



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Spike Rod
SPECIES Vomiting, diarrhea, not eating, lethargic
 Abnormal PE/Chem/CBC/UA Results: Loss of serosal detail cranial abdomen on radiographs CBC - WBC 28.92 (6-17), MON 2.28 (0.2-1.5), NEU 24.72 (3-12) Chem - ALP 453 (20-150), AMY 1210 (200-1200), Na:K = 33.9 No overt pain on palpation, vomited bile after ultrasound

Canine
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Rottweiler
 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.

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.

AGE

8 Years

Adrenal Glands

The **adrenal glands** were not visualized owing to poor abdominal detail and contrast.

WEIGHT

106 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Dr. Jennifer Finder

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.

HOSPITAL NAME

Craig Road AH

GI/Pancreas

REFERRING VET

Dr. Jennifer Finder

The right limb of the pancreas revealed a 5.0 cmx 4.0 cm irregular, fluid-filled viscus surrounded by extensive regional inflammation. The upper gastrointestinal tract was enveloped by the pancreatic pathology. Inflammation extended to both kidneys. Regional free fluid noted. I cannot rule out a penetrating foreign body such as a toothpick or similar, as the omental changes obscure much of the visibility in the cranial abdomen.

INVOICE

38444

ULTRASONOGRAPHIC FINDINGS

DATE

6/7/22

- Extensive pancreatic necrosis with undifferentiated tissue in the cranial abdomen and gastric dilation – cannot rule out an underlying neoplastic process, pancreatic abscess, and adhesions.
- Free fluid/peritonitis



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HOSPITAL NAME

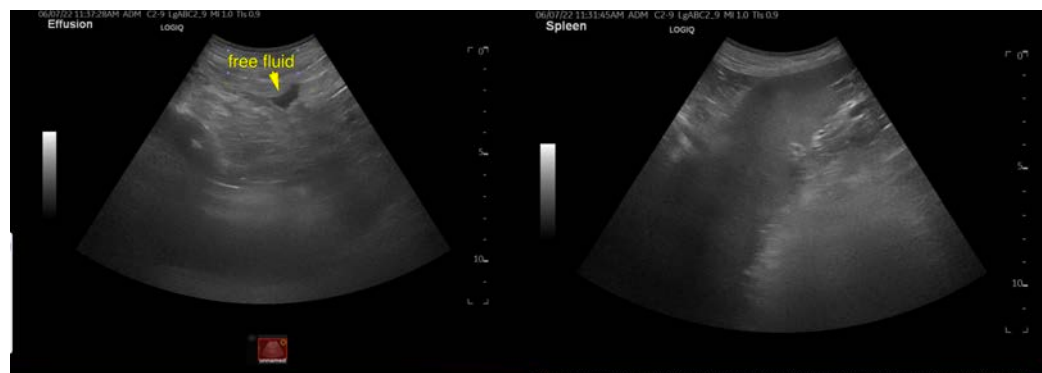
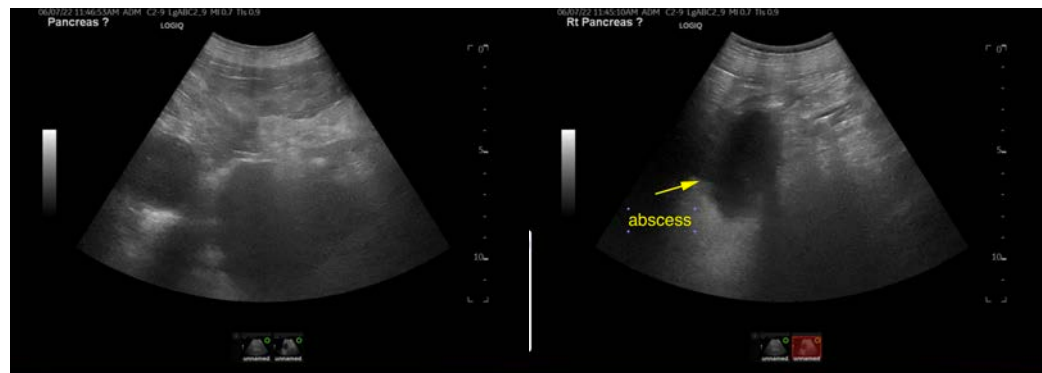
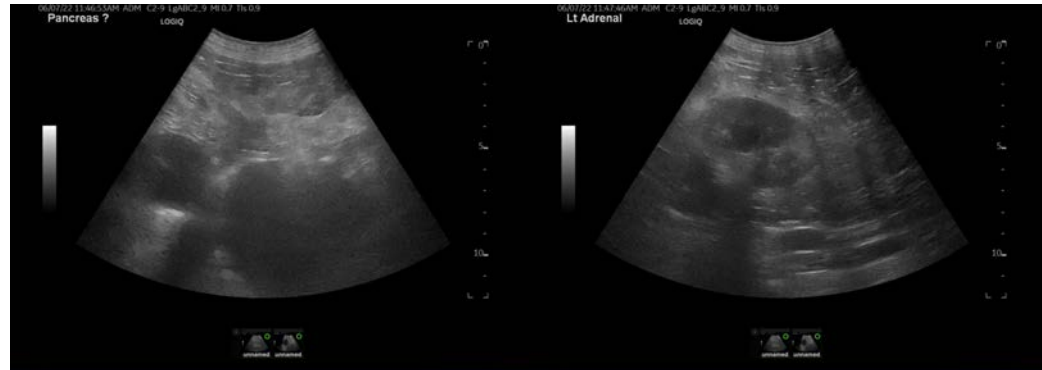
Craig Road AH

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery in this patient with expectations of debridement of the pancreas and liberation of adhesions in the upper GI tract as well as exploring for penetrating foreign body and drainage or removal of the pancreatic abscess. Plasma expanders and plasma transfusion indicated. Broad-spectrum antibiotic and pain management recommended prior to surgery.



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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