



**PATIENT**

Coco Burwash

**SPECIES**

Canine

**BREED**

York Terrier

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

2.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

McKnight 24-Hour

**REFERRING VET**

Dr. Remedios

**INVOICE**

12848

**DATE**

8/29/21

**PRESENTING CLINICAL SIGNS**

History: Surgical procedure for patellar dislocation done on Tues has not eaten since. Blood work non diagnostic. Attending concerned about pancreatitis, ilius

Abnormal PE/Chem/CBC/UA Results:

**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 3.75 cm. The left kidney measured 3.75 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 0.27 cm at the caudal pole and 0.31 cm at the cranial pole. The right adrenal gland measured 0.39 cm at the cranial pole and 0.44 cm at the caudal pole.

**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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** was overdistended with chyme. The upper duodenum was spastic. No evidence of foreign body.

**Pancreas**



**PATIENT**

The Regional inflammation was noted involving the **pancreas**, enveloping the duodenal outflow.

Coco Burwash

**SPECIES**

**Free Abdomen**

Canine

The sub-lumbar **lymph nodes** were reactive, measuring 0.38 cm.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

York Terrier

- Pancreatitis/duodenitis with delayed gastric outflow

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male

No obvious foreign body, however, small penetrating foreign body such as a toothpick or similar could not be completely ruled out. I recommend treatment for pancreatitis. Promotility medications warranted. Plasma expanders, broad spectrum antibiotics and recheck sonogram in 48 hours if the patient is not responding.

**AGE**

2 Years

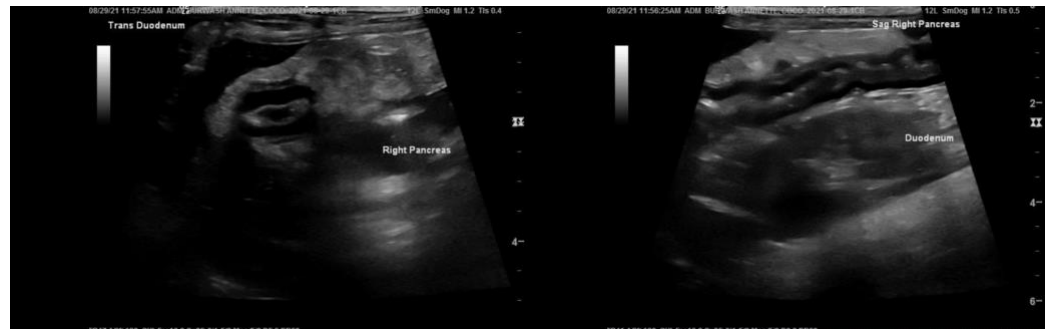


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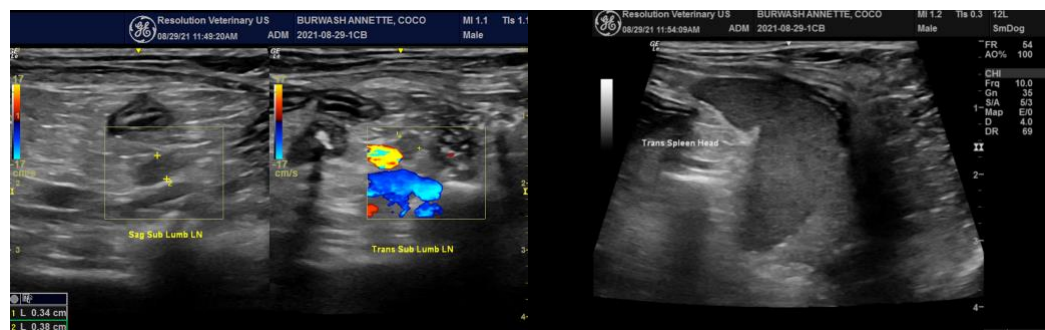


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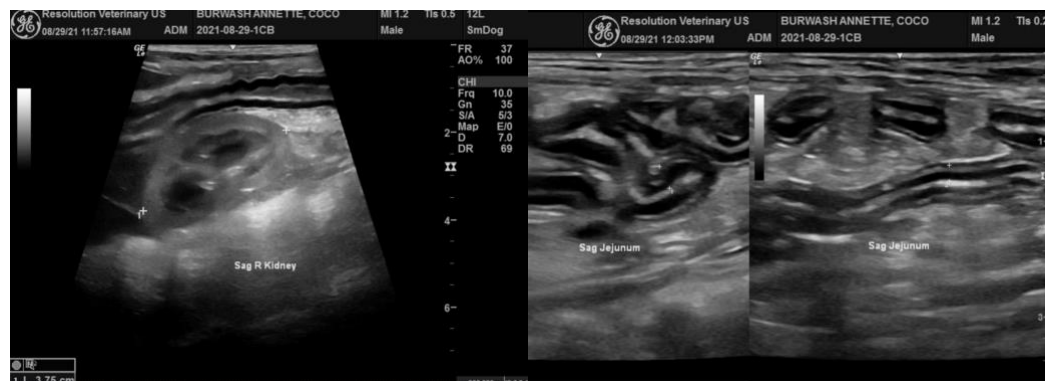
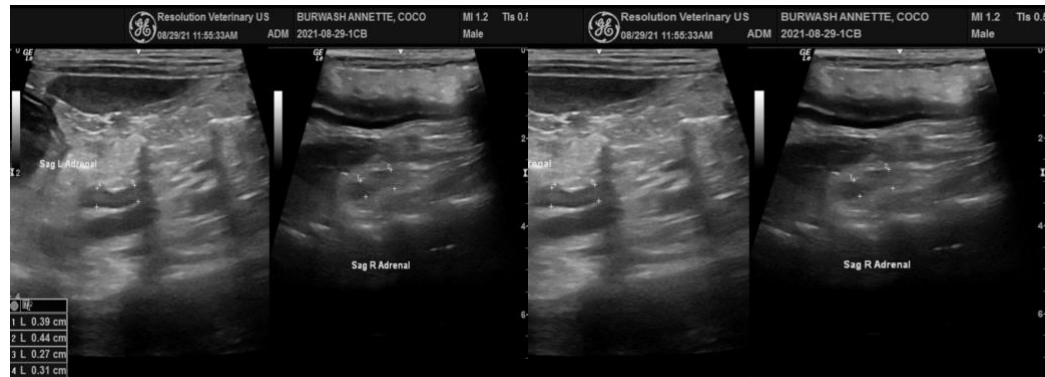
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com