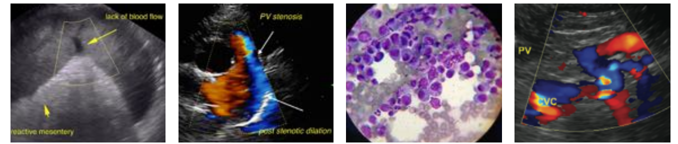


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Chester McPhee

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

9 years

WEIGHT

10.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Sabadilla AC

REFERRING VET

Dr. Corbeil

INVOICE

DATE

4/3/23

PRESENTING CLINICAL SIGNS

History: Patient lethargic , ADR, not eating , cranial abdominal pain .
Abnormal PE/Chem/CBC/UA Results: WBC elevation , LIP 5352 (200-1800), Amylase >2500 (500-1500)

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 **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 4.81 cm. The right kidney measured 4.18 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.64 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measured 0.77 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

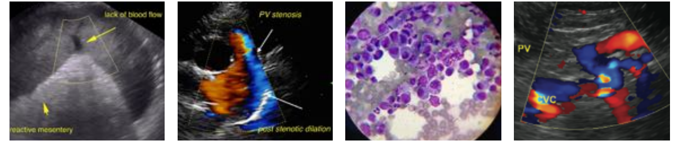
The **spleen** revealed subtle hypoechoic and hyperechoic nodular changes. This is consistent with hyperplasia, potential emerging round cell neoplasia or splenitis.

Liver

The **liver** revealed a hypoechoic nodule in the right cranial liver with disrupted architecture and minor deviation of the diaphragm. The nodule measured 1.4 cm. The gallbladder and common bile duct were unremarkable.

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. The jejunal lymph nodes were reactive and measured up to 1.0 cm each.



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Pancreas

The left **pancreatic** limb was hypoechoic with irregular parenchyma with enhanced surrounding mesentery. The region measured 4.0 x 2.0 cm.

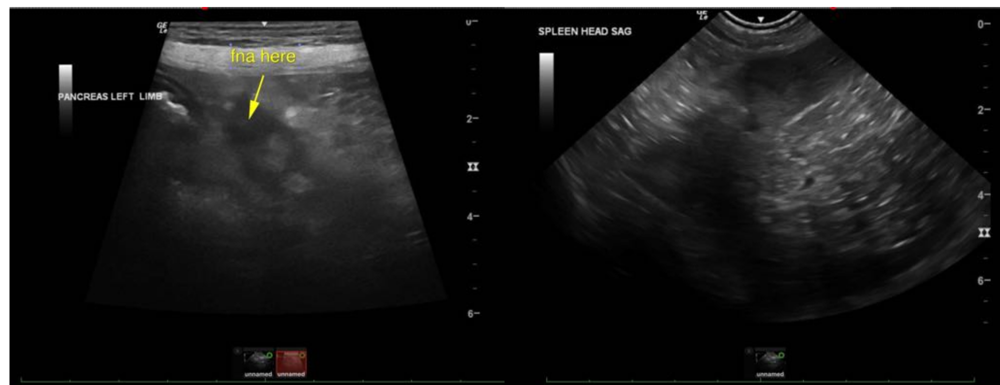
ULTRASONOGRAPHIC FINDINGS

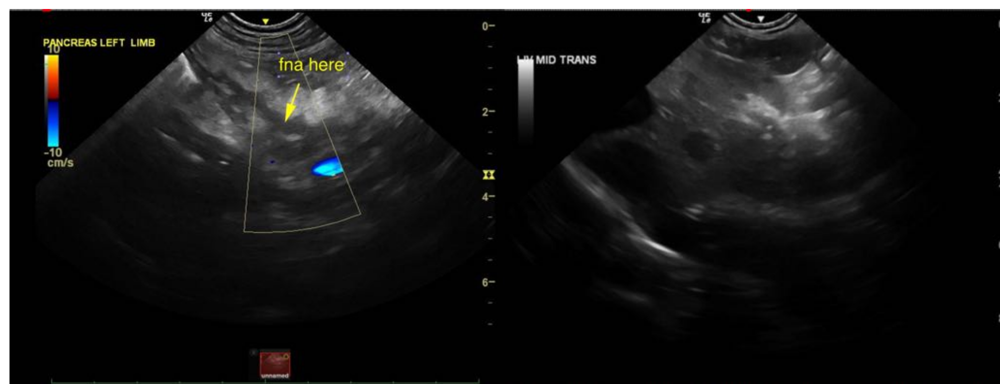
Pancreatitis pattern in the left limb with potential for underlying carcinoma.

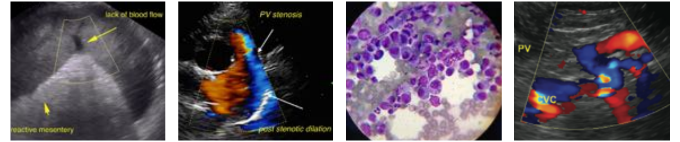
Nodular splenic and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the left pancreatic limb, spleen and liver are strongly encouraged in this patient. Treatment for pancreatitis is recommended until cytology results can be evaluated.







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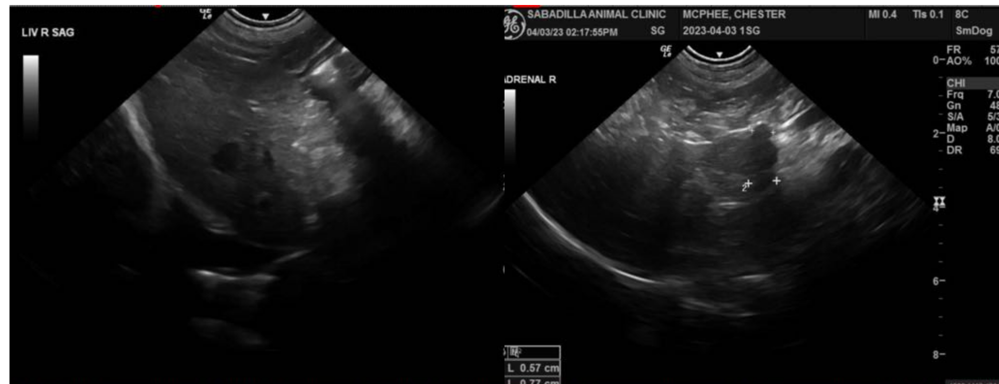

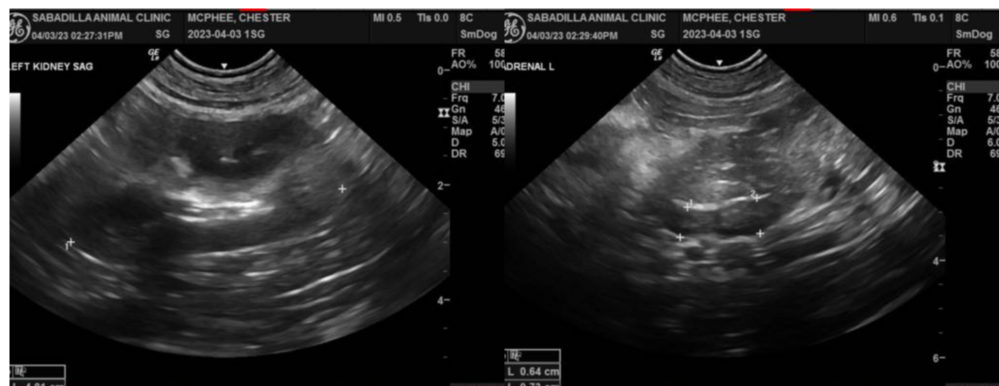

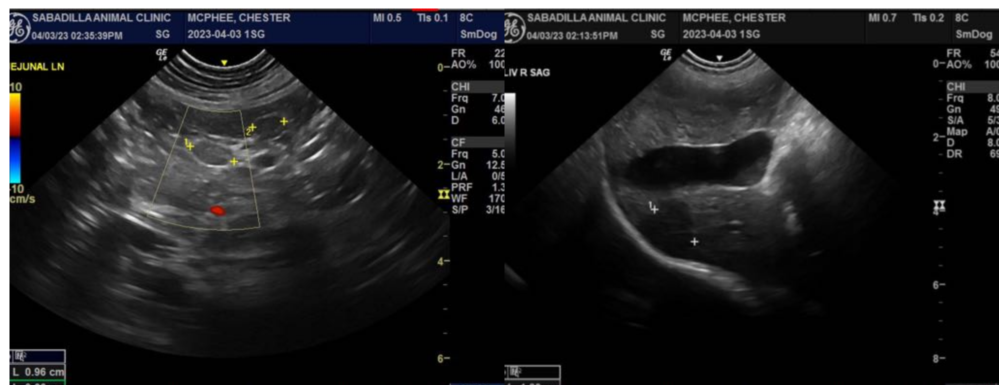

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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