



PATIENT

Savannah Behal

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed female

AGE

15 years

WEIGHT

17.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dorris

HOSPITAL NAME

County Line VC

REFERRING VET

Dr. Dorris

INVOICE

44044

DATE

4/26/23

PRESENTING CLINICAL SIGNS

History: Savannah is a 15 year old Spaniel with a history of mast cell tumor on right thorax excised on 2019, a mast cell tumor on her caudodorsal tongue (excised 2016), a splenectomy (excised May 2019 due to a hematoma) and a recent lipoma removal. She was hospitalized for pancreatitis three weeks ago. At that time she had elevated ALT levels at 149, ALP at 391, Amylase elevations at 1746 and Lipase elevations at 902. Since her hospitalization, Savannah has not been herself, not wanting to eat. Today, her physical exam revealed historic cataracts and dental disease, weight loss since her last visit, but otherwise WNL. Her snap CPL was abnormal. Sedation was not used for this study, unfortunately.

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 left kidney was subnormal in size with significant pelvic and cortical mineralization. Cortical infarcts were also noted. The left kidney measured 2.9 cm. There was loss of corticomedullary definition. The right kidney revealed similar changes to the left. The right kidney measured 3.8 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The regional **splenic fossa** was unremarkable.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Parenchymal mineralization was noted. Lobar mineralization was noted throughout the liver and was non-obstructive at the time of the sonogram. 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.



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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.

ULTRASONOGRAPHIC FINDINGS

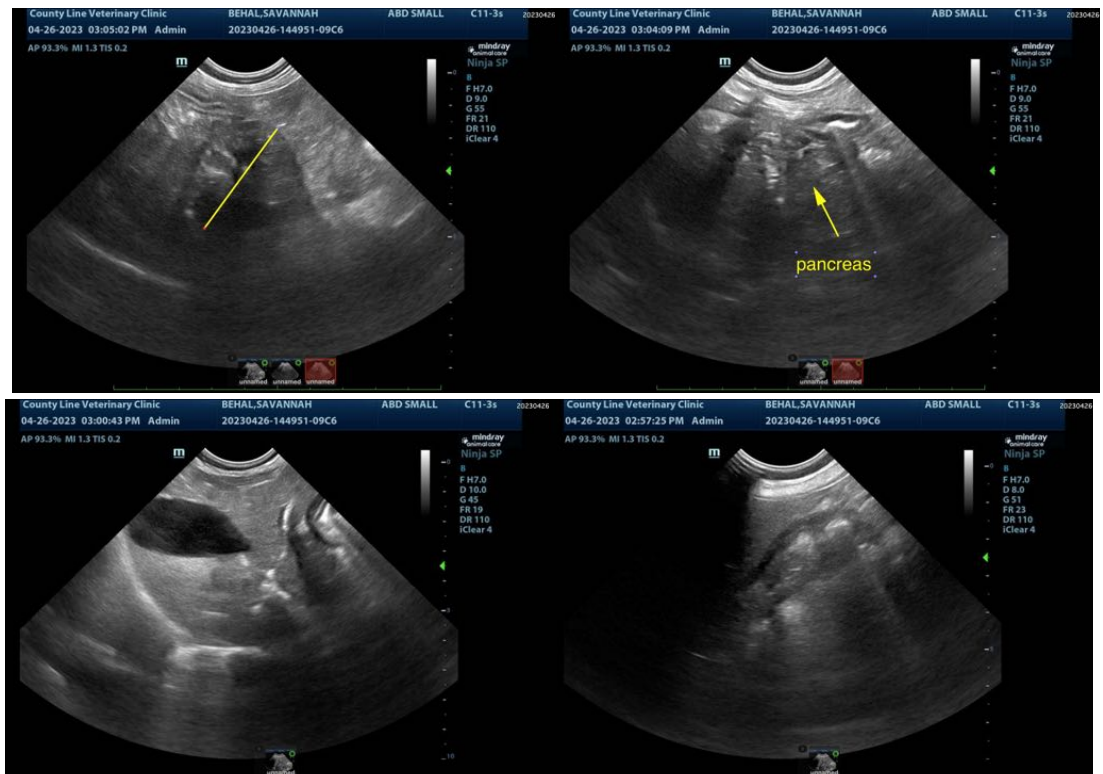
Dystrophic renal mineralization, moderate degenerative changes and pyelectasia. Moderate to severe on the left and moderate on the right.

Lobar biliary calculi.

Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of structural disease consistent with mast cell. Ursodiol therapy can be considered as an attempt to dissolve the biliary calculi/mineralization. However, this is highly variable patient to patient. The amylase and lipase elevations may be elevated owing to low-grade pancreatic inflammation or potential emerging renal dysfunction. Long term viability of the kidneys is guarded. Full urinary work-up and blood pressure measurements are indicated.





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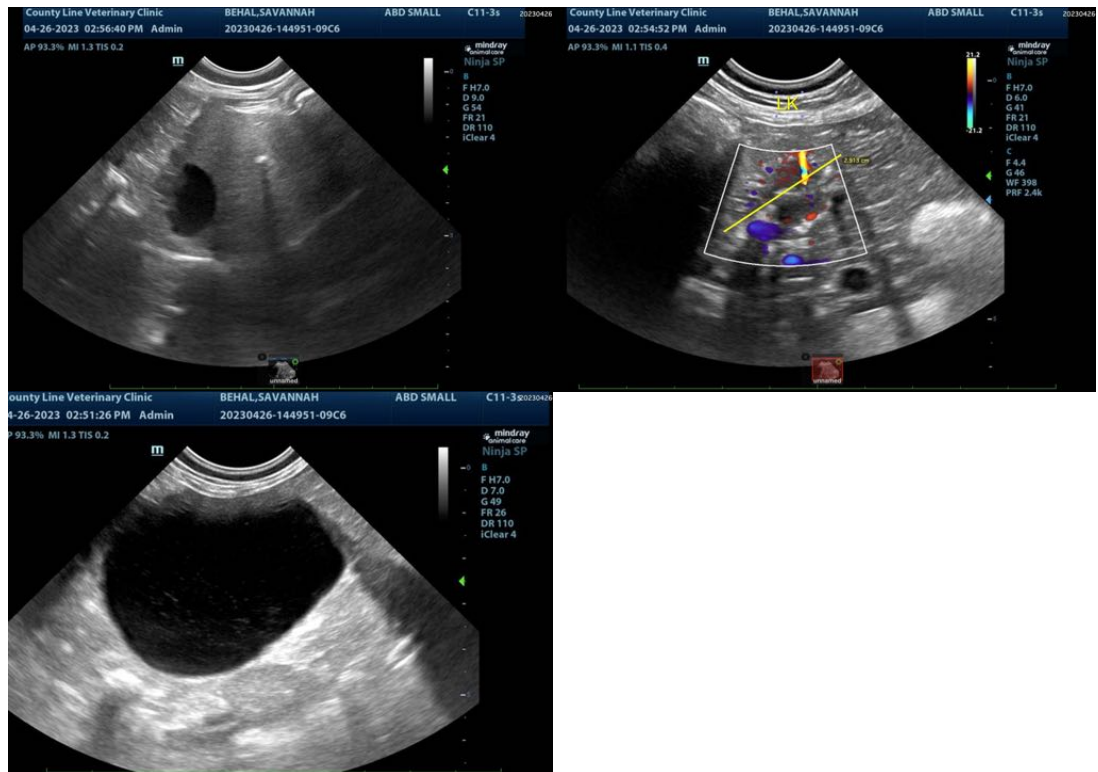
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com