

PATIENT

Luke Silva

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

9 years

WEIGHT

18.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

42356

DATE

1/27/23

PRESENTING CLINICAL SIGNS

History: Patient with history of epilepsy presents for anorexia and vomiting for the past 2 days.
Current med: Phenobarb 32 mgs BID.
Abnormal PE/Chem/CBC/UA Results: Elevated ALP/AST/GGT and amylase/lipase elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **kidneys** were swollen, hypoechoic and mildly irregular. The right kidney measured 4.85 cm. The left kidney measured 4.78 cm.

Adrenal Glands

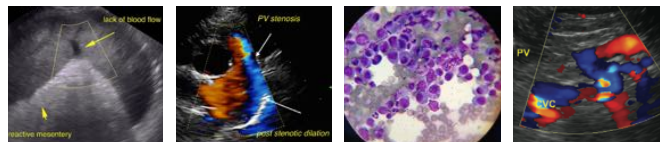
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.28 x 0.56 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. A hypoechoic nodule was noted and measured 1.37 cm in the mid body with hyperechoic, lipogranulomatous changes. A separate nodule measured 1.26 cm. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was swollen with irregular contour. Increased portal markings were noted. A hyperechoic, lipogranuloma was noted. Nodular portions of the liver were also noted. Minor gallbladder polyp was noted and measured 0.94 x 0.58 cm. There was minor gallbladder over distension and suspended debris.



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Gastrointestinal

The upper **gastrointestinal tract** was thickened and enveloped by the pancreatic and mesenteric pathology. The gastrointestinal tract was static. Stasis was noted in the duodenum, delayed outflow is likely owing to the enveloping pancreatic pathology. There was no evidence of foreign body. There were areas of free fluid noted.

Pancreas

The **pancreas** revealed extensive, mixed, hypochoic parenchymal changes with enhanced surrounding mesentery. This is consistent with pancreatitis. This largely occupied the right limb and pancreatic base.

Free Abdomen

Slight areas of free fluid were noted adjacent to the pancreas and kidneys.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis.

Gastroduodenitis.

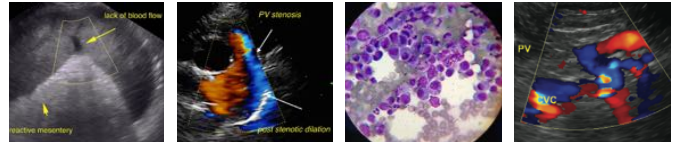
Undefined splenic and hepatic nodules. Inflammatory hepatopathy pattern. Concern for underlying neoplasia. The splenic nodules may be hyperplasia, abscessation or round cell neoplasia.

Extensive peritonitis and pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver, spleen and pancreas if accessible is indicated as well as cytopsin of free fluid. The prognosis is guarded. Aggressive treatment for pancreatitis with plasma expanders and plasma transfusion, pain management, broad spectrum antibiotics and GI protectants are all indicated. If the patient is stabilizing over the next 48-72 hours then a recheck sonogram is warranted. There is a potential for emerging post hepatic obstruction owing to the pancreatic pathology. The prognosis is very guarded.





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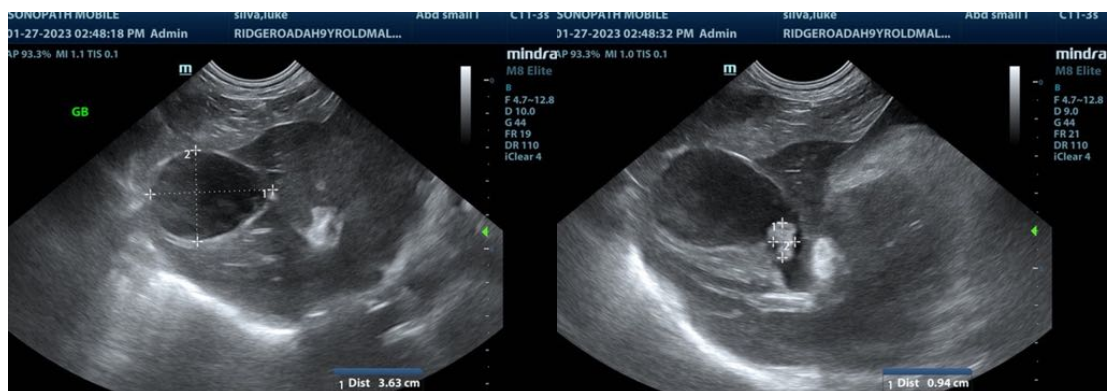
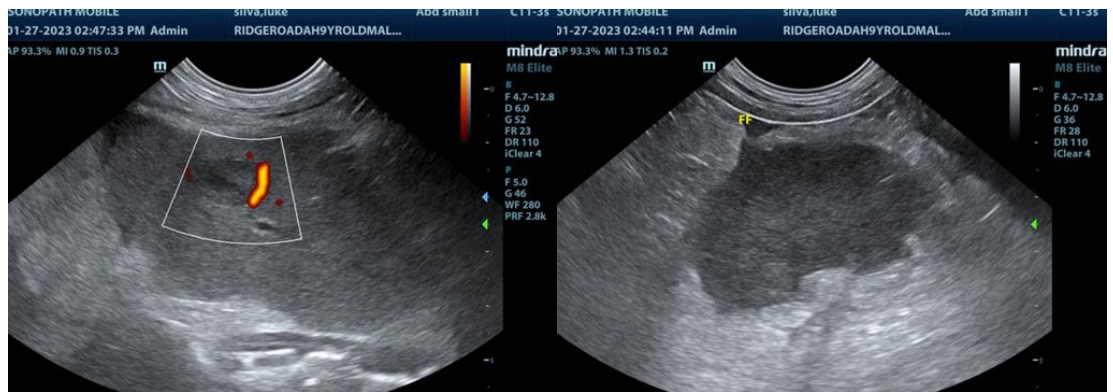
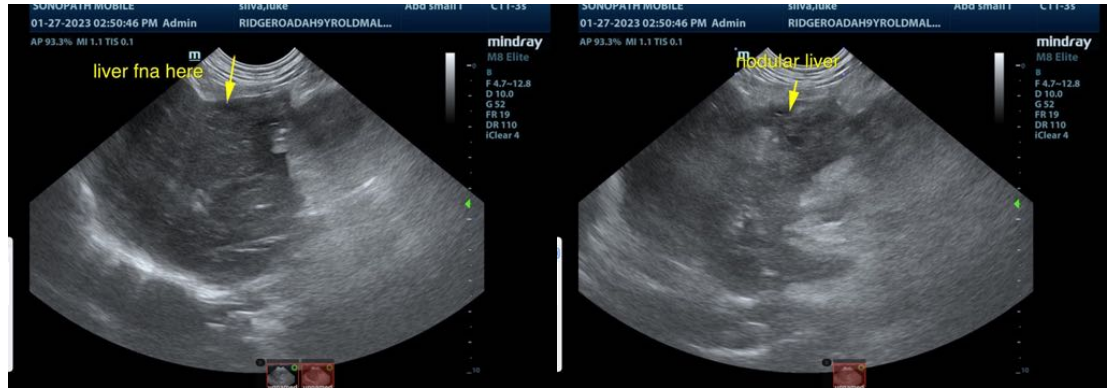
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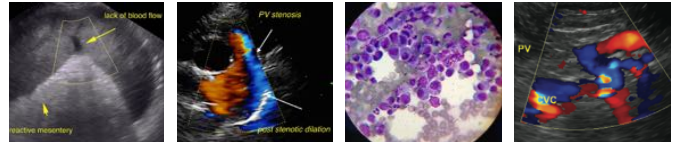
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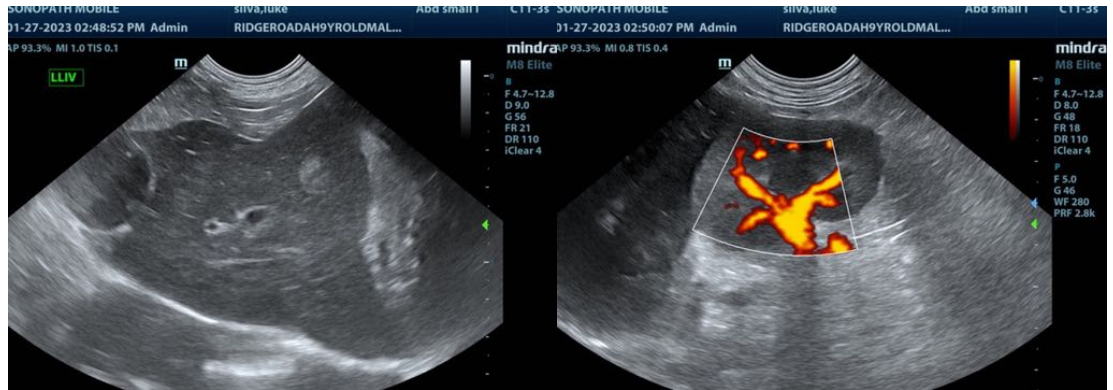
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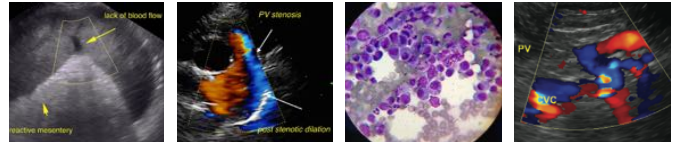


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com



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