



**PATIENT PRESENTING CLINICAL SIGNS**

Corky Rogan

**SPECIES**

Canine

**BREED**

Terrier Jack Russell

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

6.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

39693

**DATE**

9/30/22

History: Patient seemed to be uncomfortable and having abdominal cramps last night and throughout today per owner. Monday AM owners noted pet seemed constipated but, produced BM. Owners also noted decreased activity and less interests in food when eating dinner and this morning. Patient vomited his breakfast this morning. Owners unaware of any changes in diet and or environment, patient does go on beach walks and will pick things up on occasion.

Abnormal PE/Chem/CBC/UA Results: IVC CBC: WBC 19.82 Neut 17.33 1500 Lipase 5782 lytes: wnl Cpli: 1700 Fecal to idexx In house fecal: No flukes seen Cerenia 1mg/kg IV Methadone 0.2mg/k gIV LRS 10mL/kg bolus over 1 hour then 25mL/hr CC: met with O and disc BW, suspect pancreatitis, P did have large amount of diarrhea in the back. No flukes seen on fecal, will send out to the lab. Disc with out xrays, unable to r/o FB. disc other option is AUS, can evaluate the pancreas that way, along with the rest of the GI tract and liver. O interested in the AUS and would like to keep him overnight. disc about 800\$ for AUS over the high end of their estimate. O accepted. Plan AUS to sonopath LRS 25mL/hr Cerenia 1mg/kg IV q 24 hours Buprenorphine 0.015mg/kg IV q 8 hours- ask - start 4 horus post methadoen Oral meds: RX: proviable 3mL PO q 8 hours for 2-3 days AND 1 cap PO or on food q 24 hours till gone RX: gabapentin 100mg PO q 8-12 hours as needed for pain Monitoring TPR q 4 hours Offer bland diet after BP q 4 hours

**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 was noted. Ureteral papillae were normal.

The residual prostate measured 0.6 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.0 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 0.4 cm. The right adrenal gland measured 0.5 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 was noted.



**PATIENT**

**Liver**

Corky Rogan

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SEX**

Neutered male

**Pancreas**

**AGE**

10 years

The **pancreas** was heterogenous with mixed echogenic changes throughout the base and left limbs of the pancreatic parenchyma.

**WEIGHT**

6.3 lbs

**ULTRASONOGRAPHIC FINDINGS**

Subacute on chronic pancreatitis presentation.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

24 hour n.p.o. and GI protectants, plasma expanders and broad spectrum antibiotics are all indicated. A recheck sonogram is recommended in 3 days to ensure adequate resolution.

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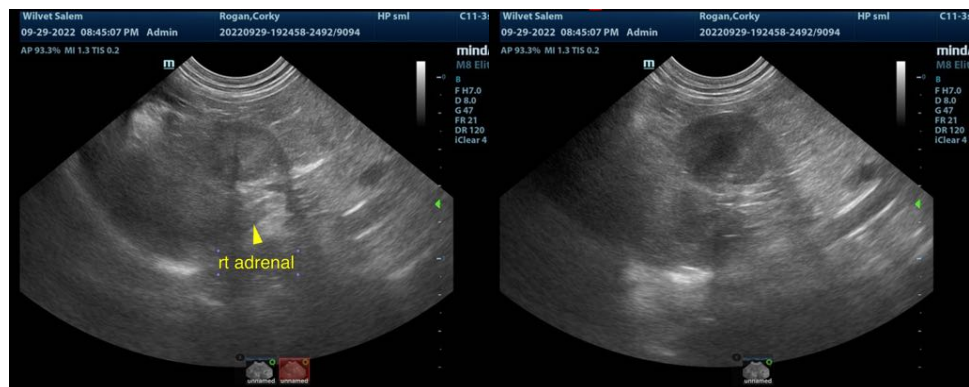
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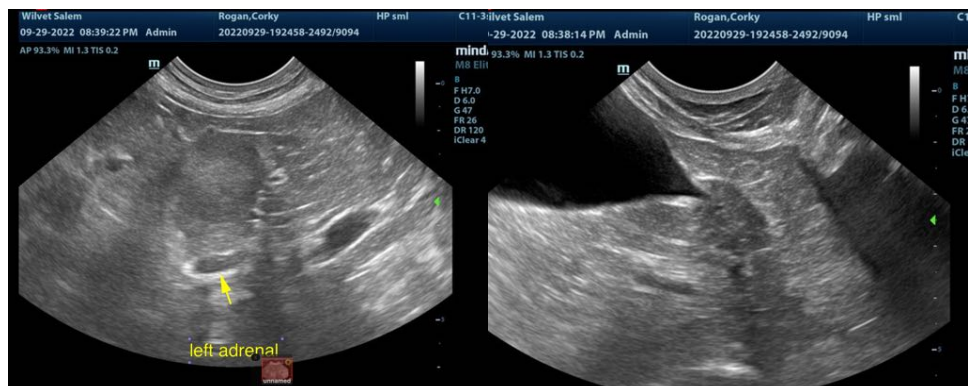
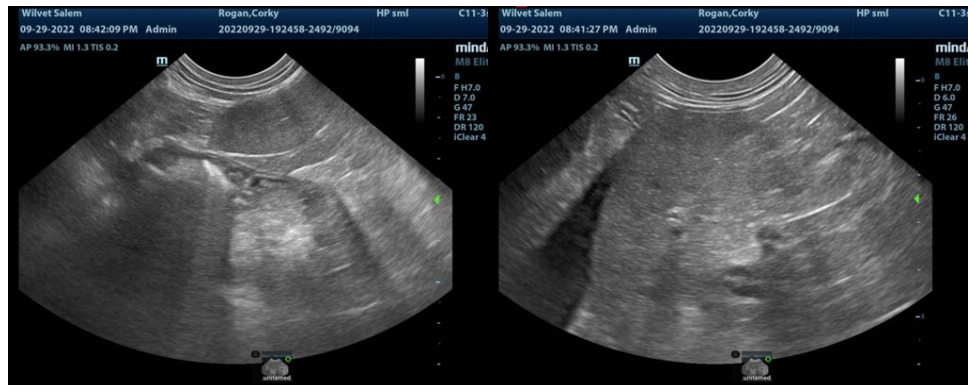
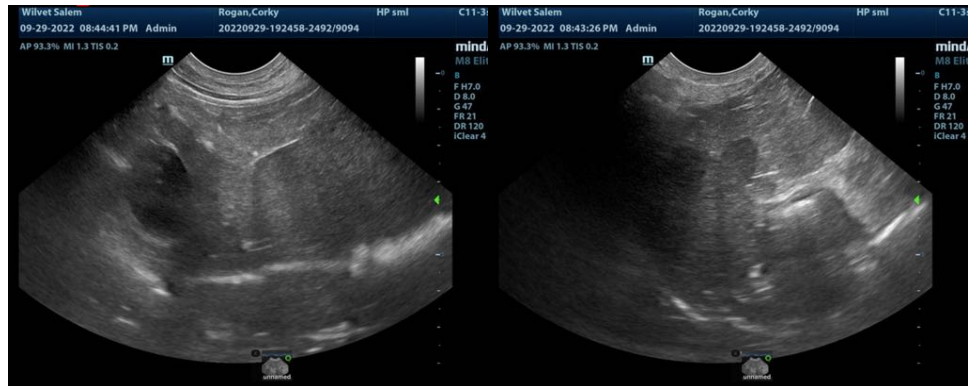
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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