



DATE PRESENTING CLINICAL SIGNS

6/6/26 **Patient History:** currently on veteryl for past year
he is blind and has arthritis

PATIENT Friday morning acting normal then became lethargic
drooling and nauseous, did not eat on Friday morning
Reggie Schwertzler vomited in exam room

SPECIES hypotensive 88 initially, dropped to 40 by the time admitted to hospital
lethargic

Canine very distended abdomen
pocus no free fluid seen in abdomen

BREED **Current Medications:** Veteryl 10mg PO q 12h?, receiving IV fluids, Ondansetron 0.5mg/kg IV q 8h,
Maropitant 1 mg/kg IV q 24h.

Terrier x **Labwork Results:** Labwork not submitted. Reported as hepatomegaly on rads
cpl neg

SEX cbc normal
chemistry alt 108 very mildly elevated

Neutered Male alk phos 766
chloride 104 mildly low

AGE bun and creatinine low
bp 88 then dropped 40 after iv fluid bolus 90

12/5/14 **Date of Previous IntraPet Ultrasound:** No previous.
Sedation: Not required to complete full diagnostic ultrasound.

WEIGHT **Stat Report:** Requested.

9.8 kg **Imaging Performed by:** Andi Parkinson, BS, RDMS.

INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Urinary System

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

HOSPITAL NAME

Mason Dixon Animal
Emergency

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 and no evidence of pelvic dilation was present. Right kidney measured 5.86 cm. Left kidney measured 4.93 cm.

REFERRING VET

Dr. McCafferty

Adrenal Glands

The **left adrenal gland** was visualized obliquely owing to pain upon imaging, measuring 1.5 cm x 0.80 cm.

The region of the **right adrenal gland** was unremarkable yet not overtly visualized.

INVOICE

75744

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Spleen measured 0.83 cm.

Liver

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.

Gastrointestinal

Severe **gastric** thickening noted with ulcerative changes. Gastric wall measured up to 2.8 cm, with mural edema. Gastric stasis noted. Particular thickening noted in the pyloric outflow and upper duodenum.

Pancreas

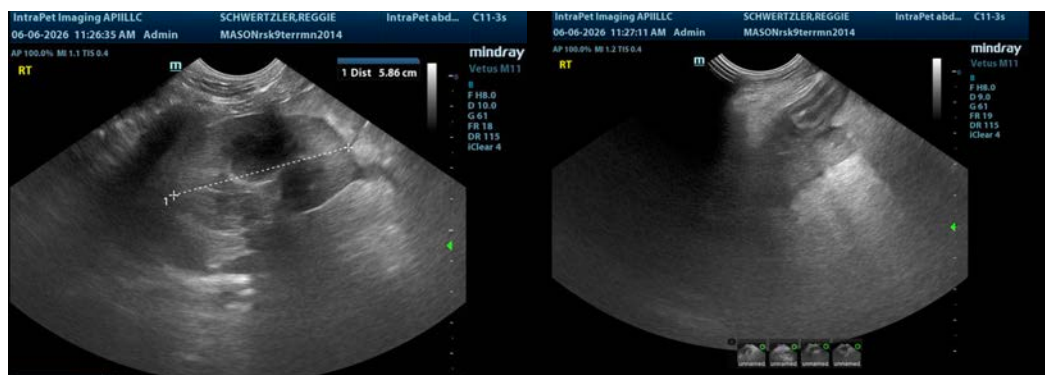
The **pancreas** revealed extensive mixed hypoechoic parenchymal changes with hyperechoic surrounding fat and pockets of fluid, consistent with pancreatitis and likely abscessation. Extensive necrosis pattern noted throughout the base and right limb, enveloping the upper duodenum.

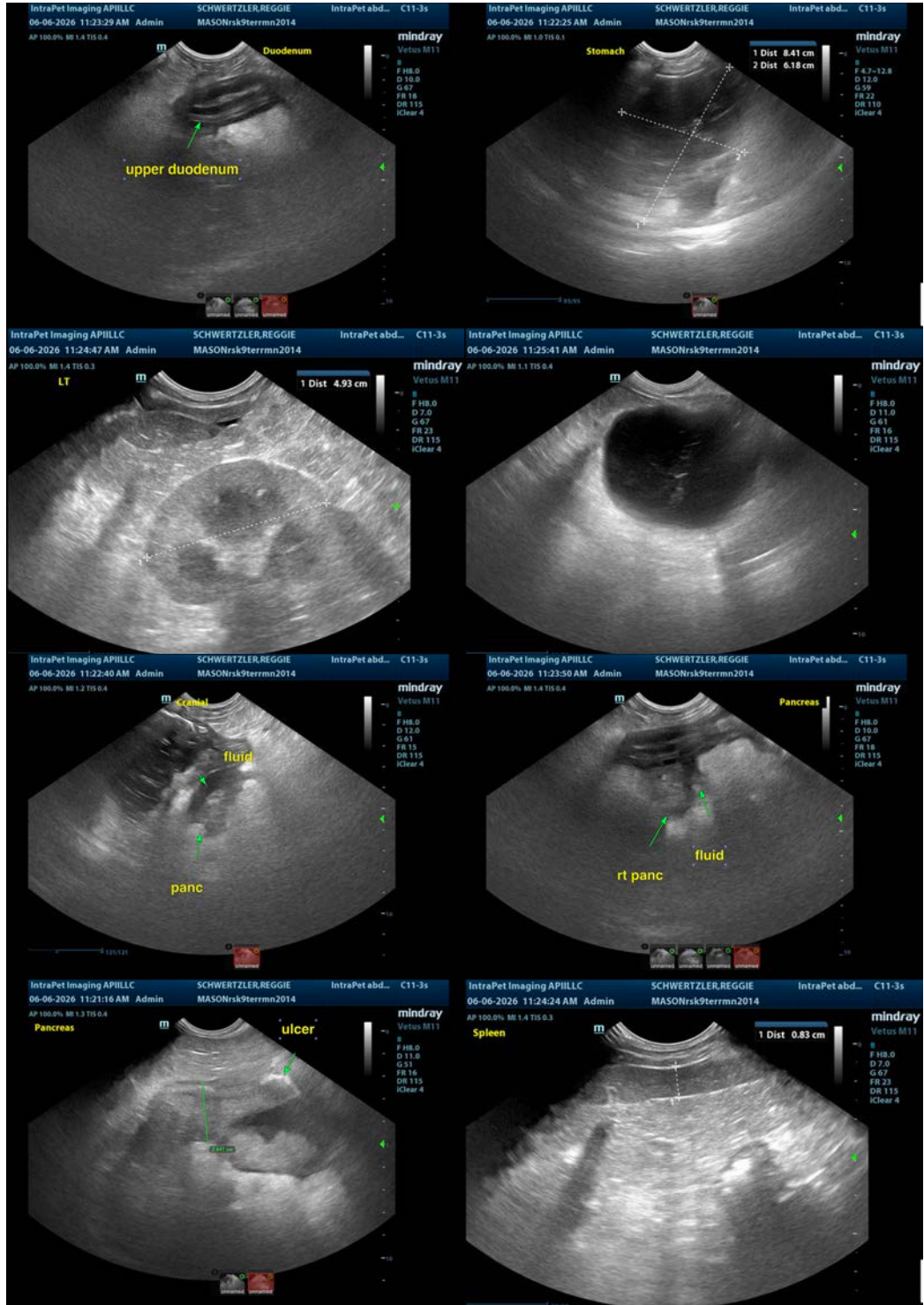
ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/pancreatic necrosis/peritonitis pattern with likely microabscessation.
- Gastric thickening and gastroduodenitis – Severe gastritis versus gastric neoplasia.
- Urinary bladder debris.
- Age related renal changes.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lidocaine CRI would be ideal in this patient for pain management. Endoscopy would be ideal for mucosal inspection and biopsy. The liver itself was unremarkable. No evidence of post-hepatic obstruction at this point. However, given the position of the pancreatic pathology, post-hepatic obstruction of the common bile duct is a strong potential. Prognosis is extremely guarded. Aggressive treatment for pancreatitis with plasma expanders, plasma transfusion, pain management, broad-spectrum antibiotics, GI protectants all indicated, with recheck sonogram in 48-72 hours.





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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