



PATIENT PRESENTING CLINICAL SIGNS

Charlie Balistreri Planning for a dental prophy on 4/14/22 and noted on pre surgical blood work that lipase was 2567 (200-1800). Cancelled prophy and started I/D diet. One month later lipase has increased to 3218 on I/D diet. Abdominal imaging to check for the presence of pancreatitis or other disease. Clinically he is doing well at home. CPL was negative, but trying to identify cause of elevated lipase despite bland diet therapy.

Canine Abnormal PE/Chem/CBC/UA Results: Amylase=444 (500-1500)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pug **Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

SEX

Neutered male

AGE

5 years

WEIGHT

26.4 lbs

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 4.33 cm. The right kidney measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

IMAGING PERFORMED BY

M Kermendy CVT

Spleen

HOSPITAL NAME

Wauwatosa VC

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.

REFERRING VET

Dr. Binor

Liver

INVOICE

30725

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.

DATE

5/25/22



PATIENT

Gastrointestinal

Charlie Balistreri

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.

SPECIES

Canine

BREED

Pug

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

AGE

5 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

26.4 lbs

There was no evidence of pathology. No contraindication to anesthetic procedure. The lipase elevation may be completely idiopathic and not reflective of the pancreatic or GI presentation. GI/lipase cross reactivity may be an issue. Structurally the pancreas and gastrointestinal appears unremarkable. There is no evidence of inflammation. Deep subxiphoid palpation is recommended to assess for any discomfort. No overt contraindication to anesthetic procedure.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

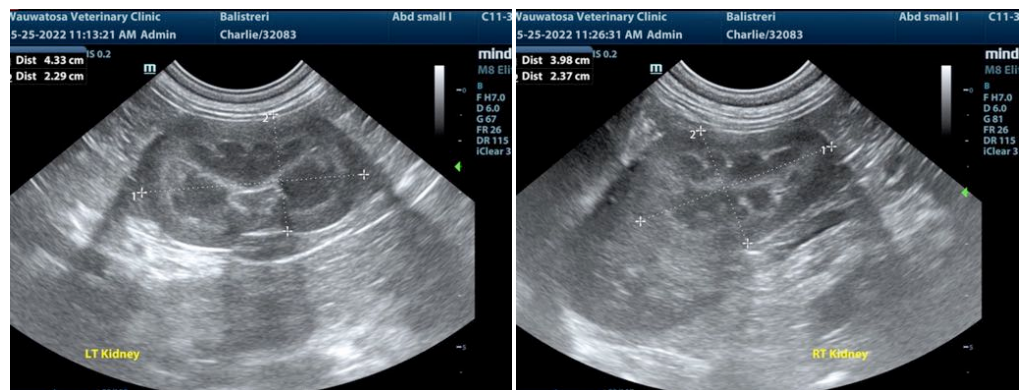
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PATIENT

Charlie Balistreri

SPECIES

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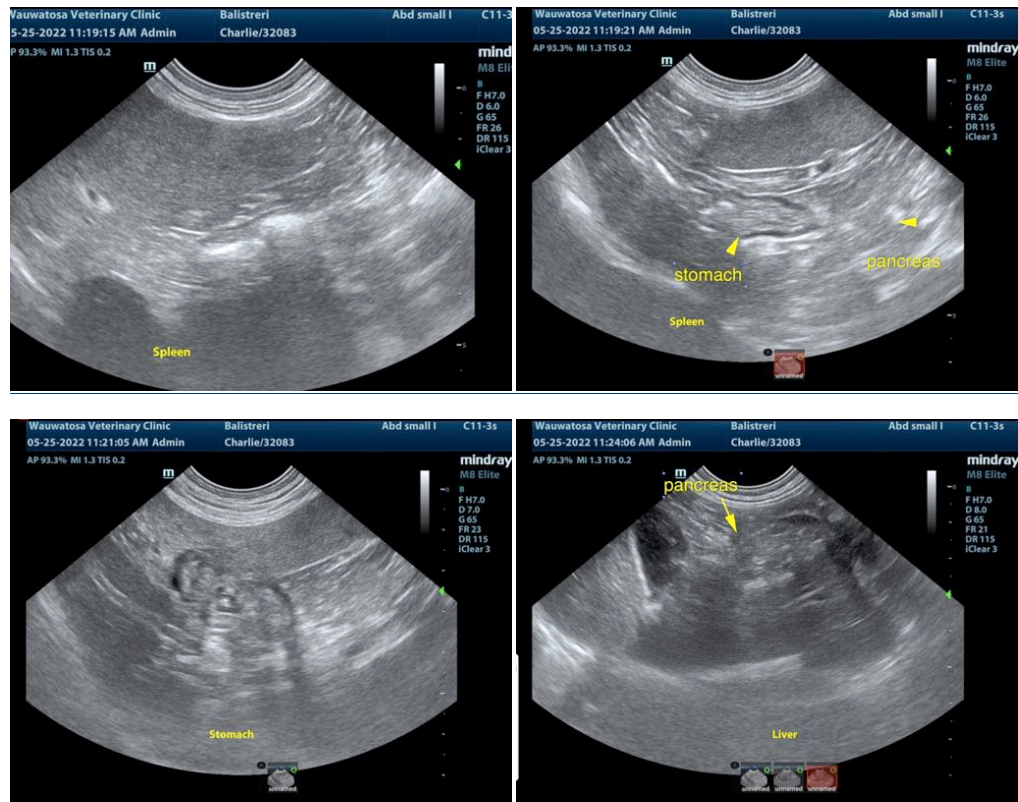
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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