



PATIENT

Loki Raymond

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

5 years

WEIGHT

14.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Laux

INVOICE

74860

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: -3d recheck of pancreas
-been on IV fluids and IV treatments of Unasyn, metronidazole, famotidine, and cerenia
-oral gabapentin
-no vomiting and eating well so far for the last 2 days
-fever resolved

ULTRASONOGRAPHIC EXAMINATION

Gastrointestinal

The upper **gastrointestinal tract** is empty and no duodenal spasming is noted.

Pancreas

The **pancreas** demonstrated significant improvement. A mixed, hypoechoic region of 2.1 cm was noted at the pancreatic base. The right limb revealed residual hypoechoic, irregular parenchyma measuring 3.2 x 1.2 cm. One pocket of fluid was noted and measured 0.5 cm at the pancreatic body.

ULTRASONOGRAPHIC FINDINGS

Significant pancreatic improvement, yet still a hypoechoic region noted at the pancreatic base and right limb of the pancreas with a pocket of fluid at the pancreatic body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The choices at this point are to surgically explore and perform debridement of any necrotic tissue with potential J-tube placement or continual fluid therapy and maintain slurry feeding. Broad spectrum antibiotics should be continued for at least the next 2-3 weeks. Outpatient therapy could be attempted; however, there is a good possibility the recurrence will occur. Given that the pathology is at the right pancreatic base and the right limb of the pancreas. If inflammation extends further it will affect the duodenum and induce vomiting. Personal preference would be to continue plasma expansion therapy with Hetastarch or similar and GI protectants, broad spectrum antibiotics, fairly aggressive fluid therapy would be appropriate as long as there is no evidence of cardiac disease in order to allow for vascular expansion. However, surgical debridement may be necessary in this patient.



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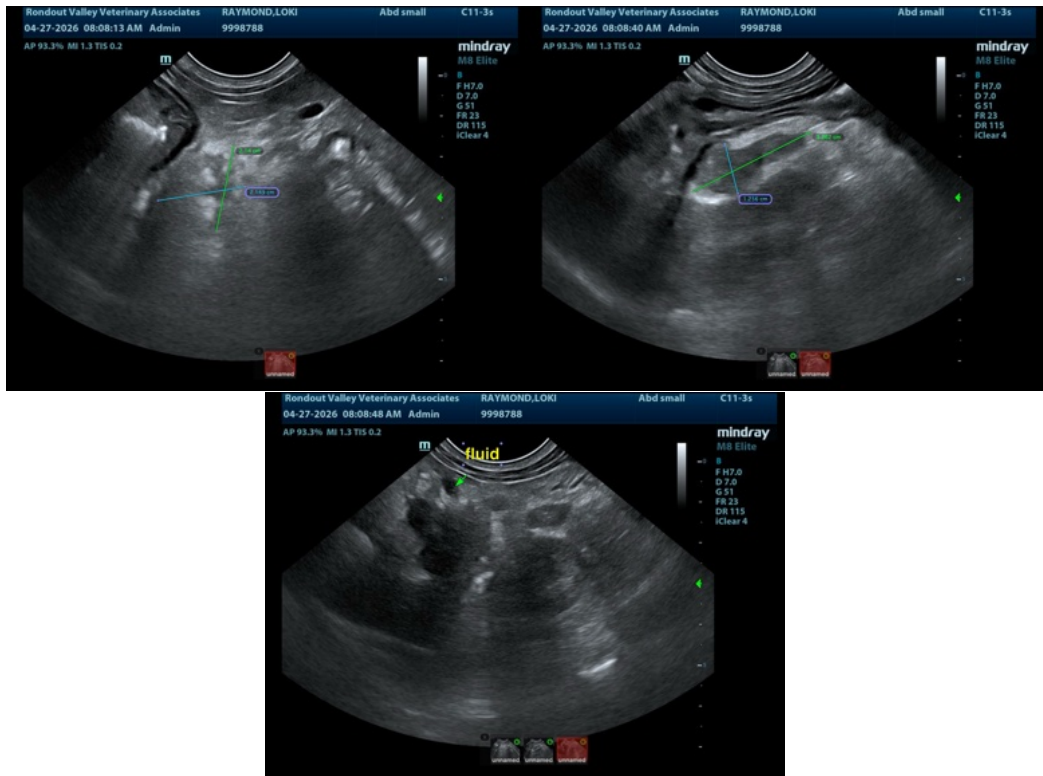
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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