



PATIENT

PRESENTING CLINICAL SIGNS

Satori Chiriff

Patient with history of seizures; on Keppra/Phenobarb, presented on 4/30/22 after garbage ingestion; pancreatitis. Abdominal exploratory on 5/1/22 - no gastrotomy/no enterotomy. Ingesta milked down to the colon, "plaque" removed from pancreas and ileum biopsied. Continues to vomit post-op despite metoclopramide CRI/Zofran Q 8hrs, Centriline, and Famotadine. Current meds: IVFs, Cerenia, famotadine, zofran, metronidazole, unasyn, buprenorphine/Keppra IV, Pheno IV.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 34% (was 41.1% on 5/1), ALP 556 (was 678), amylase >2500, lipase >6000 (was 5368), CPLI: abnormal.

BREED

Shiba Inu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

6 years

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.

WEIGHT

41 lbs

The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.72 cm. The right kidney measured 5.27 cm.

INTERPRETED BY

Adrenal Glands

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

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 left adrenal gland measured 1.96 x 0.44 cm at the caudal pole and 0.59 cm at the cranial pole.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

Westwood Regional
VH

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. Hartwick

Liver

INVOICE

30094

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

5/3/22



PATIENT

Gastrointestinal

Satori Chiriff

The **stomach** was over severely distended with anechoic fluid. A linear structure appeared to be present in the lumen and measured approximately 0.5 cm wide. The stomach revealed a large amount of stasis. Regional free fluid and echogenic omentum was noted with adhesions. Serpentine small intestine was noted.

SPECIES

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Pancreas

Extensive, mixed echogenic changes were noted throughout the **pancreas**. This is consistent with pancreatitis.

SEX

Neutered male

Free Abdomen

A minor amount of free fluid was noted. The left caudal abdomen in this patient revealed free fluid and adhesion pattern. The body wall in the left caudal abdomen revealed a cellulitis pattern. Penetrating foreign body into the body wall may also be an issue.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

41 lbs

Gastrointestinal stasis, adhesions. Serpentine small intestine with suspicion of penetrating foreign body and concurrent peritonitis.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Immediate exploratory surgery is recommended. Many views were obscured owing to the peritonitis and reactive omentum that did not allow for acoustic penetration.

IMAGING PERFORMED BY

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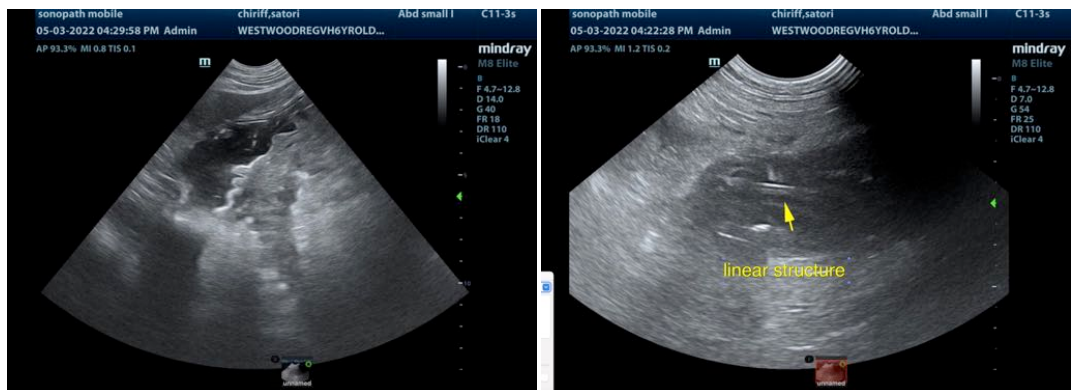
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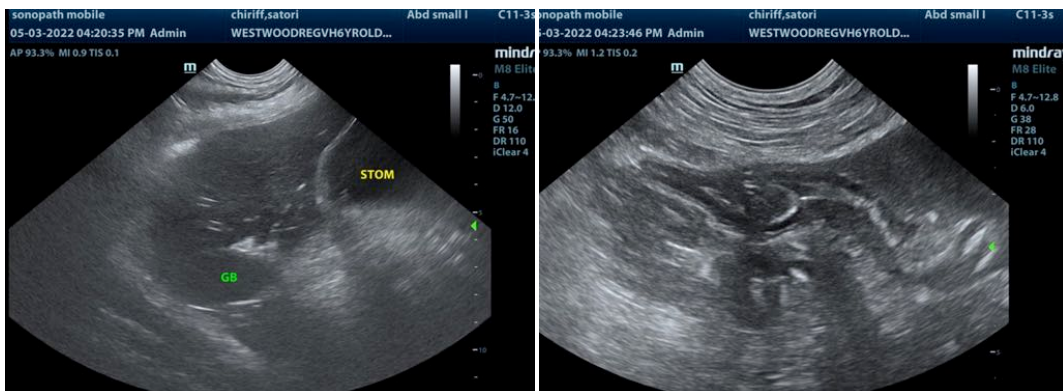
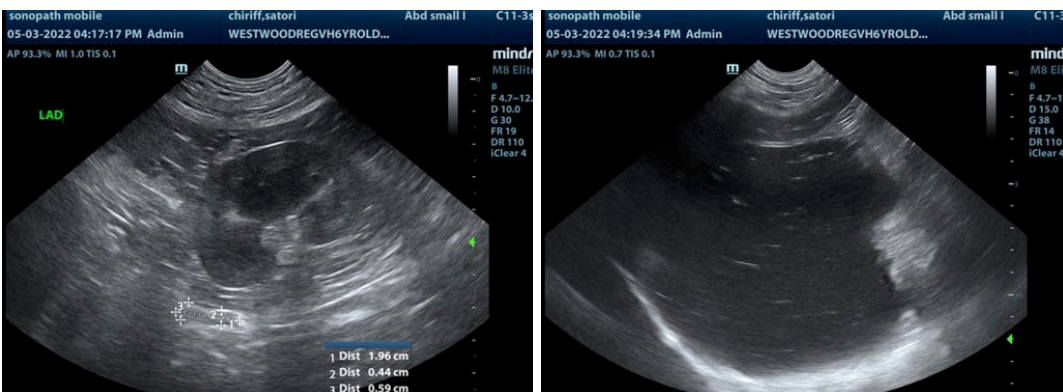
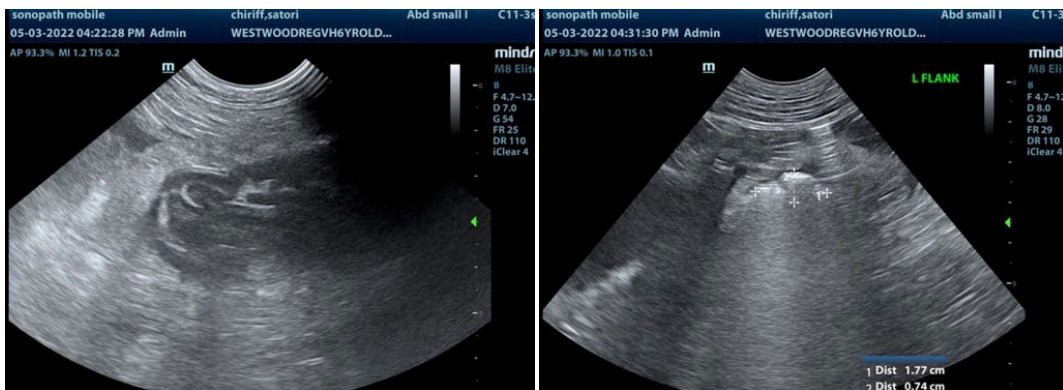
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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