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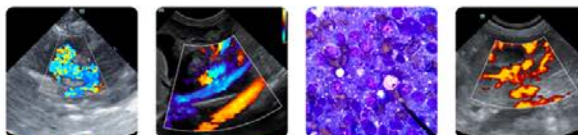


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Betsy Kirkland

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie Animal Hospital

REFERRING VET

Dr. Michlanski

INVOICE

75413

DATE

5/22/26

PRESENTING CLINICAL SIGNS

P presented 5/14 for inappetence, vomiting, lethargy. C notes P has history of getting into trash/etc. Tense on abdominal palpation. C pursued Cerenia for supportive care. P presented today for continue inappetence, vomiting, lethargy adn diarrhea- C interested in pursuing previously recommended ultrasound

Abnormal PE/Chem/CBC/UA Results: No labwork approved by C at this time.

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 **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. Right kidney measured 5.8 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 0.42 cm at the caudal pole and 0.51 cm at the cranial pole. Right measured 0.58 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

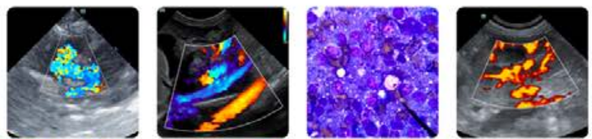
The **spleen** was mildly enlarged and swollen with irregular contour and was folded upon itself. It presented a slight non-disruptive hyperplastic nodule measuring 1.0 cm.

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** itself was unremarkable and empty. The duodenum was thickened and spastic with reactive mesentery. Increased submucosal echogenicity and thickness noted. Duodenum measured 1.1 cm in width. The distal small intestine was unremarkable.



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Pancreas

The pancreas revealed mixed echogenic changes at the right base, enveloping the upper GI tract and duodenum.

Free Abdomen

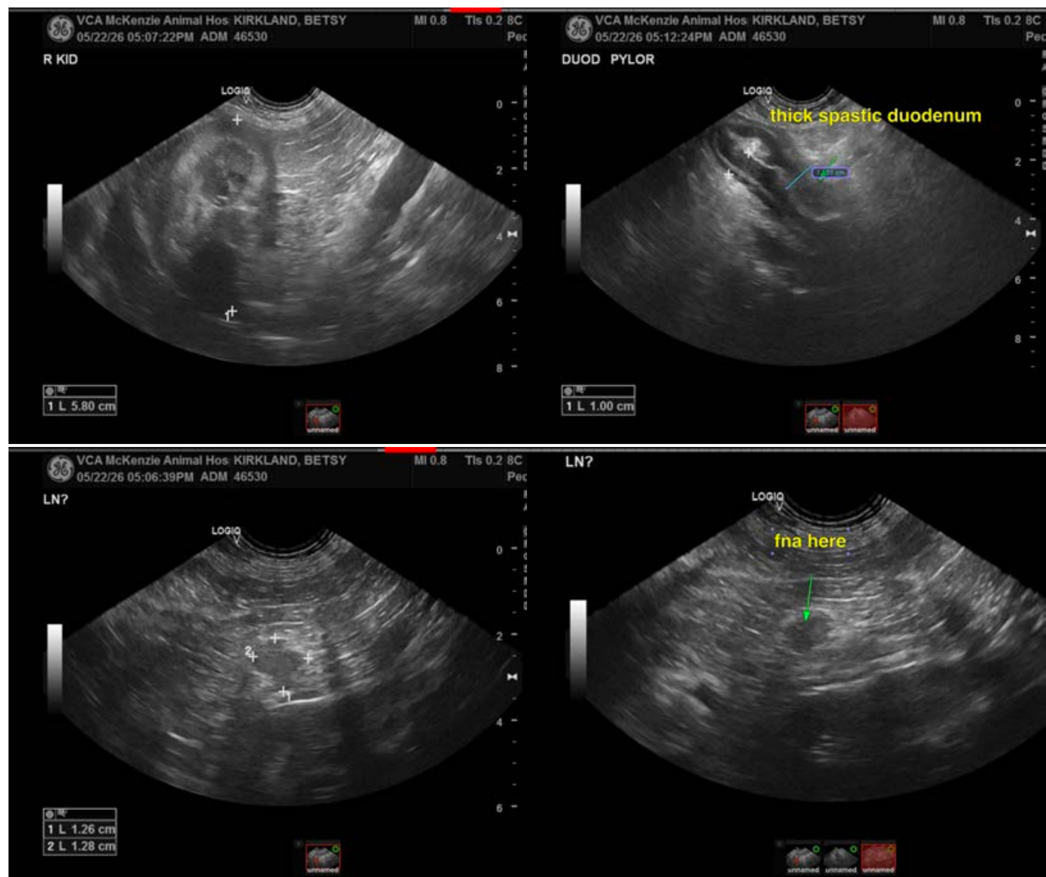
A mid abdominal lymph node was mildly irregular and hypoechoic, measuring 1.3 cm.

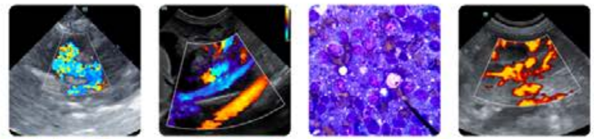
ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis with focal area of smoldering inflammation right pancreatic base.
- Duodenitis pattern.
- Mildly enlarged, swollen spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is likely reactive. However, 25-gauge FNA indicated to ensure more significant disease is not present. 24-hour NPO, IV fluid support, GI protectant protocol, pain management, broad-spectrum antibiotics all indicated. Abdominal lymph node and splenic FNA would be ideal. Slurry feeding with hydrolyzed diet would be warranted, as any bulk will likely create a problem in the upper duodenum. Mild potential for underlying emerging carcinoma. However, this is unlikely. Recheck sonogram in 7-10 days.





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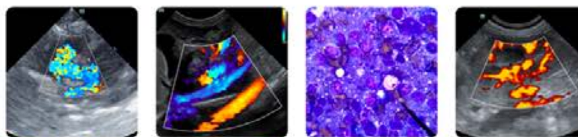

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com