



PATIENT

Rigsby Alapuranan

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered male

AGE

13 years

WEIGHT

10.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

REFERRING VET

Dr. Carver

INVOICE

99932

DATE

4/25/22

PRESENTING CLINICAL SIGNS

p presented for vomiting and diarrhea diagnosed with pancreatitis with severely elevated AMY and LIP
Abnormal PE/Chem/CBC/UA Results: severely elevated AMY and LIP

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 was noted. Ureteral papillae were normal.

The residual prostate measured 0.6 cm.

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 and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The right kidney measured 5.0 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The right **adrenal gland** was imaged with no evidence of pathology and measured 0.6 cm. The left 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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The **gastrointestinal tract** revealed an edematous wall and hyperperistalsis with no loss of mural detail. Minor enhanced surrounding fat was noted around the regions of the gastrointestinal serosa. There was no evidence of foreign body or neoplastic criteria. Images from the stomach, small intestine and colon were presented. This is most consistent with gastroenteritis owing to viral, bacterial/endotoxin or possible parasitic disease. The colon was fluid filled.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

Ovoid cystic structure noted in the midabdomen measuring 2.5 x 1.5 cm. This was encapsulated, I suspect lymph node; however, the adrenal glands were not visualized. I cannot rule out adrenal origin.

WEIGHT

10.8 kg

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis pattern with mesenteric lymphadenopathy.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If adrenal disease is suspected then further imaging of the left adrenal gland would be indicated. The amylase and lipase elevation may be deriving from the GI tract and not necessarily from the pancreas itself. Plasma expanders, broad spectrum antibiotics and GI protectants are all indicated. I recommend a fresh fecal smear and fecal floatation analysis. Anti-parasitic protocol is also indicated. 24 hour n.p.o. is recommended with recheck sonogram is recommended in 48-72 hours if the clinical signs are persisting. Eventual FNA of the presumed cystic lymph node and culture would be appropriate.

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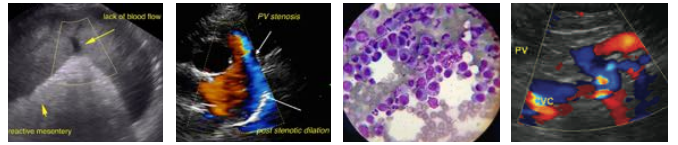
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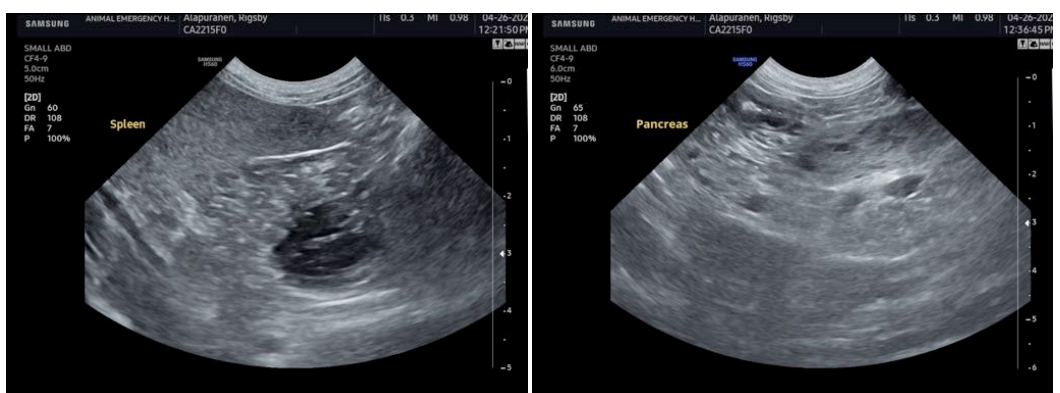
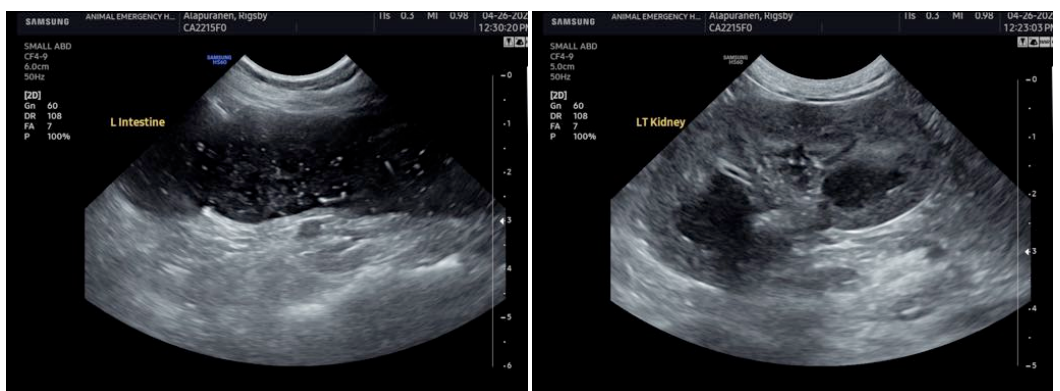
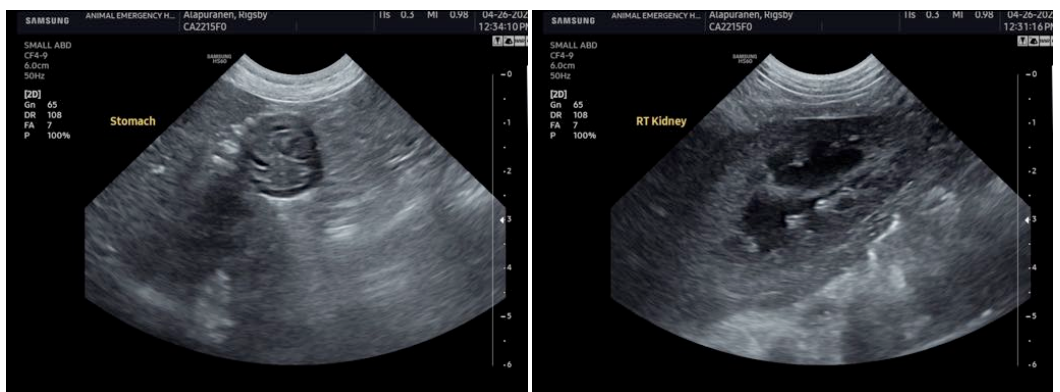
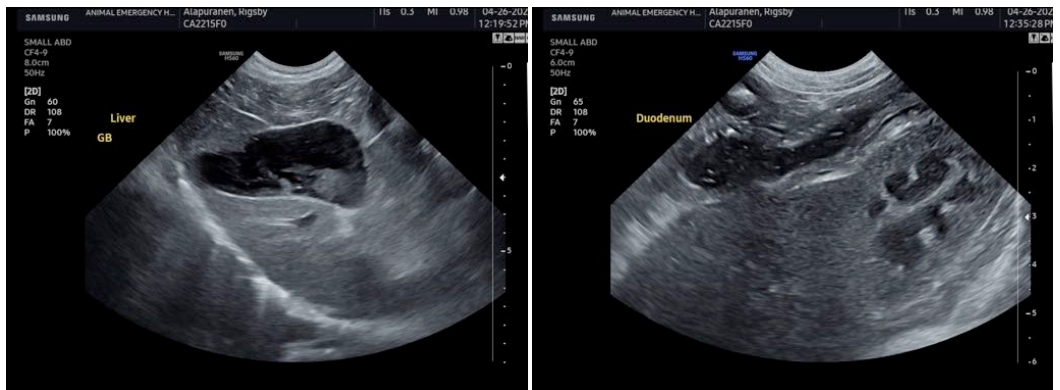
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com