



PATIENT PRESENTING CLINICAL SIGNS

Patient: Panch Haaksma
Presenting Clinical Signs: Acute onset vomiting, hyporexia since 6/25 Previous hx of CHF - on Furosemide, Vetmedin, Enalapril Diagnosed with Pancreatitis 6/26 - no improvement after symptomatic therapy

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Radiographs - mild loss of detail cranial abdomen CBC - significant leukocytosis (40.57) due to neutrophilia (34) and mild monocytosis (3.43) CHEM - elevated globulins, mild elevation ALP, elevated amylase/lipase, low chloride cPL - abnormal

BREED

Chihuahua

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

AGE

12 Years

The residual prostate was enlarged and focally mineralized with a cyst measuring 2.1 cm.

WEIGHT

12.8 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.06 cm. The left kidney measured 3.8 cm with slight pyelectasia noted.

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

DABVP, Cert. IVUSS

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 0.47 cm.

IMAGING PERFORMED BY

Dr. Gudrun Gunther

Spleen

HOSPITAL NAME

New Frontier AMC

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.

REFERRING VET

Dr. Gudrun Gunther

Liver

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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. Minor areas of parenchymal mineralization noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was overdilated with striating and coalesced bile, consistent with mucocele formation. Gallbladder calculi were also noted, a grouping of which measured up to 1.0 cm.

DATE

6/27/23



PATIENT *Gastrointestinal & Pancreas*

Panch Haaksma

Upper **gastrointestinal** thickening noted with regional pancreatic inflammation, a hypoechoic region of approximately 3.0 cm x 4.0 cm with loss of structural detail, strongly consistent with pancreatic necrosis. Slight areas of free fluid noted. There is a potential for underlying carcinoma in the pancreas. Duodenal thickening and loss of mural detail noted.

SPECIES

Canine

Free Abdomen

BREED

Chihuahua

The cranial abdomen was largely occupied by regional inflammation.

SEX

Neutered Male

- Prostatic enlargement with cysts and mineralization – strong concern for carcinoma. Hyperplasia and residual cysts post neutering is a possibility.
- Gastroduodenitis and pancreatic necrosis/regional peritonitis – potential underlying pancreatic carcinoma.
- Gallbladder mucocele
- Slight renal pyelectasia and age related changes
- Age related hepatic changes

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

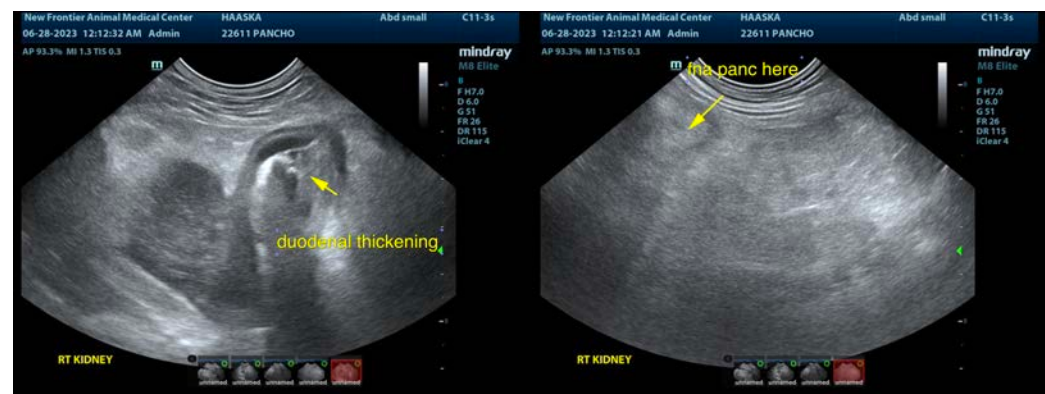
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FNA of the prostate indicated. an argument could be made for surgical intervention in this patient with pancreatic debridement, upper GI biopsies, and cholecystectomy with liver biopsy. 48-72 hour intensive care for pancreatitis/gastroduodenitis could be considered with 24 hour NPO, plasma expanders, broad-spectrum antibiotics, and pain management. However, given the cardiac history, fluid therapy should be performed with caution, monitoring respiratory rate and echocardiogram findings. Recheck sonogram in 48-72 hours. Prognosis is very guarded. Ursodiol therapy warranted as well, yet will take time to become effective.

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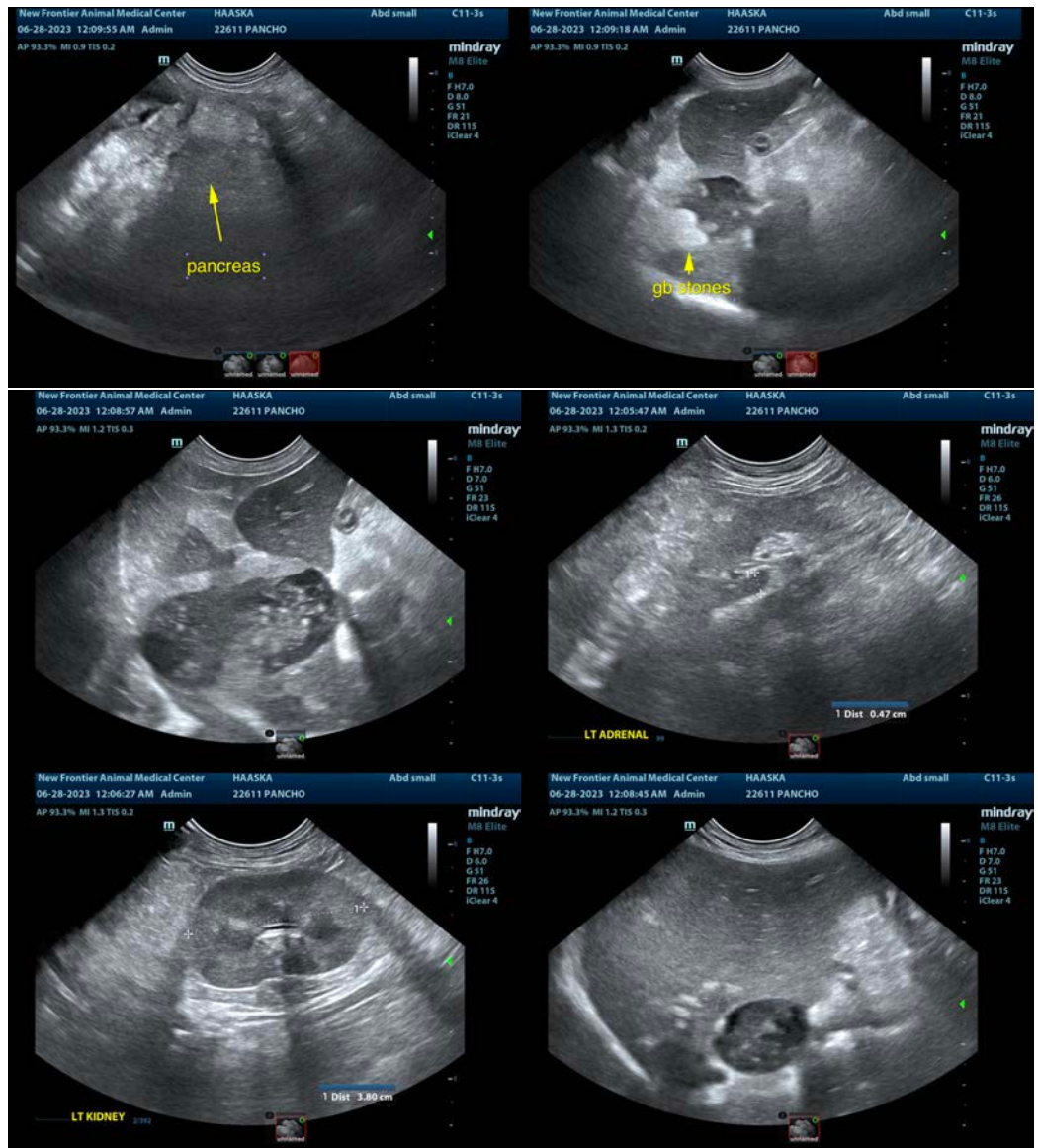
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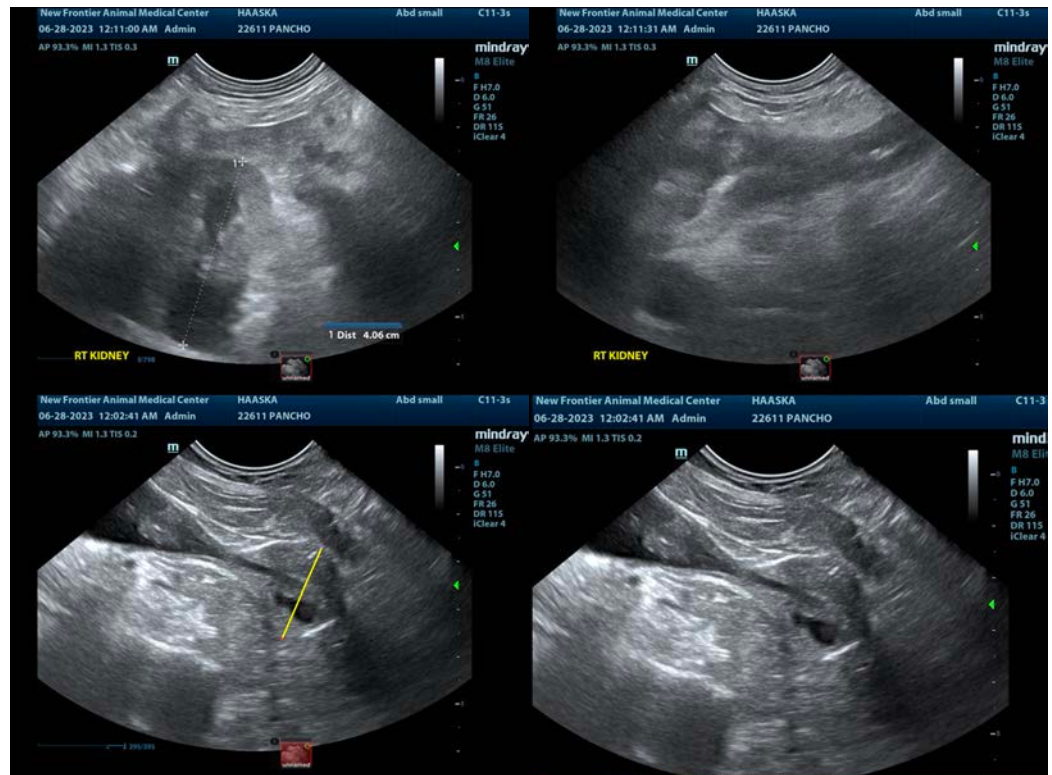
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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