



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Duke Richardson	Lethargy and inappetence starting 8/12, lives primarily outdoors and was found laterally recumbent 8/14 morning. Normothermic. Responded to IVF and supportive care. Pendulous abdomen, not painful on exam this am
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC - Hemoconcentration HCT 60.77%, Leukocytosis 27.72k, Neutrophilia 24.73k, Mild thrombocytopenia 136k, Chem - Elevated ALP 438, TBili 0.8, Azotemia CREA 2.7, BUN 44, Elevated PHOS 9.7, hyperglycemia 130, Elevated globulins 5.2, elevated total protein 8.3
<b>BREED</b>	Lytes - hyponatremia 124, CPL - very abnormal UA - USG 1.033, 3+ protein, inactive sediment leptowitness - negative 8/15 at WVS 4 AM EPOC - Hyponatremia 139, Hypochloridemia 95, Hypokalemia 2.8, Hypocalcemia iCa 1.10, Respiratory alkalosis pH 7.52, HCT 40% in house cytology of abd fluid - neutrophils, rbc, macrophages, some potentially suspicious cells, no intracellular bacteria
Australian Shepherd X	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Neutered Male	<b>Urinary System</b>
<b>AGE</b>	The <b>urinary bladder</b> , 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 1.0 cm beyond the cystourethral junction.
7 Years	
<b>WEIGHT</b>	The <b>kidneys</b> 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 left kidney measured 7.4 cm. The right kidney measured 7.4 cm.
50 Pounds	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV	The <b>adrenal glands</b> were not visualized.
DABVP, Cert. IVUSS	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Anna Wepprich	The <b>spleen</b> presented relatively normal size with slight irregular contour and subtle micronodular changes.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Wilvet Salem	The <b>liver</b> revealed coarse architecture. Hypochoic, subtle micronodular changes noted. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Anna Wepprich	The <b>stomach</b> was overdistended with chyme/fluid, consistent with ileus. The upper duodenum was thickened, as was the pylorus with some loss of mural detail. The pyloric wall measured up to 1.3 cm.
<b>INVOICE</b>	<b>Pancreas</b>
40431	A significant amount of <b>pancreatic</b> pathology was noted, primarily in the right limb with hypochoic, irregular parenchyma and enhanced surrounding mesentery.
<b>DATE</b>	<b>Free Abdomen</b>
8/15/22	Large amount of free fluid noted throughout the abdomen with echogenic debris.



**PATIENT**

Duke Richardson

**SPECIES**

Canine

**BREED**

Australian Shepherd X

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

50 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Anna Wepprich

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Anna Wepprich

**INVOICE**

40431

**DATE**

8/15/22

**ULTRASONOGRAPHIC FINDINGS**

- Extensive pancreatitis/duodenitis with pyloric thickening
- Micronodular splenic and hepatic changes
- Free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pancreatic pathology enveloped the upper duodenum, likely contributing to the delayed outflow effect. Concern for underlying pancreatic or pyloric neoplasia. Mild potential for Splenohepatic neoplasia. FNA of the spleen, liver and pancreas all recommended for screening purposes. Abdominocentesis and cytospin of the free fluid warranted and aggressive treatment for pancreatitis. Pancreatic necrosis likely. Prognosis is extremely guarded. surgical intervention with debridement of the pancreatic necrosis and adhesions around the pyloric outflow as well as GI and hepatic biopsies may be the most direct approach. However, prognosis is extremely guarded.





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**REFERRING VET**

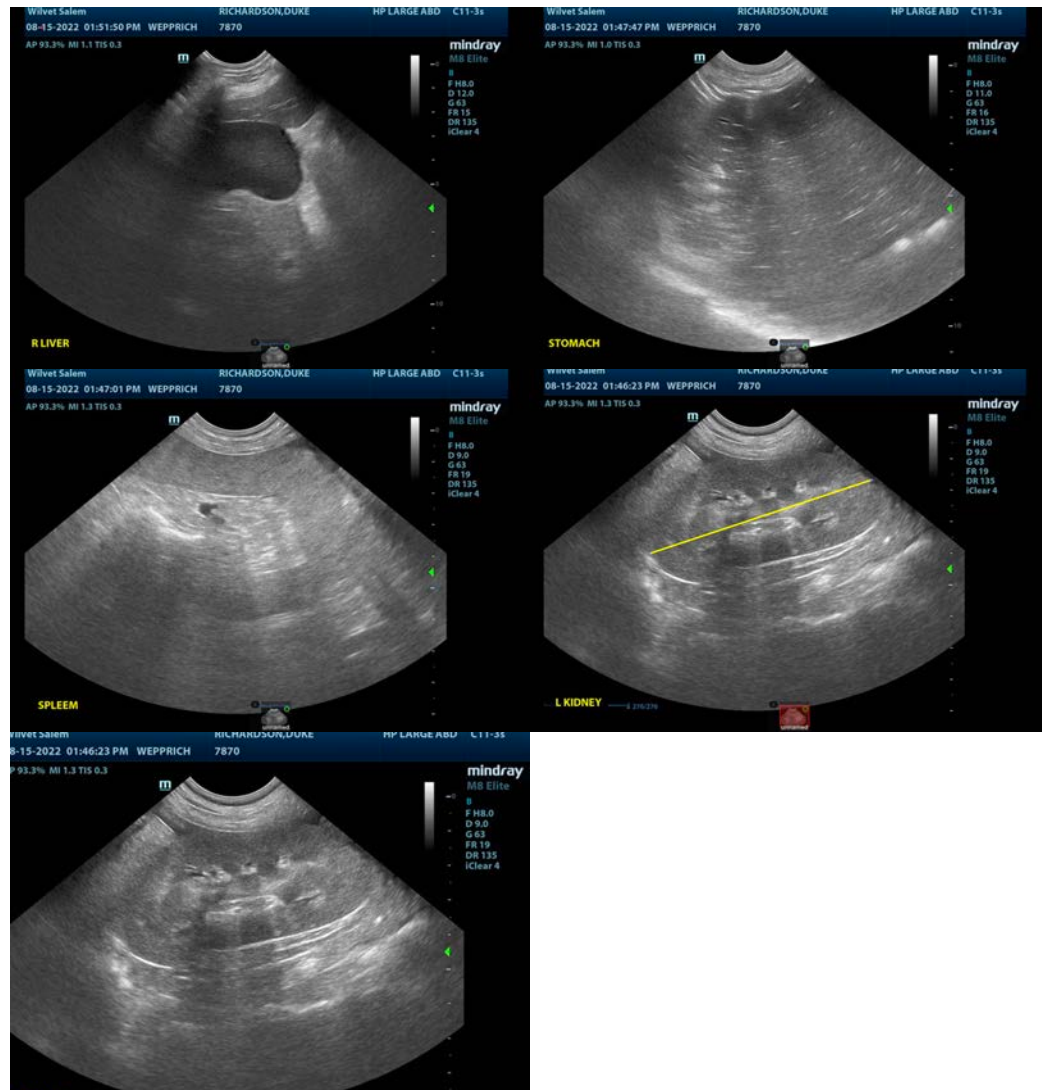
Dr. Anna Wepprich

**INVOICE**

40431

**DATE**

8/15/22



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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