



PATIENT

Milo Thekketehottiyio

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

3 years

WEIGHT

50.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Puthoff

INVOICE

98111

DATE

4/6/22

PRESENTING CLINICAL SIGNS

History: Vomiting with stomach. Has all been white phlegm except once was undigested food. No hacking or heaving today. Just lethargic and not eating today. Abdomen does not seem swollen. Has not been anywhere recently such as boarding or dog park. He does eat things he should not including parts of his toys etc.

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 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The **adrenal glands** were 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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.



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Gastrointestinal

Gas artifact was noted in the **stomach**. Luminal content was not visible, yet no luminal stasis appeared to be present. Mixed, hyperechoic changes were noted throughout the pyloric outflow. Tethering of the pylorus was noted. Upper duodenal thickening was noted with some loss of mural detail.

SPECIES

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Pancreas

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Mix

The **pancreas** revealed heterogenous, mixed, hypoechoic changes primarily in the right limb. This deviated the duodenum. The left limb of the pancreas was unremarkable.

SEX

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ULTRASONOGRAPHIC FINDINGS

Chronic active pancreatitis with upper duodenal/pyloric outflow tethering owing to regional inflammation.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

50.4 lbs

No obvious foreign body; however, some nebulous changes were noted around the right pancreatic limb. Underlying neoplastic process cannot be ruled out. Surgical debridement may be necessary with appropriate biopsies. Medical management with broad spectrum antibiotics, 24 hour n.p.o., plasma expanders and pain management would all be indicated. Ultrasound-guided FNA of the hypoechoic areas are indicated to ensure an underlying neoplastic event is not present; otherwise, surgical exploratory with debridement and appropriate biopsies would be indicated. There is a potential for emerging round cell neoplasia. A small, non-visible penetrating foreign body cannot be completely ruled out.

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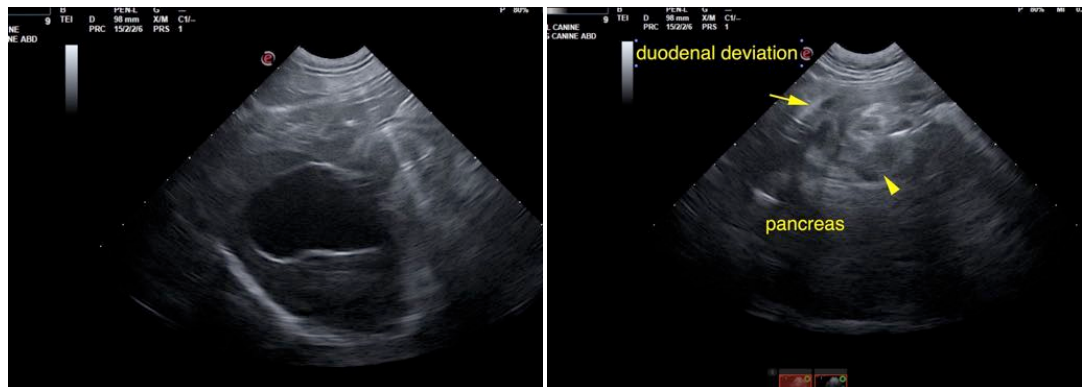
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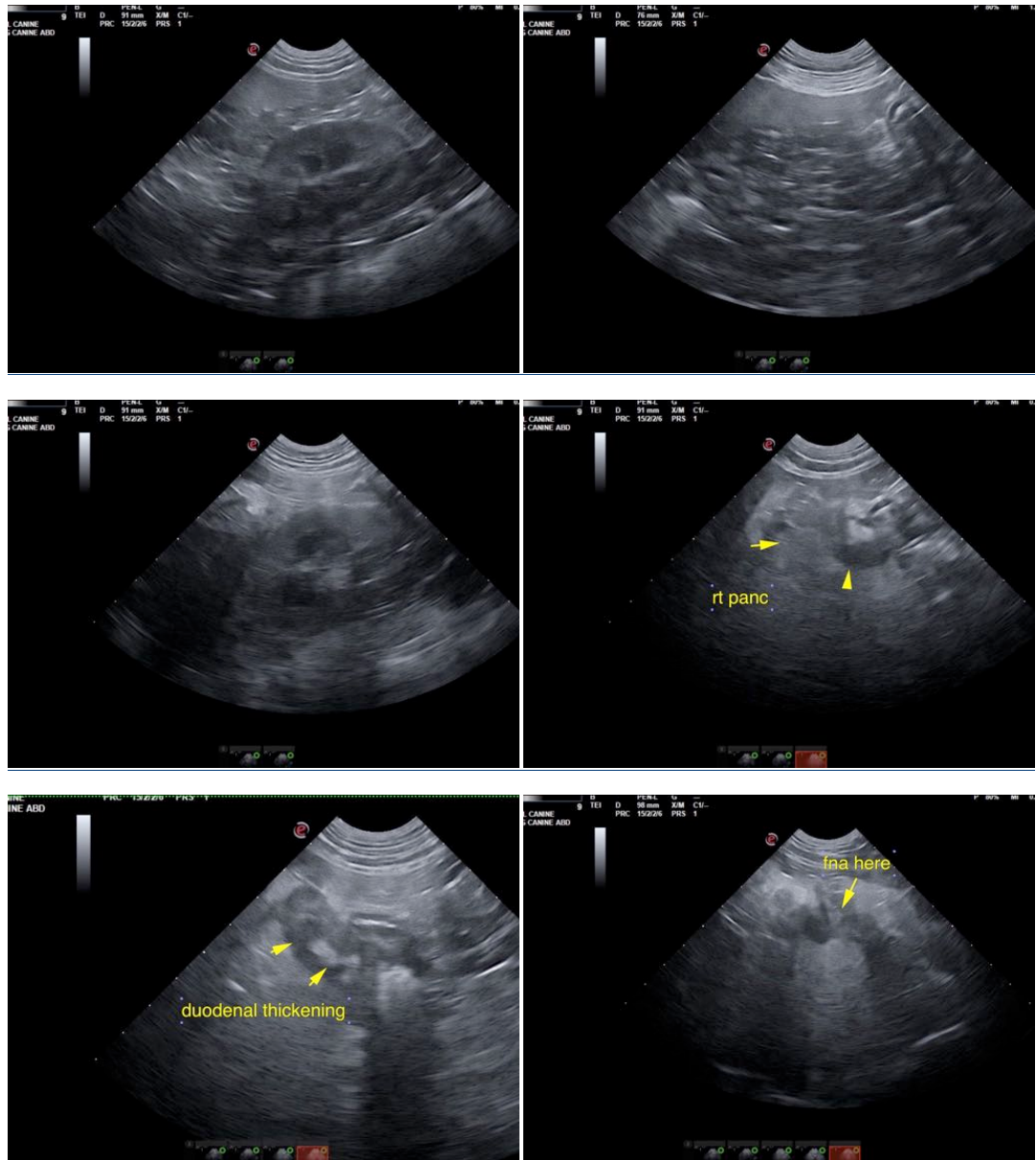
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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