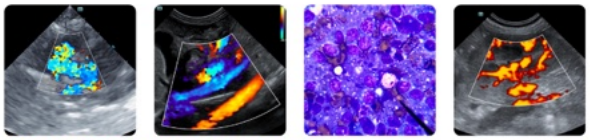


PATIENT

Cooper Kohl

SPECIES

Canine

BREED

SEX

Male

AGE

7 years

WEIGHT

42 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jesse Evoniuk

HOSPITAL NAME

State Ave VC

REFERRING VET

Dr. Evoniuk

INVOICE

74217

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Presents for inappetence and abdominal spasms. Previous visit 3 weeks ago for vomiting and difficulty standing (resolved). Current episode started 3-4 days ago. Inappetence for several days. Polydipsia. Vomited chicken approximately 30 minutes after eating. Client reports abdominal spasms: abdomen appears tight, patient sits up and stares for approximately 30 minutes, then returns to normal activity. Recent T-bone consumption (prior to onset of current signs). Farm dog with outdoor access
- - History of pancreatitis and sensitive gastrointestinal tract. History of seizures, currently controlled on medication.
- - Current medications: - Zonisamide for seizure control, Levetiracetam ER for seizure control
- - Recent blood work (3 weeks ago) showed inflammation
- - Fed hamburger with rice and boiled chicken breast at home; vomited after eating small amount this morning
- 4/7/26: ALP 260, BUN 5, K 3.4 3/17/26: WBC 27.23, NEU 24.38, HGB 23.5, MCH 31.4, MCHC 43.9

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.

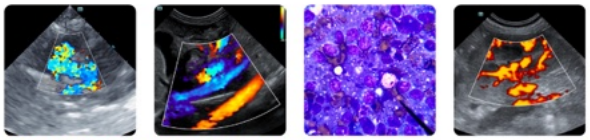
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.6 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.6 cm. The right adrenal gland was 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.



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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.

Gastrointestinal

The **stomach** was filled with ingesta and progressively shadowing material, irregular contour, enhanced mesentery. Portions of the duodenum began to lose detail. A portion of the descending duodenum 6.0 cm distal from the pylorus revealed a regional thickening that measured 2.1 x 4.8 cm. This is consistent with duodenal necrosis with potential neoplastic event.

Pancreas

The right limb of the **pancreas** revealed extensive, hypoechoic parenchyma. There were areas void of blood flow in a region of 2.0 cm without structure. This is suggestive of abscessation.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis and likely pancreatic abscessation. Potential for carcinoma.

Portion of duodenum suggestive for necrosis, potential neoplastic event.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic portions of the pancreas and drainage of any fluid pockets would be recommended. Aggressive treatment for pancreatitis with plasma expanders, pain management and broad-spectrum antibiotics are all recommended. I cannot rule out a penetrating foreign body in this patient. Exploratory surgery may be necessary. The patient has a strong potential for development of post hepatic obstruction given the region of the pancreatitis. Aggressive medical management with ultrasound guided sampling and drainage of the pancreas or direct exploratory surgery with expectations towards debridement, pancreatic drainage and appropriate biopsies would all be indicated. Prognosis is guarded.

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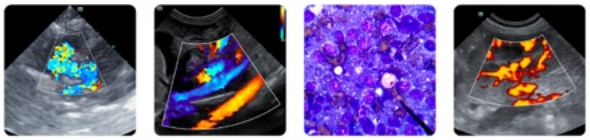

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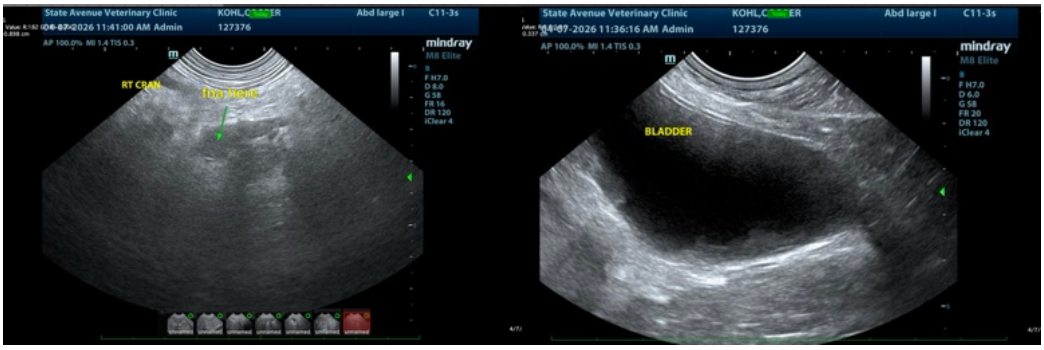

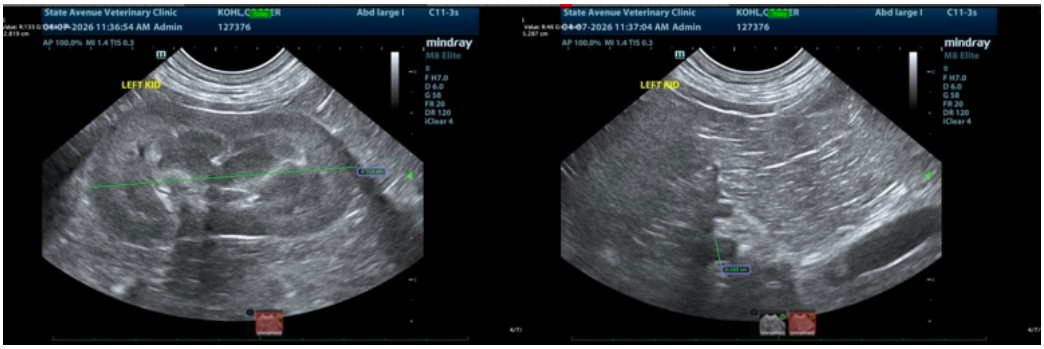

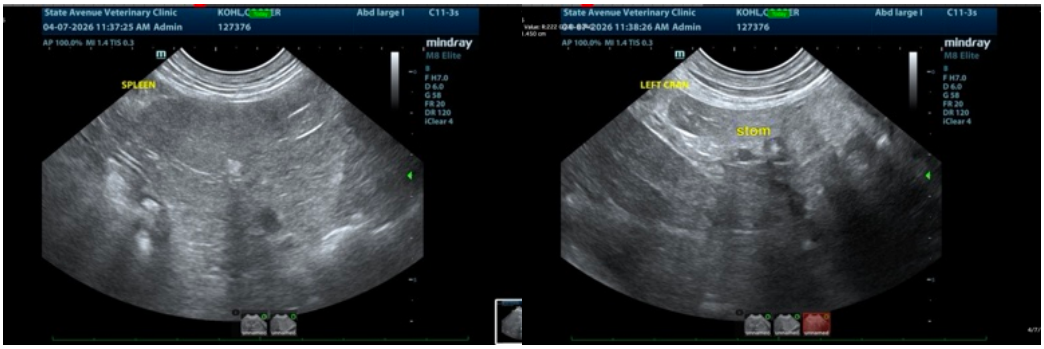

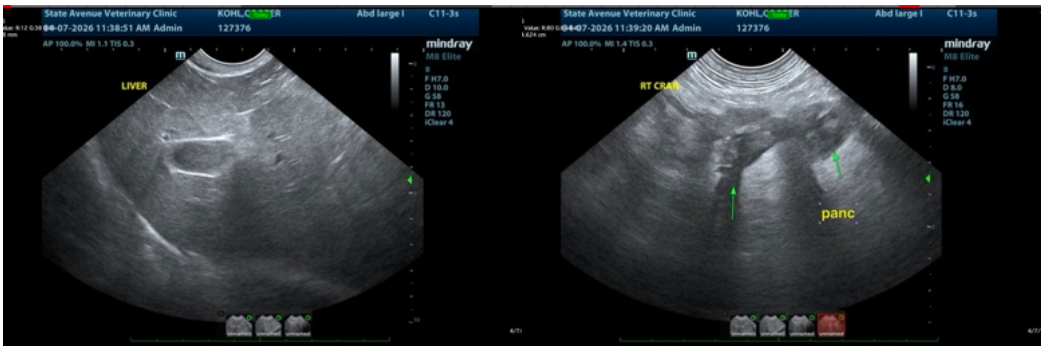

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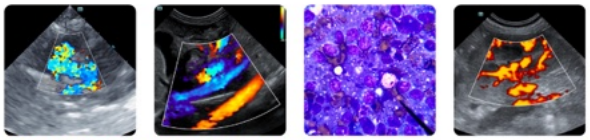

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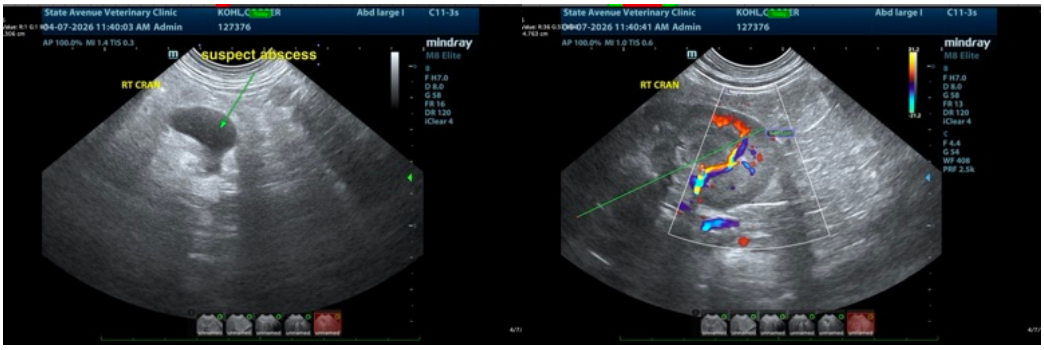

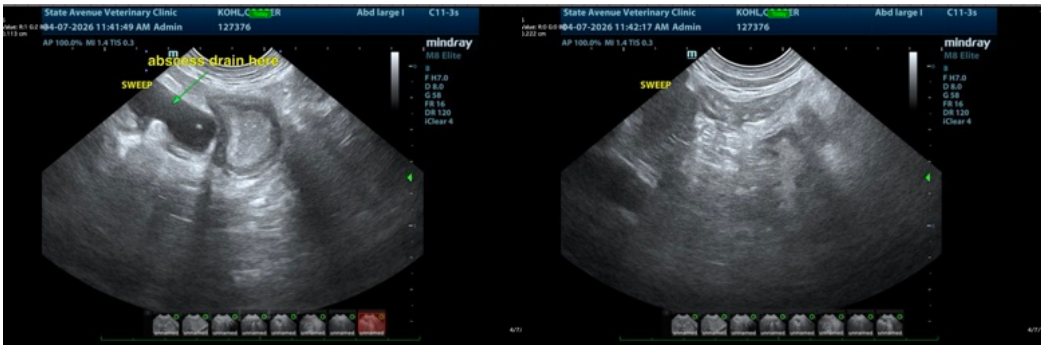

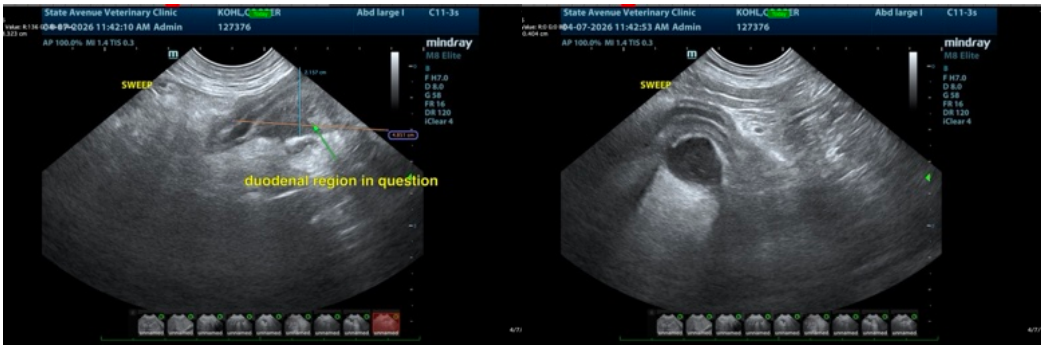

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com