



PATIENT

Sal Farley

PRESENTING CLINICAL SIGNS

IVDD, joint inflammation. Hx of hepatopathy and lethargy

SPECIES

Canine

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

BREED

Yorkshire Terrier

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.35 cm. Free fluid noted cranial to the left kidney.

SEX

Neutered Male

AGE

11 Years

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 right adrenal gland measured 1.48 cm x 0.78 cm at the cranial pole and 0.43 cm at the cranial pole. The left adrenal gland measured 1.81 cm x 0.64 cm at the caudal pole and 0.68 cm at the cranial pole.

WEIGHT

15 Pounds

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. Slight hypoechoic nodule noted at 0.64 cm. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

The **pylorus** was free of evident pathology. A portion of intestine appeared thickened without loss of mural detail.

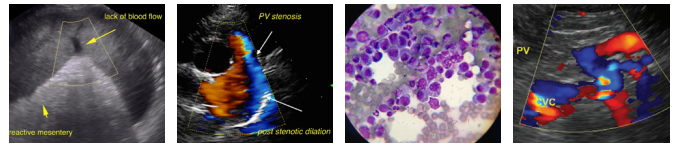
36750

Pancreas

DATE

Extensive mixed hypoechoic parenchymal changes were noted with hyperechoic ill-defined surrounding fat in the region of the left **pancreatic** limb, consistent with peritonitis. The region of the left pancreatic limb was ill-defined owing to regional inflammation.

4/6/22



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ULTRASONOGRAPHIC FINDINGS

- Left pancreatic necrosis, possible underlying neoplasia

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA and drainage of the fluid accumulation recommended. Aggressive treatment for pancreatitis/pancreatic necrosis warranted in the meantime. Recheck sonogram in 48-72 hours. Guarded prognosis.

BREED

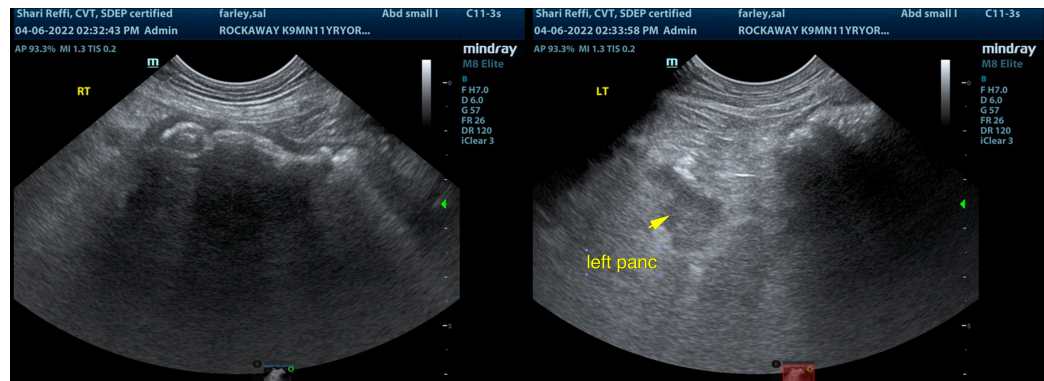
Yorkshire Terrier

SEX

Neutered Male

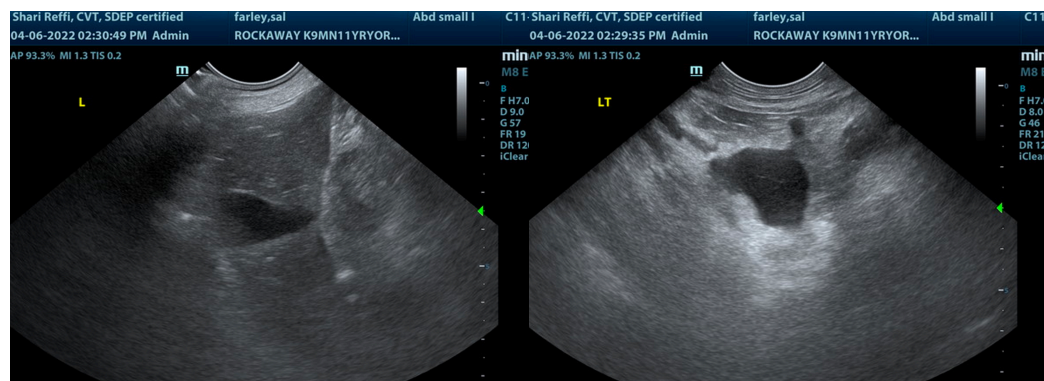
AGE

11 Years



WEIGHT

15 Pounds

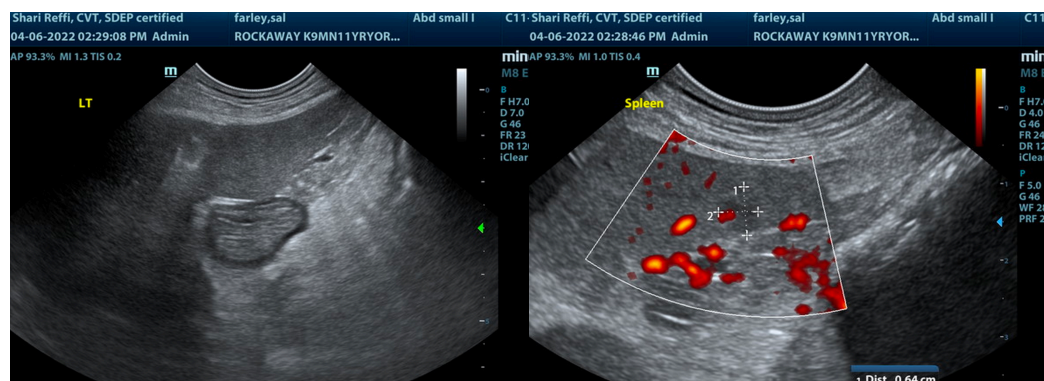


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SPECIES

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BREED

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SEX

Neutered Male

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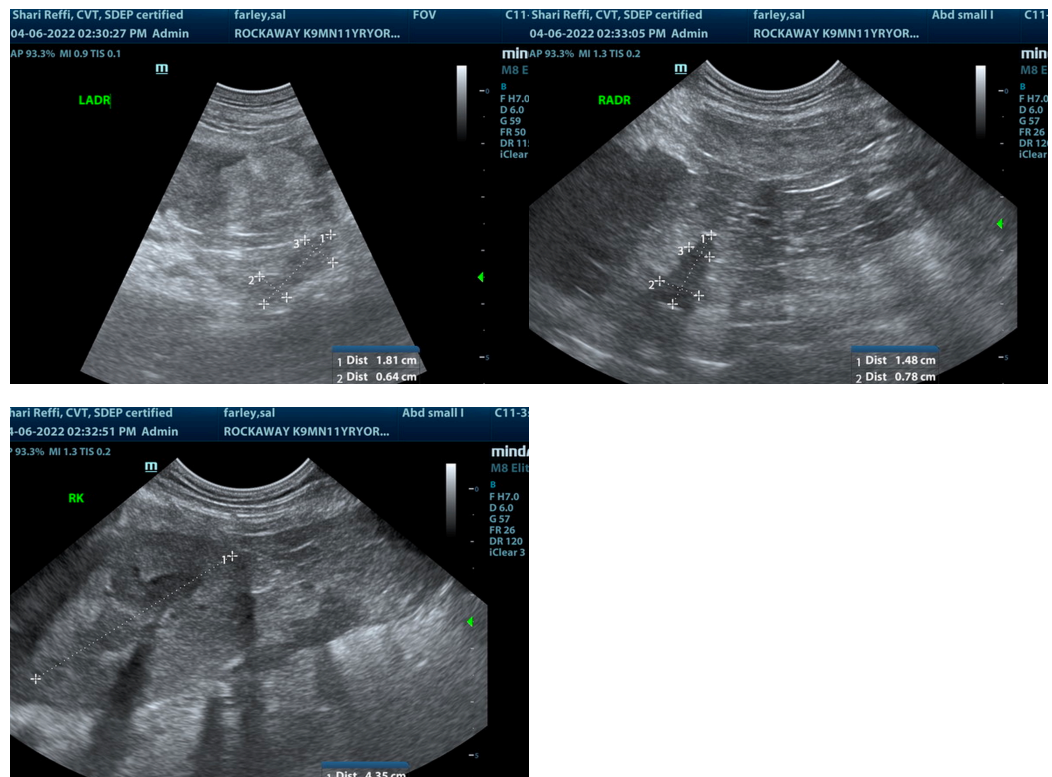
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INVOICE

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4/6/22



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

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