



PATIENT

Cookie Baleanu

SPECIES

Canine

BREED

Yorkshire Terrier x
Poodle

SEX

Female

AGE

8 Years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Samuel Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Samuel Gabriel

INVOICE

40810

DATE

8/28/22

PRESENTING CLINICAL SIGNS

vomiting and not eating
Abnormal PE/Chem/CBC/UA Results: chemistry : high alp (402) _ cholesterol and triglyceride psl is high (318) cbc : neutrophilia (11571) with band cells (532) 4dx lyme +

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 left kidney measures 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were 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 uniform, mildly swollen. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was overdistended with fluid owing to delayed outflow and pancreatic envelopment of the upper duodenum.

Pancreas

The right lobe of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery enveloping the upper duodenum.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis, primarily in the right limb, with delayed gastric outflow

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas would be ideal for further definition of inflammatory cell type, identification of potential necrosis, or mild potential for neoplasia. Aggressive treatment for pancreatitis warranted with 24-hour NPO, broad-spectrum antibiotics, GI protectants, and pain management. Gastric decompression with gastric tube may be appropriate. Ultrasound every 24-48 hours warranted, given



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the gastric outflow pattern. Given the position of the pancreatitis, the patient should be monitored for development of post-hepatic obstruction, yet there is no evidence of that at this time. However, the pancreatic presentation is in the region of the duodenal papillae and common bile duct.

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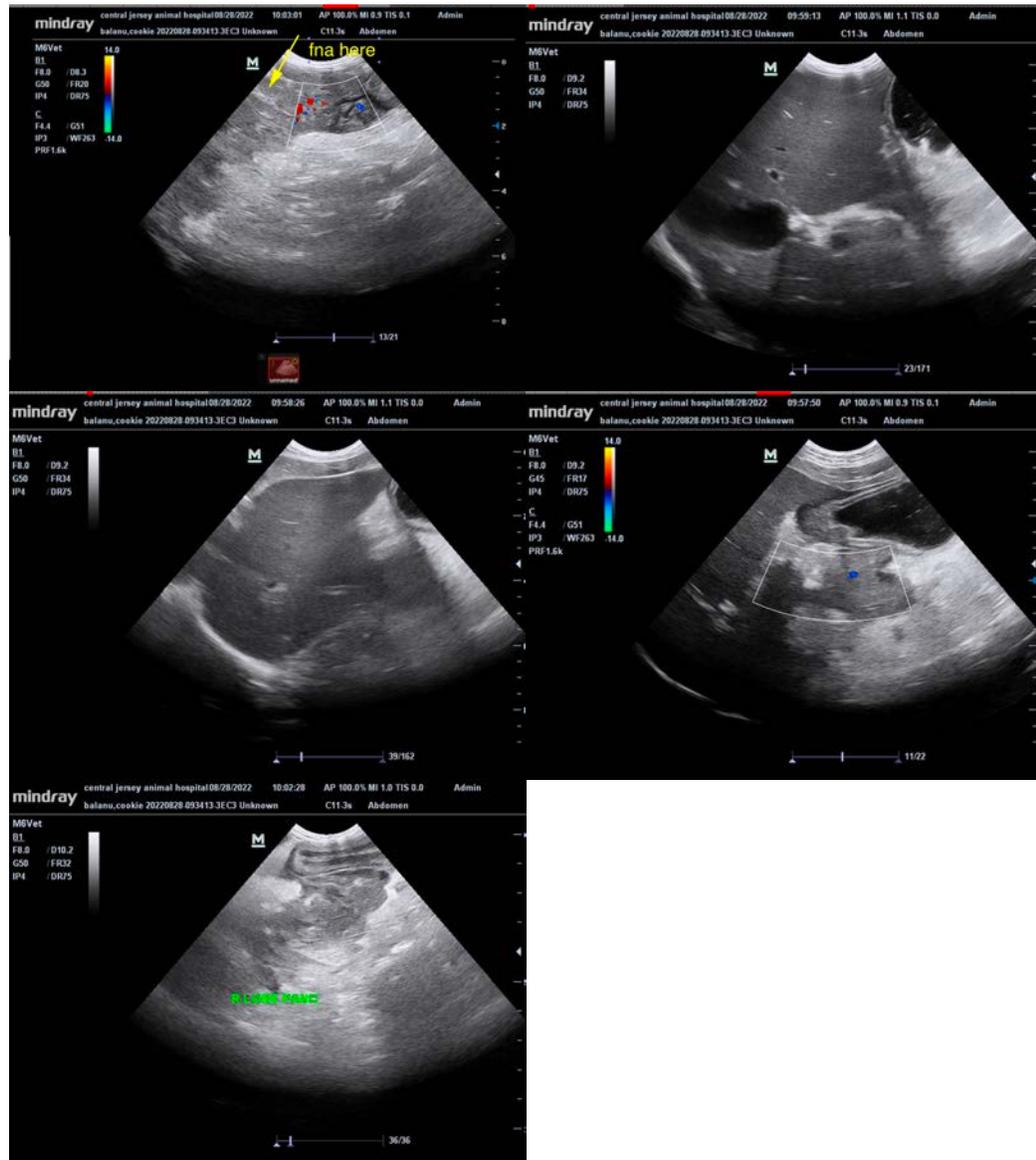
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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