

**PATIENT**

Dash Kalinowski

**SPECIES**

Canin

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

15 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Peterson

**INVOICE**

91076

**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

History: chronic pancreatitis, cranial abdominal pain,  
Abnormal PE/Chem/CBC/UA Results: rDVM labs 8/6 - Leukocytosis 17.8, Lymphopenia 0.8, Neutrophilia 16.5, PLT 507, Low CREA 0.3, Hypercalcemia 13.5, Elevated TP 8.7, ALB 4.6, Globs 4.1, Chol 345, ALT 246, ALP 566 rads - hepatomegaly Salem ER labs 8/8 - ALP 517, AMY >2500, LIP 5717, Mild anemia HCT 33.1% rads - gastric dilation, soft tissue material or mass near pylorus AFAST - poss gastric mass lytes - hypokalemia 3.3 rest wnl PCV/TS - 36%, 8.8 g/dL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The left **kidney** presented irregular contour especially at the dorsal cortex with regional inflammation. Trace pyelectasia was noted in the left kidney. There were slight areas of free fluid noted around the left kidney. The **right kidney** was normal in size and contour with increased cortical echogenicity. This is largely expected for this age patient.

**Adrenal Glands**

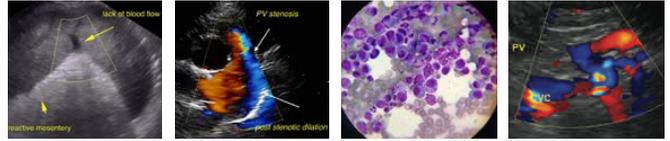
The **right adrenal gland** was not visualized. Portions of the left adrenal gland were visualized obliquely. However, this was obscured by the regional inflammation in the left cranial abdomen.

**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 was noted.

**Liver**

The **liver** revealed multi-focal, heterogenous parenchymal changes with minor disruption of architecture. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted. Gallbladder polyps were also noted, yet were not pathological.



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**Gastrointestinal**

The **pylorus** revealed retention of ingesta and shadowing material. However, the gastric fundus in SDEP 8B demonstrated tissue thickening with regional inflammation. The region in question measures approximately 3.0 cm and appeared to be primarily mucosal in nature. This may be chronic inflammatory and not necessarily a neoplastic event. However, loss of structural detail is noted. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively.

**Pancreas**

The **pancreas** revealed mixed, hypoechoic, irregular parenchyma with enhanced surrounding mesentery. This is suggestive for inflammation. This is a chronic active presentation.

**Free Abdomen**

Extensive inflammation was noted around the left kidney and left pancreatic limb.

**ULTRASONOGRAPHIC FINDINGS**

Pancreatitis pattern.

Nodular hyperplasia liver pattern. Minor potential for metastatic disease.

Inflammation around the left kidney and left pancreatic limb.

Right adrenal gland not visualized.

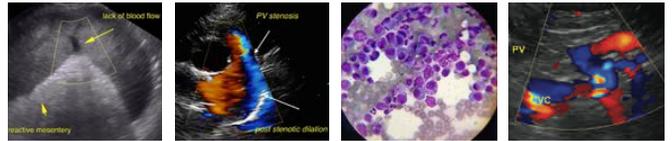
Renal infarcts.

Gastric fundic thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the left kidney cortex is recommended to assess for possible emerging neoplasia. Underlying adrenal pathology cannot be completely ruled out. Underlying neoplasia possibly involving the left pancreatic limb and pancreatitis are all issues that should be addressed in this patient.

Sampling the gastric fundus tissue thickening through endoscopy or surgical biopsies would be necessary for further definition. I am concerned for underlying epithelial neoplasia in the stomach. 24-48 hour aggressive fluid therapy, broad spectrum antibiotics and plasma expanders are all recommended as much of the inflammation may resolve enough to improve visibility from a sonographic perspective. Otherwise, CT evaluation would be ideal.



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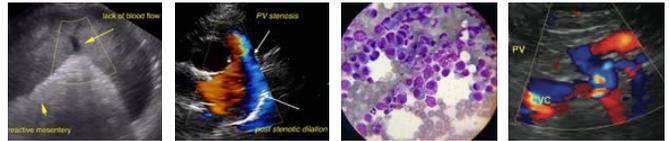
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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