



PATIENT

Toby Stauffer

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

4 Years

WEIGHT

13.7

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Branning

INVOICE

23892

DATE

8/11/23

PRESENTING CLINICAL SIGNS

History: Vomiting, not eating. Elevated pancreatic values

Abnormal PE/Chem/CBC/UA Results: ALK PHOS 176, AMYLASE 8873, PSL 4413.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 **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 4.68 cm. The left kidney measured 3.54 cm.

Adrenal Glands

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 0.45 cm. The right adrenal gland measured 0.35 cm.

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. Cranial folding of the spleen was noted.

Liver

The **liver** was slightly enlarged yet uniform- no evident pathology. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was significantly thickened with areas of potential ulcerative change. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

Pancreas

The **pancreas** revealed mixed echogenic parenchymal changes. The pancreatic presentation extended throughout the right limb with areas of edema and fluid pockets. The right pancreatic pathology enveloped the upper duodenum, limiting visibility.



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Free Abdomen

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The epigastric **lymph nodes** were slightly enlarged.

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ULTRASONOGRAPHIC FINDINGS

- Pancreatic necrosis/pancreatitis pattern with gastroduodenitis
- Slightly enlarged liver, uniform- no evident pathology
- Slightly enlarged epigastric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24hr NPO, IV fluid support, plasma expanders, pain management, broad spectrum antibiotics and GI protectants are all indicated. Slurry feeding after 24hrs of NPO and recheck sonogram in 3-5 days. Prognosis is guarded. Ultrasound guided drainage and FNA of the pancreas may be necessary in this patient, though the fluid pockets are small.

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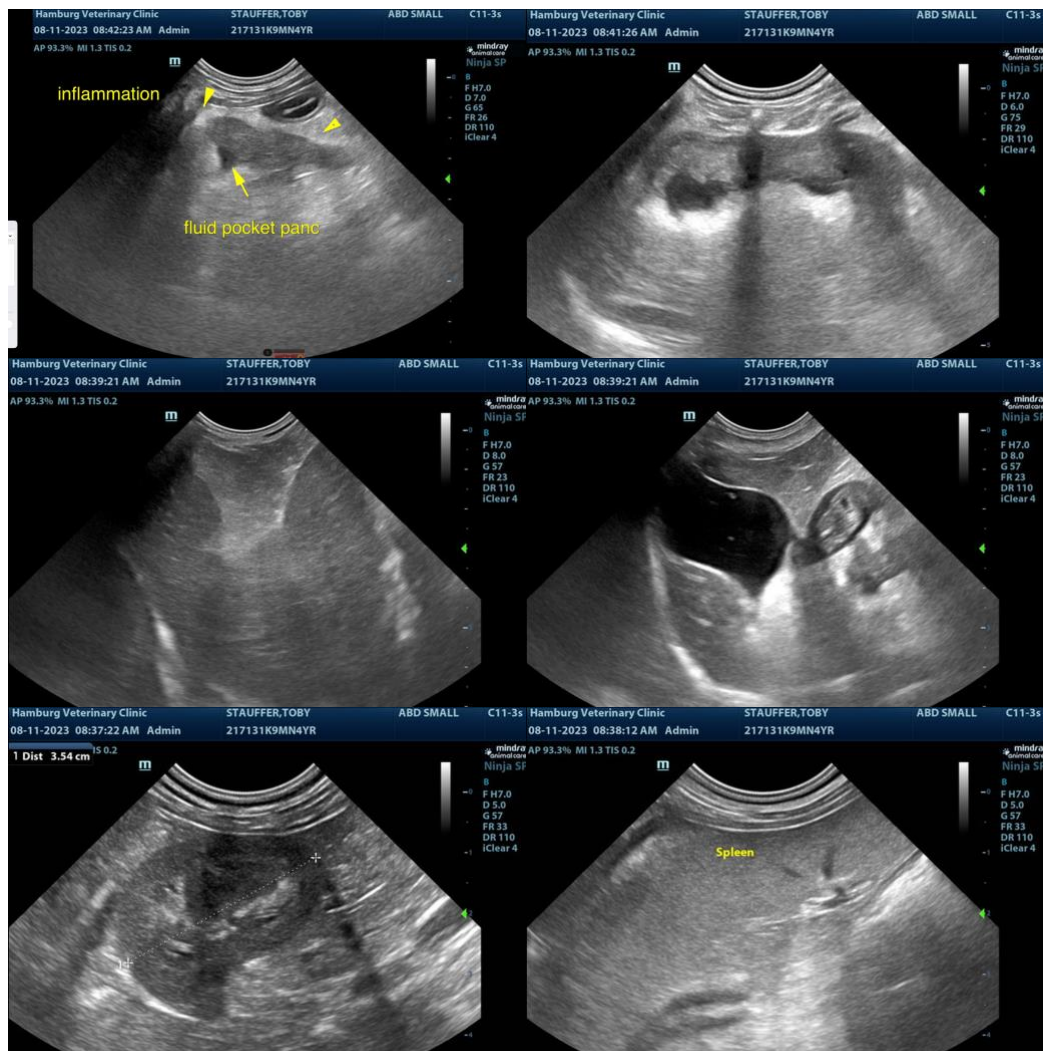
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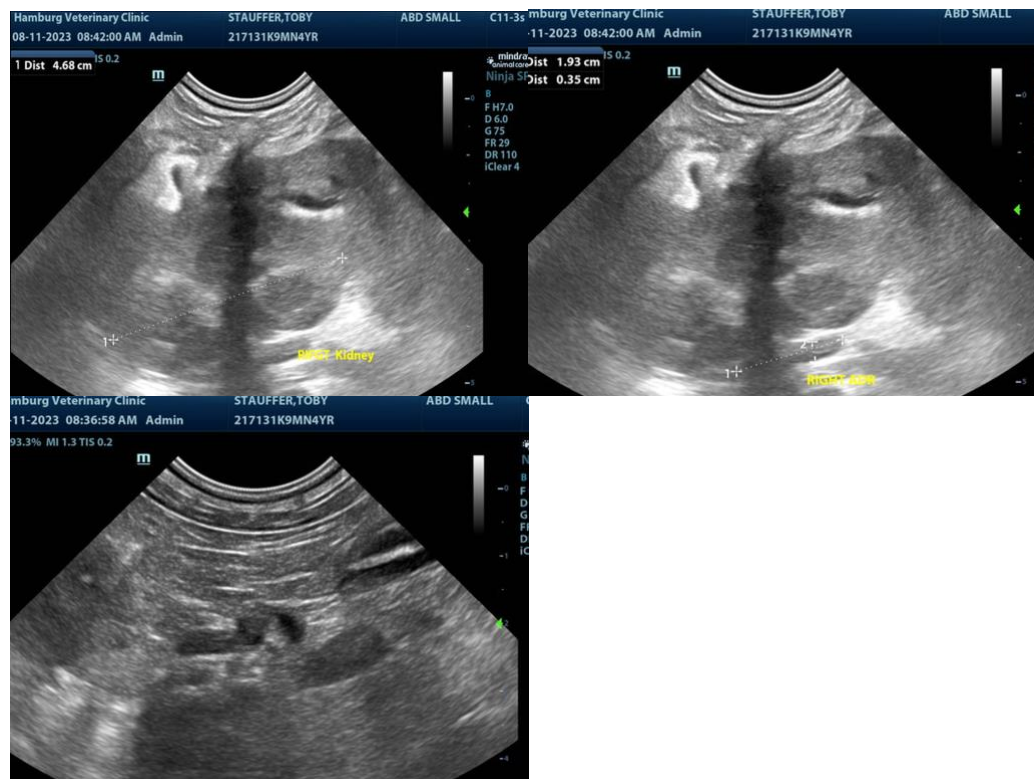
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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