



**PATIENT**

Wyatt Mahoney

**PRESENTING CLINICAL SIGNS**

History: pancreatitis with recent hx of lymphadenopathy had u/s on 4/6

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Cocker Spaniel

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.

**SEX**

Neutered male

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 right kidney measured 4.97 cm. The left kidney measured 5.53 cm.

**AGE**

10 years

**Adrenal Glands**

**WEIGHT**

29 lbs

The right **adrenal gland** was at the upper limits of normal and measured 2.22 x 1.33 cm at the cranial pole and 0.97 cm at the caudal pole. The left adrenal gland measured 1.39 x 0.54 cm at the caudal pole and 0.56 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

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.

**HOSPITAL NAME**

Rockaway AH

**Liver**

**REFERRING VET**

Dr. Maniar

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

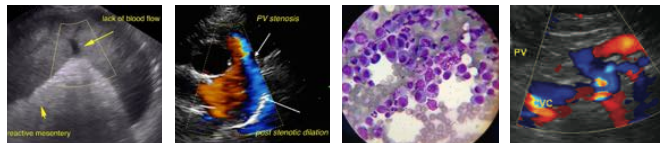
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**Gastrointestinal**

**DATE**

5/3/22

The **gastrointestinal tract** revealed an edematous wall and hyperperistalsis with no loss of mural detail. Minor enhanced surrounding fat was noted around the regions of the gastrointestinal serosa. There was



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no evidence of foreign body or neoplastic criteria. Images from the stomach, small intestine and colon were presented. This is most consistent with gastroenteritis owing to viral, bacterial/endotoxin or possible parasitic disease.

**SPECIES**

Canine

**Pancreas**

The **pancreas** was obscured by reactive mesentery. Some level of pancreatitis is likely.

**BREED**

Cocker Spaniel

**Free Abdomen**

Reactive mesentery was noted throughout the gastrointestinal tract, stomach and small intestine. No overt mesenteric criteria was met; however, emerging round cell neoplasia cannot be ruled out.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

Gastroenteritis.

Pancreatitis.

Reactive mesentery/steatitis.

**WEIGHT**

29 lbs

Age related hepatic changes.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Plasma expanders, broad spectrum antibiotics and pain management are all indicated over the next 48-72 hours. Recheck sonogram is recommended in 48 hours or earlier if clinical decline is occurring.

**IMAGING PERFORMED BY**

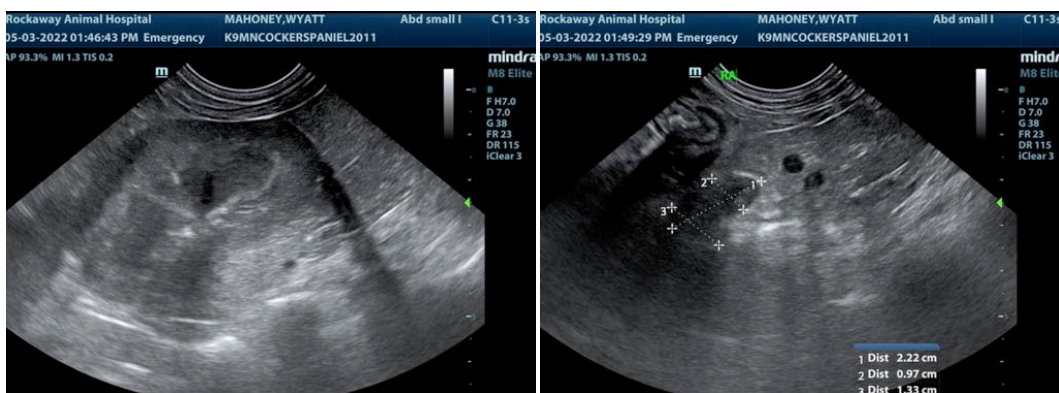
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**DATE**

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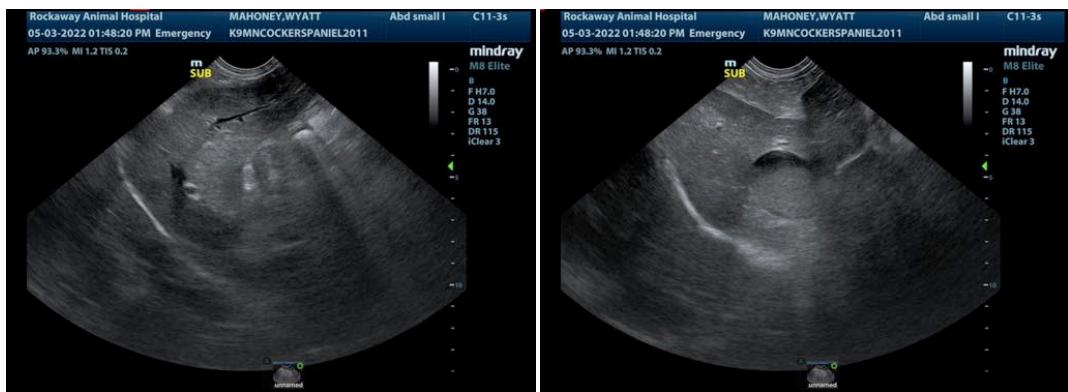
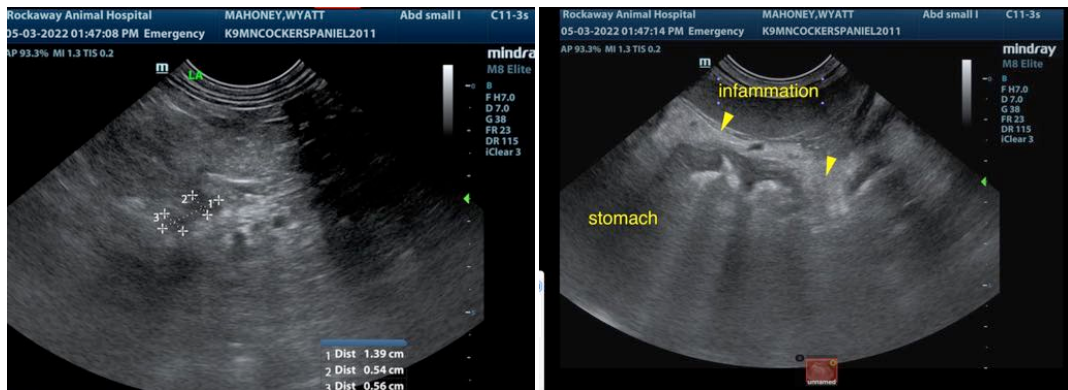
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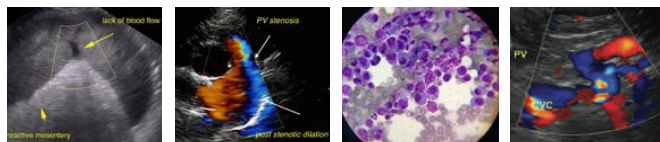
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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