



PATIENT

Elizabeth Sczesny

SPECIES

Canine

BREED

Small Mixed Breed
Dog

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Vuolo

INVOICE

14886

DATE

4/26/22

PRESENTING CLINICAL SIGNS

History: Hx of DM. Acute anorexia and suspect pancreatitis. Chronic elevated LE.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The urethra was not visualized.

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. Minor microcystic cortical changes were noted. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm. Pyelectasia was noted in the right kidney.

Adrenal Glands

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 0.97 cm at the caudal pole and 0.69 cm at the cranial pole x 2.51 cm in length.

The **right adrenal gland** was uniform with normal size and contour, measuring 1.96 cm x 0.84 cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

The **spleen** revealed microcystic nodule (1.0 cm) at the mid cranial body, not likely pathological. Caudal folding of the spleen 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. No pathological hepatic lymphadenopathy was evident. Minor gallbladder overdistention with suspended debris and minor striation, consistent with emerging mucocele. A minor amount of congestion noted. However, the pancreatic pathology may be causing the underlying biliary congestion.

Gastrointestinal

The **stomach** was empty and the duodenum was slightly spastic enveloped by the pancreatic pathology. The colonic wall was mildly thickened with increased submucosal echogenicity, consistent with chronic colitis. No overt loss of mural detail, however, the submucosal layer was extensively thickened.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, consistent with inflammation. The pancreatic pathology was extensive, occupying both the left and right limbs in the majority of the cranial abdomen.



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Free Abdomen

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Trace amounts of **free fluid** noted, likely deriving from the pancreatic pathology.

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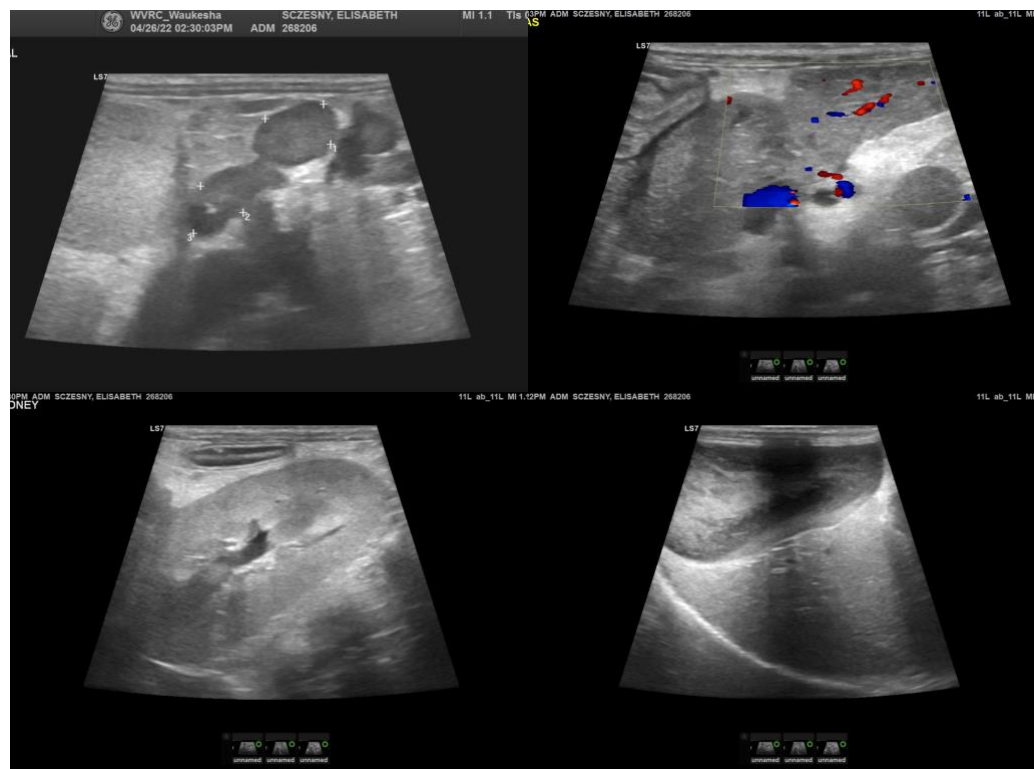
4/26/22

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis
- Free Fluid, likely deriving from the pancreatic pathology
- Minor biliary congestion
- Swollen left adrenal gland
- Age-related renal changes with minor microcystic cortical changes and right kidney pyelectasia
- Gastroduodenitis/colitis pattern
- Spleen microcystic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Plasma expanders, broad spectrum antibiotics ad pain management indicated. Recheck sonogram in 48-72 hours. Bilirubin values should be monitored carefully in this patient as extensive pancreatic pathology is noted in the region of the common bile duct. Plasma transfusion should be considered in this patient given the extent of the pancreatitis. Possibility of neoplasia is minimal, however, FNA of the pancreatic pathology would be ideal to assess inflammatory cell type. Ursodiol therapy warranted long term.





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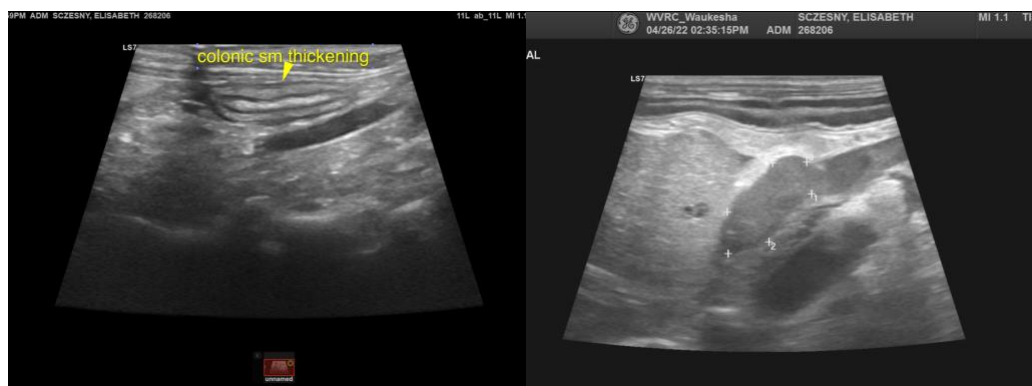
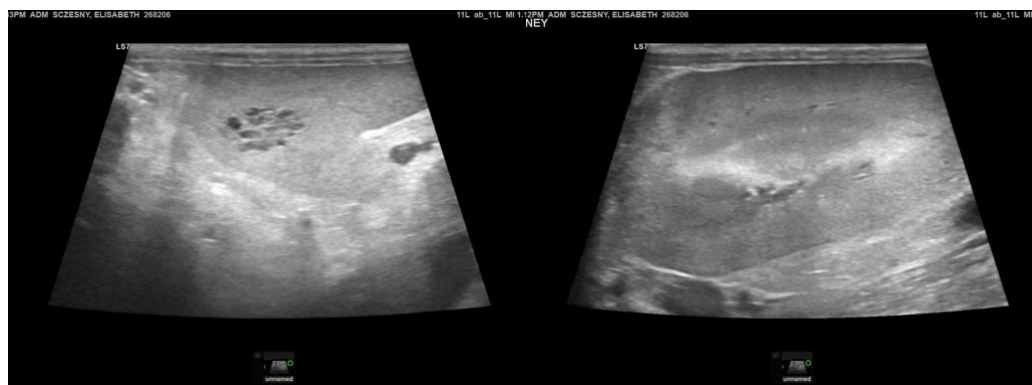
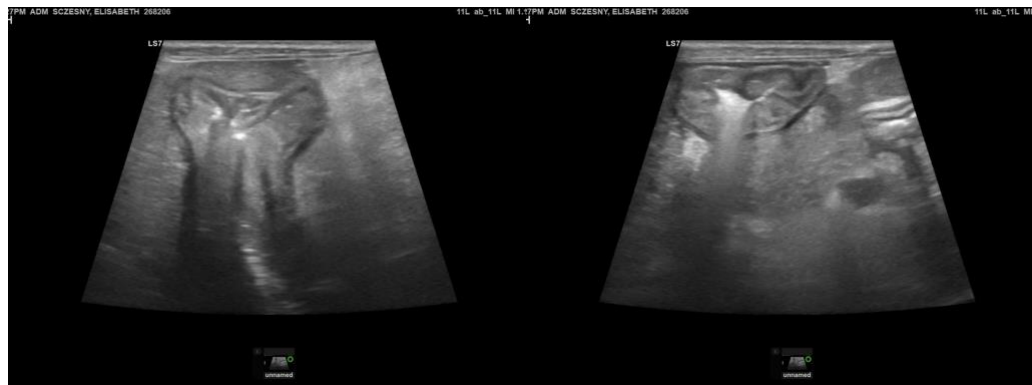
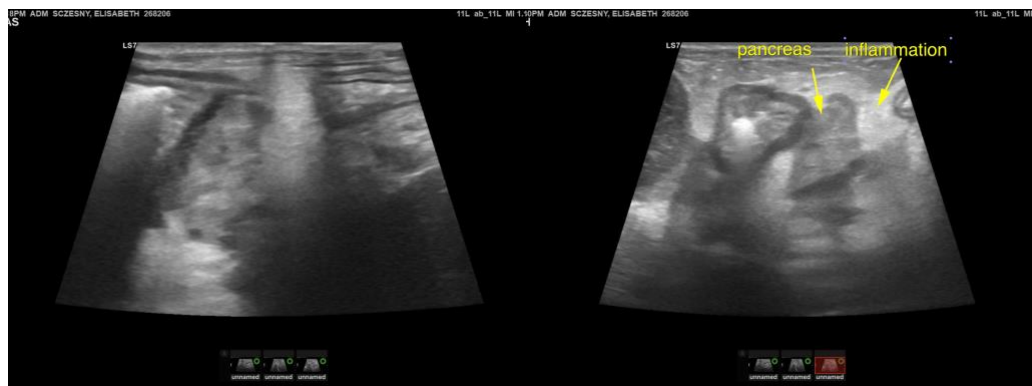
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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