



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT**  
Bernie Kille

**SPECIES**  
Canine

**BREED**  
Terrier X

**SEX**  
Spayed Female

**AGE**  
9 Years

**WEIGHT**  
6.9 kg

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Dr. Donna Markland

**HOSPITAL NAME**  
Island Mobile Paws VS

**REFERRING VET**  
Central Island Vet  
Emergency Hospital

**INVOICE**  
38057

**DATE**  
5/27/22

Presented to emerg 5/26 after management at rDVM for acute onset severe pancreatitis and hyperglycemia (new finding). Sudden pu/pd with strongly positive snap cPL test and BG too high to read on glucometer. Azotemic with minimal improvement on fluids. Was on 2x maintenance IV fluids at rDVM, but POCUS exam showed distended CVC, and Bernie has a 2/6 murmur. Currently on 1.5 maintenance fluids. Radiographs are suspicious for possible early aspiration pneumonia. Bernie has mucopurulent nasal discharge. Current medications: Methadone, 0.2 mg/kg IV q 4-6 hrs Pantoprazole, 1 mg/kg IV q 24 hrs Cerenia, 1 mg/kg IV q 24 hrs Insulin, 0.1 IU bolus with 0.1 IU/kg/hr until BG controlled under 14 mmol/L then will decreased to 0.05 IU/kg/hr Ampicillin, 22 mg/kg IV q 8 hrs Metronidazole, 15 mg/kg IV q 12 hrs

Abnormal PE/Chem/CBC/UA Results: May 26th Chem: ALP=515 (23-212) Amyl=2212 (500-1500) BUN>46.4 (2.5-9.6) Ca=1.91 (1.98-3.0) Cl=103 (109-122) GGT=42 (0-11) Glucose=19.13 (3.89-7.95) Lipase=5995 (200-1800) TBil=42 (0-15) SDMA=22 (0-14) Creat=off scale CBC: Monos=5.37 (0.16-1.12) Neuts=0.97 (2.95-11.64) \*\*\*-bands suspected. Patient had neutrophilia at rDVM, so possible that the machine is counting bands as monocytes UA usg=1.013 Glu=1000 mg/dL No ketones No bili 50 ery/uL Blood gases=wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** was overdistended with a minor amount of suspended debris.

The **kidneys** presented normal size and contour with slight idiopathic medullary rim sign noted. The right kidney measured 5.36 cm. Pericapsular fluid accumulation noted around the left kidney with minor pyelectasia. The left kidney measured 4.5 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. The right adrenal gland measured 0.58 cm.

### 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 were noted.

### Liver

The **liver** was mildly swollen yet uniform. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal

The **gastrointestinal tract** was largely unremarkable, yet enveloped by the pancreatic pathology.

### Pancreas

The left limb of the **pancreas** revealed an undifferentiated hypoechoic mass with regional hyperechoic inflammation and localized fluid. The right limb was edematous, hypoechoic, yet uniform. Areas of fluid accumulation or abscessation present. Fluid filled 1.5 cm x 1.0 cm region noted along the left limb.



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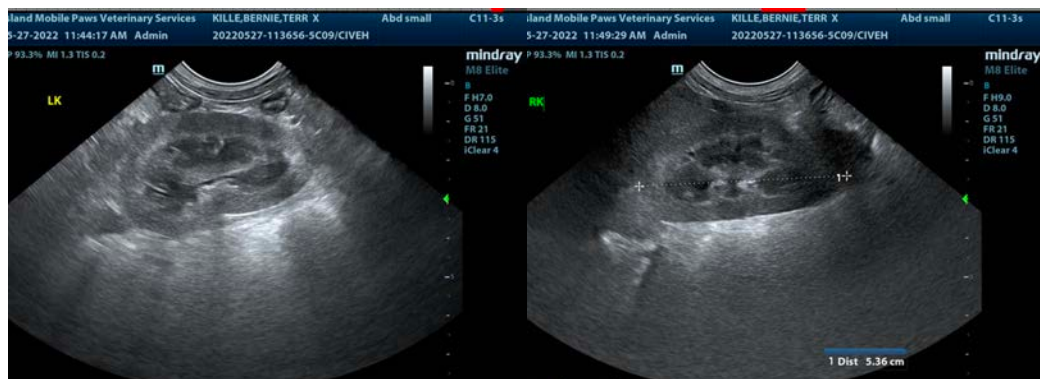
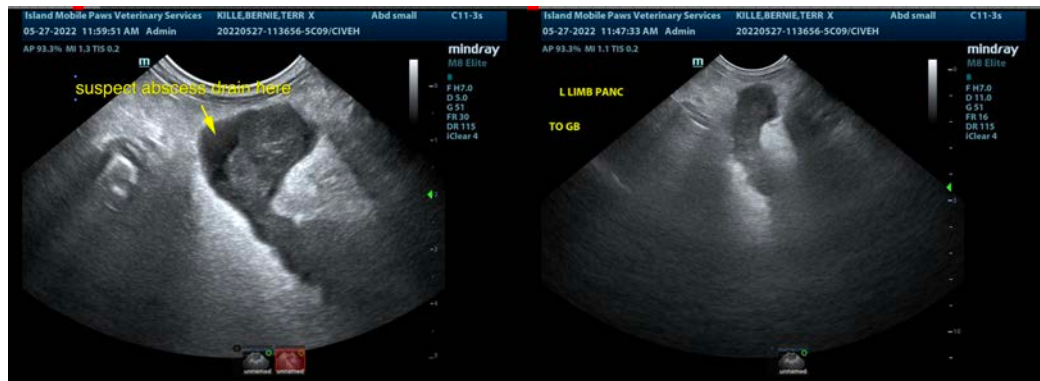
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**ULTRASONOGRAPHIC FINDINGS**

- Extensive pancreatic necrosis, possible carcinoma with regional peritonitis
- Unremarkable kidneys
- Regional free fluid
- Non-specific hepatic presentation, acute hepatitis likely

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend FNA of the liver and pancreas for further definition. Leptospirosis titers warranted. Ampicillin/Metronidazole combination and plasma transfusion indicated. Drainage of the fluid pockets and culture indicated as well. Prognosis is extremely guarded.





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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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)