



PATIENT

Ovi Shearer

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

12624

DATE

8/20/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for Recheck was here on the 17th of August, tx for pancreatitis, hasn't eaten since then, lost about a pound, unable to get meds in patient, not acting right, slow moving, slightly lethargic, decreased water consumption. Previous Health Concerns: Collapsing trachea, heart murmur

Abnormal PE/Chem/CBC/UA Results: Bloodwork 8/17/21: BUN 31.6; GLU 139; ALP 228; AMY 1527; LIP 534; LYM 0.69; EOS 0.01; K 3.3; Epoc 8/20/21: GLU 137 Rads 8/17/21: severely dilated stomach with gas and liquid; gassy bowel; less dense stool in colon cpl: abnormal

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** presented multifocal cortical infarcts, mineralization, irregular contour and moderate degenerative changes. The right kidney measured 4.7 cm. The left kidney revealed similar changes to the right. The left kidney measured 3.47 cm.

Adrenal Glands

The **left adrenal gland** was 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 1.4 cm x 0.41 cm at the cranial pole and 0.39 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable.

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.

Liver

The **liver** was swollen and irregular with increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. 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. Soft stool was noted in the colon. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.



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A portion of the small intestine was particularly thickened with some loss of mural detail and surrounding reactive mesentery. This area should be monitored for potential proliferative disease.

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

Pomeranian

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with potential for emerging neoplasia
- Renal dystrophy, infarcts and calculi
- Swollen liver, history of hepatitis likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Years

IV fluid support with plasma expanders, broad spectrum antibiotics such as enrofloxacin, metronidazole and pain management all indicated. Recheck sonogram in 48 hours particularly of the small intestine, otherwise, exploratory surgery with expectations towards aggressive resection anastomosis of the portion of intestinal thickening, ideally guided by intraoperative ultrasound would also be an option. Guarded prognosis. Emerging intestinal lymphoma is a strong potential in this patient. Inflammatory bowel with bowel infarct, necrosis or other complicating regional issues entirely possible.

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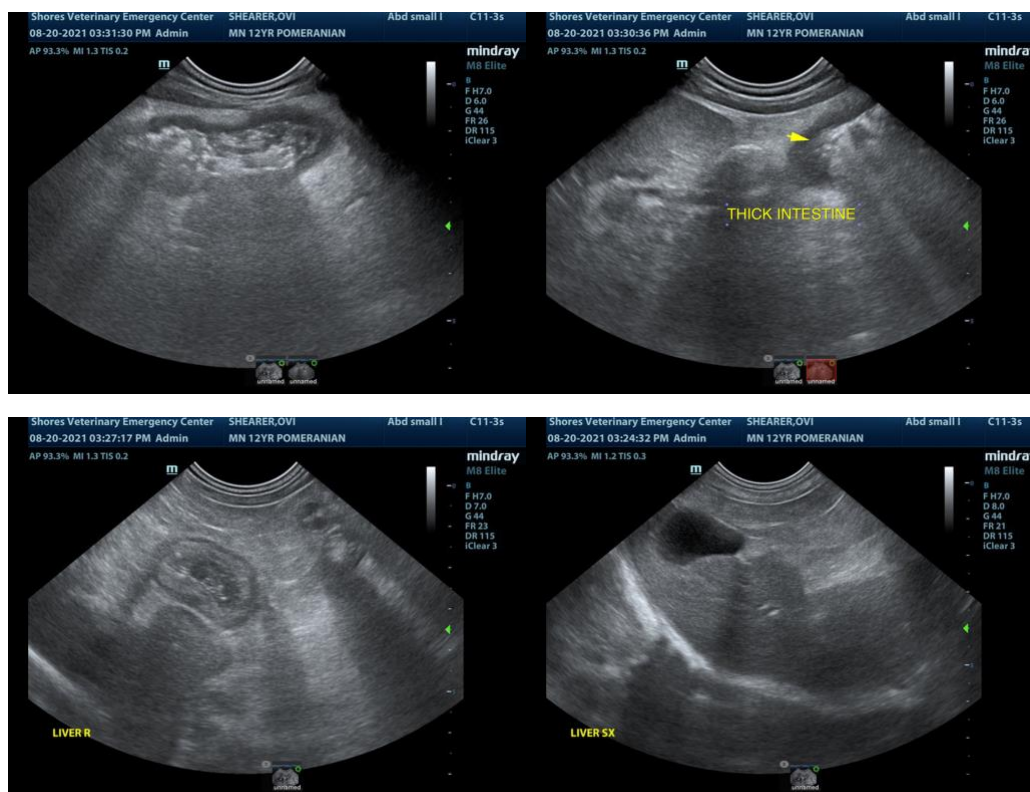
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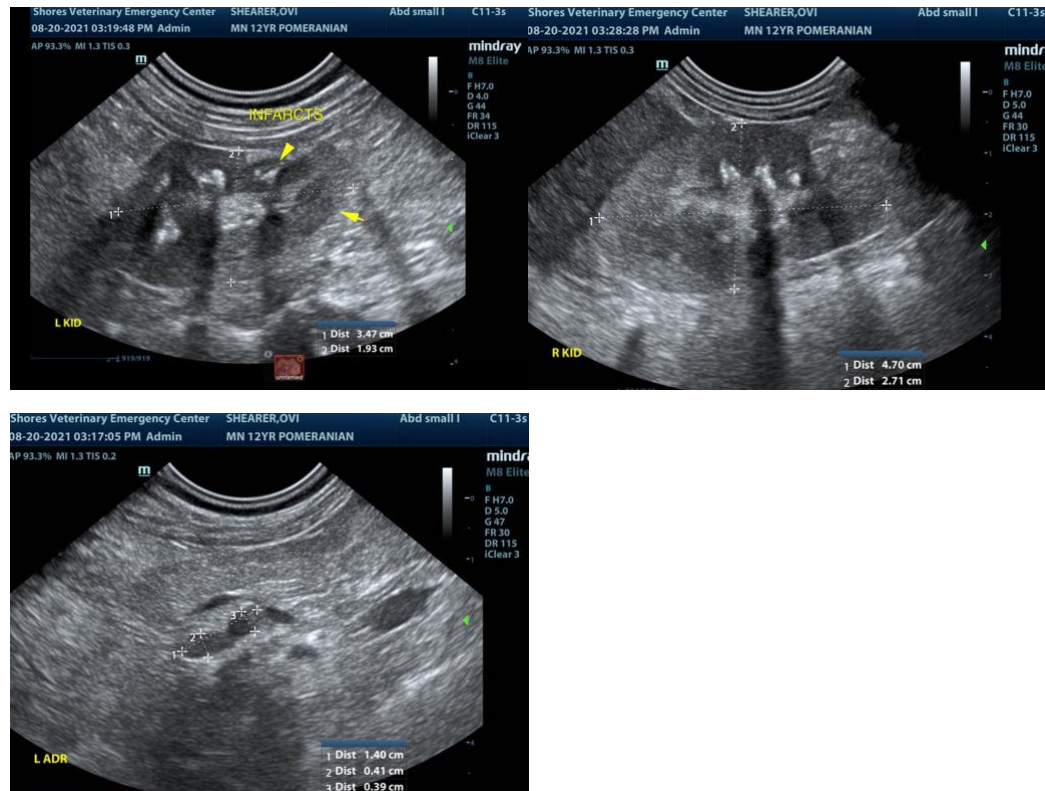
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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