



PATIENT

Charlie Zeronis

SPECIES

Canine

BREED

Cairn Terrier Mix

SEX

Neutered male

AGE

years

WEIGHT

18.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rudie

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Rudie

INVOICE

43935

DATE

4/21/23

PRESENTING CLINICAL SIGNS

History: 4/20 around 9 PM, Charlie began vomiting. Had 12-15 vomiting episodes since. P has hx of acute pancreatitis and getting into the garbage. No dietary indiscretion was observed. Today he is not interested in food and has been lethargic. No diarrhea present. Hx of gall bladder sludge for which he is on Ursodiol 60 mg BID. Initiated tx with cerenia, LRS SQ, RC low fat diet, and gabapentin. Abnormal PE/Chem/CBC/UA Results: Abnormal SNAP cPL; PCV 44% Mucus membranes slightly pale and tacky with prolonged CRT of 3s. Grade IV/VI apical systolic murmur. Normal lung auscultation. Painful on cranial abdominal palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.6 cm. The right kidney measured 5.4 cm.

Adrenal Glands

The left adrenal gland was at the upper limits of normal and uniform measuring 0.71 cm. The right adrenal gland was 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 was noted.

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



PATIENT

Charlie Zeronis

SPECIES

Canine

BREED

Cairn Terrier Mix

SEX

Neutered male

AGE

years

WEIGHT

18.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rudie

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Rudie

INVOICE

43935

DATE

4/21/23

Gastrointestinal

The stomach revealed a fluid filled lumen with minor, gastric fundic material. This is likely mucous or similar gastric wall. No loss of mural detail was noted. Tethered upper small intestine was noted. The lower small intestine and colon were unremarkable.

Pancreas

The right limb of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery enveloping the upper duodenum. The region measured approximately 5.0 cm. This is consistent with moderate to severe pancreatitis and extended throughout the right limb.

Free Abdomen

Areas of free fluid were also noted.

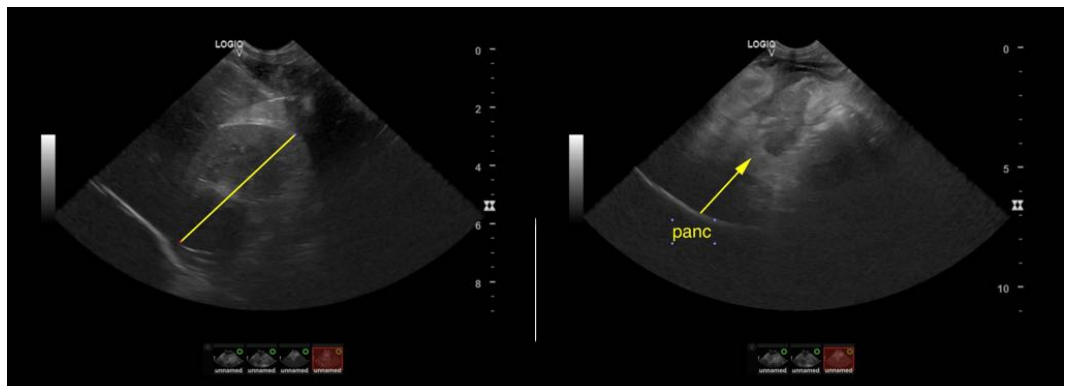
ULTRASONOGRAPHIC FINDINGS

Extensive right limb pancreatitis.

Gastroduodenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive treatment for pancreatitis is indicated with plasma expanders, pain management and broad spectrum antibiotics. Recheck sonogram is recommended in 72 hours. The bilirubin and ALKP elevations should be monitored carefully. The position of the pancreatitis renders post hepatic obstruction possible.





PATIENT

Charlie Zeronis

SPECIES

Canine

BREED

Cairn Terrier Mix

SEX

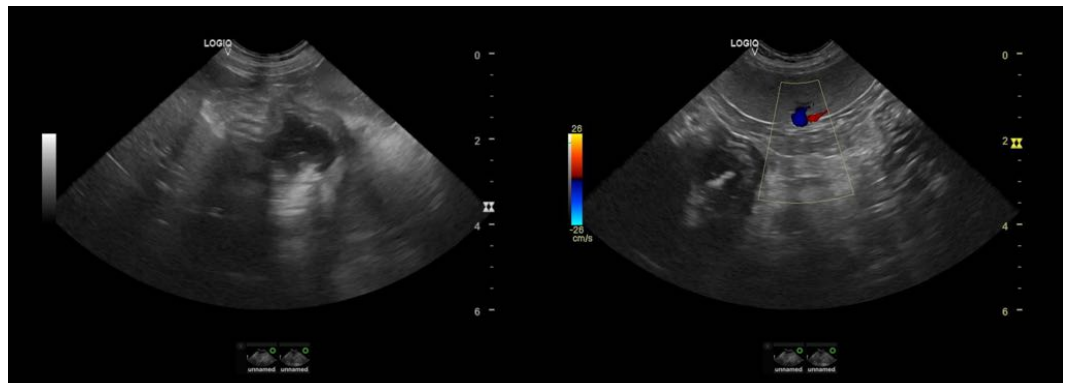
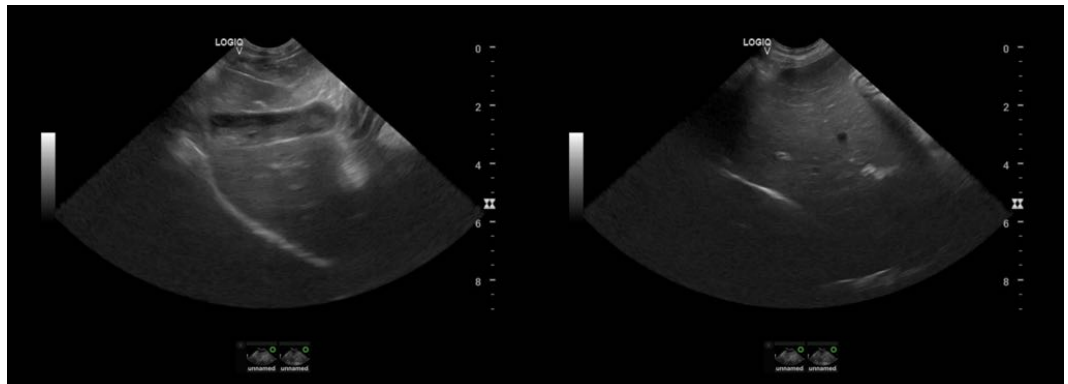
Neutered male

AGE

years

WEIGHT

18.4 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rudie

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Rudie

INVOICE

43935

DATE

4/21/23

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