

PATIENT

Lily Crane

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

7 Years 9 Months

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

74234

DATE

4/6/26

PRESENTING CLINICAL SIGNS

Acute onset vomiting. Concern for gastric FB on rads

Current Meds: fluids, Metro; Unasyn; Pantoprazole

Abnormal PE/Chem/CBC/UA Results: Elev. wbc, neut, TP(glob & alb), Tbili-4.7; panc lipase -1300 (Torb)

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 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 5.0 cm. Right kidney measured 5.45 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. Left measured 2.0 cm x 0.53 cm at the cranial pole and 0.50 cm at the caudal pole. Right measured 1.92 cm x 1.18 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** was slightly enlarged yet uniform. Slight heterogeneous parenchymal changes noted. Consistent with reactive spleen.

Liver

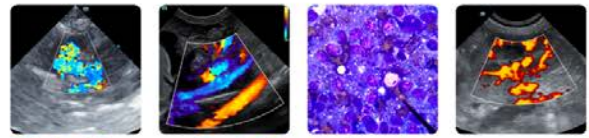
The **liver** was mildly subnormal in size. Parenchyma was uniform. The gallbladder was unremarkable.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The right **pancreatic** limb was irregular with mixed hypoechoic parenchymal changes, obscuring the common bile duct. Slight areas of free fluid noted.



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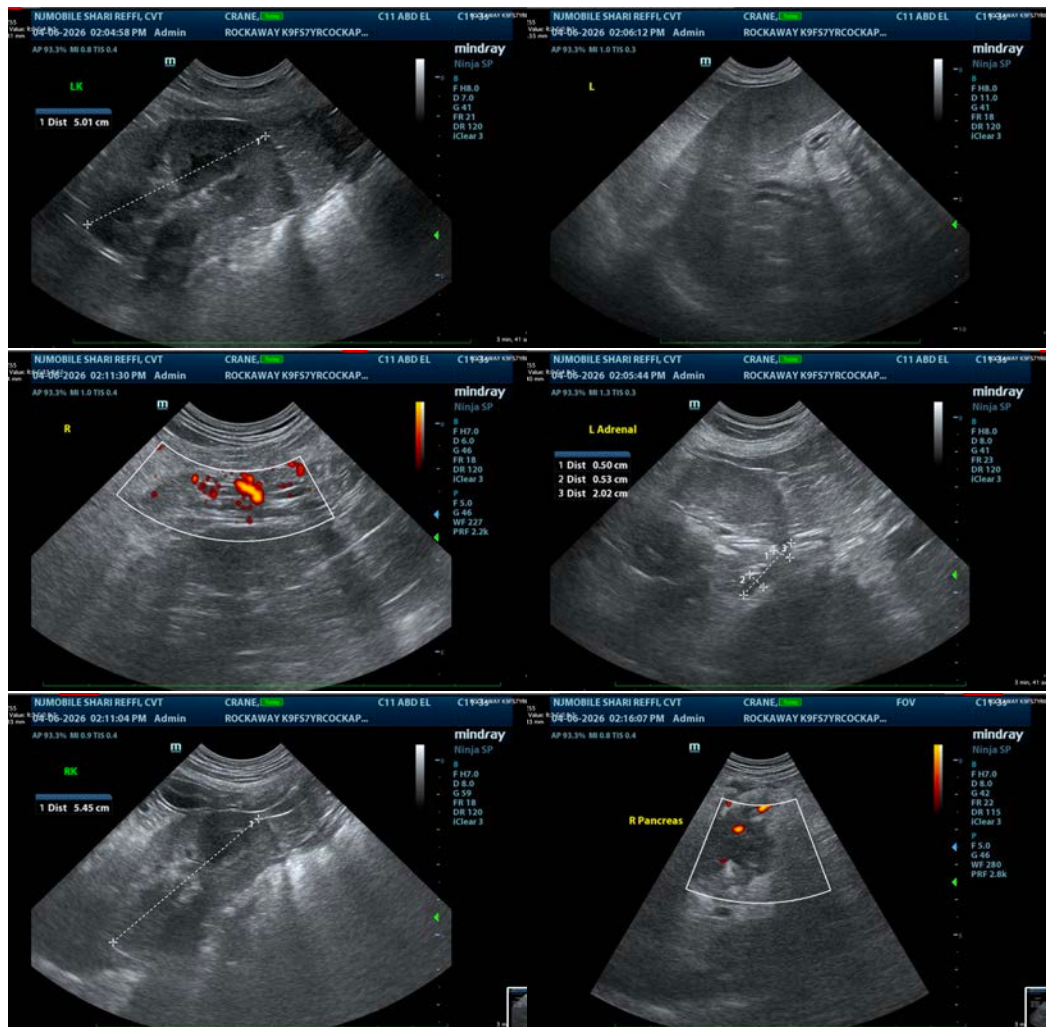
4/6/26

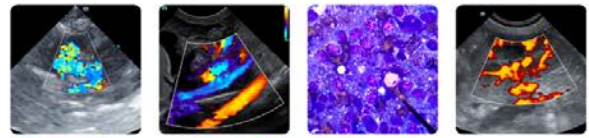
ULTRASONOGRAPHIC FINDINGS

- Right limb pancreatitis with probable post-hepatic obstruction.
- Reactive spleen.
- Slight subnormal liver size, unremarkable otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies. Given the bilirubin elevation, some level of post-hepatic obstruction is likely. I cannot rule out an underlying neoplastic process. Aggressive treatment for pancreatitis, pain management, broad-spectrum antibiotics, plasma expanders all indicated. Recheck sonogram in 48-72 hours to assess for resolution or progression. Leptospirosis titers also indicated. Ultrasound guided FNA of the hypoechoic portions of the pancreas recommended if accessible by the sonographer. The region in question was approximately 4.0 cm x 3.0 cm in the right pancreatic base, enveloping the upper duodenum. Underlying pancreatic carcinoma cannot be ruled out.





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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,
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