continual antibiotic therapy and bland diet, ID or similar. Recheck sonogram in one week or earlier if clinical signs reoccur. However, the pathology appears to be largely localized to a 3.0 cm x 2.0 cm region in the left pancreatic limb.

**AGE**

11 Years

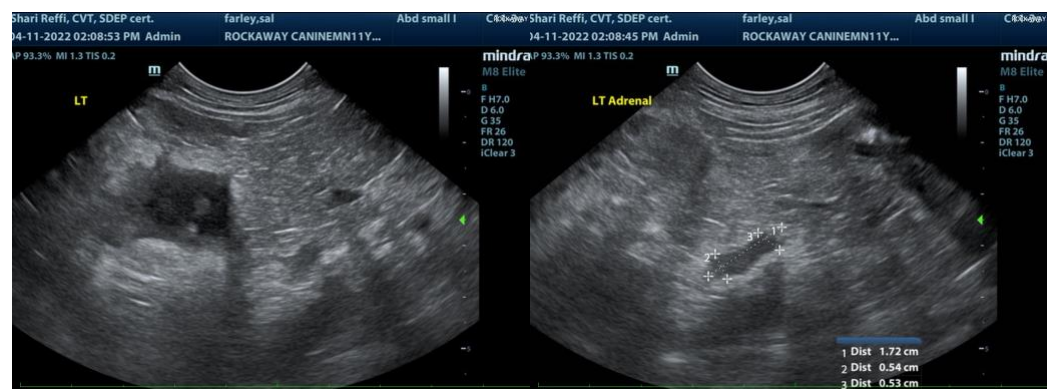


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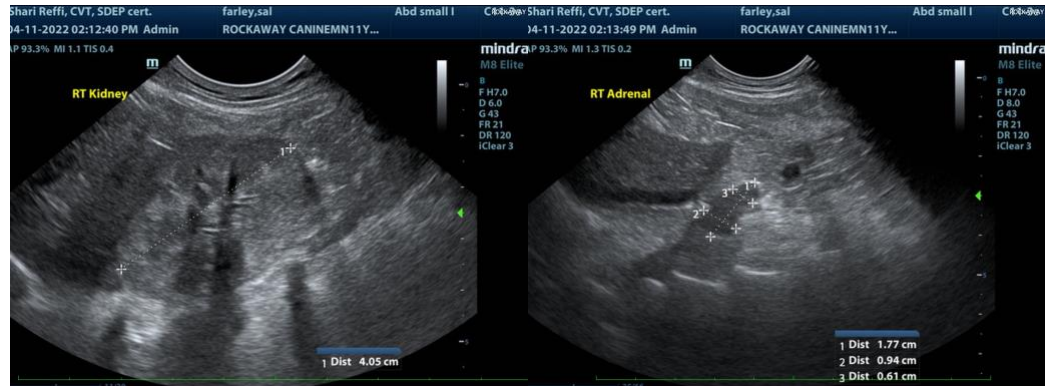
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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