



PATIENT

Parker Norvix

PRESENTING CLINICAL SIGNS

History of chronic pancreatitis- but episode of vomiting/lethargic/anorexia. Current meds: Cerenia, Famotidine, low fat diet, Flagyl
Abnormal PE/Chem/CBC/UA Results: CPL abnormal, amylase >2500, Lipase 5696

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Terrier Mix

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

SEX

Neutered male

AGE

13 years

The residual prostate measured 1.0 cm.

WEIGHT

20 lbs

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. The right kidney measured 5.47 cm. The left kidney measured 4.6 cm with slight pyelectasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.82 x 0.78 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 2.48 x 1.05 cm at the cranial pole and 0.71 cm at the caudal pole.

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

All Creatures Great
and Small

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.

REFERRING VET

Dr. Ashmore

INVOICE

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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

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6/20/23



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **gastrointestinal tract** revealed slight retention of ingesta. The duodenum was spastic. Soft stool was noted in the colon and the colonic wall was slightly thickened.

BREED

Terrier Mix

Pancreas

The **pancreas** revealed mixed, hypoechoic parenchymal changes with enhanced surrounding mesentery and some nodules. Reactive mesentery was noted throughout the region of the pancreas, primarily in the right and left base. Adhesions of the right pancreatic limb around the duodenum were noted.

SEX

Neutered male

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Chronic active pancreatitis.

WEIGHT

20 lbs

Gastroenteritis, colitis.

Age related abdominal changes otherwise.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour n.p.o., IV fluid support, broad spectrum antibiotics and pain management are all indicated along with canned t.i.d. feeding of small amounts given the duodenal spasm. Recheck sonogram is recommended in 3-5 days to ensure it has adequately resolved. However there was no evidence of neoplasia.

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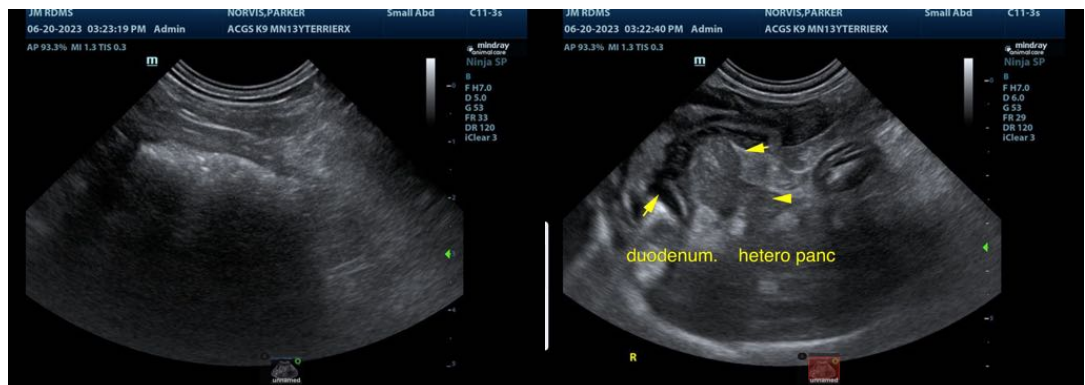
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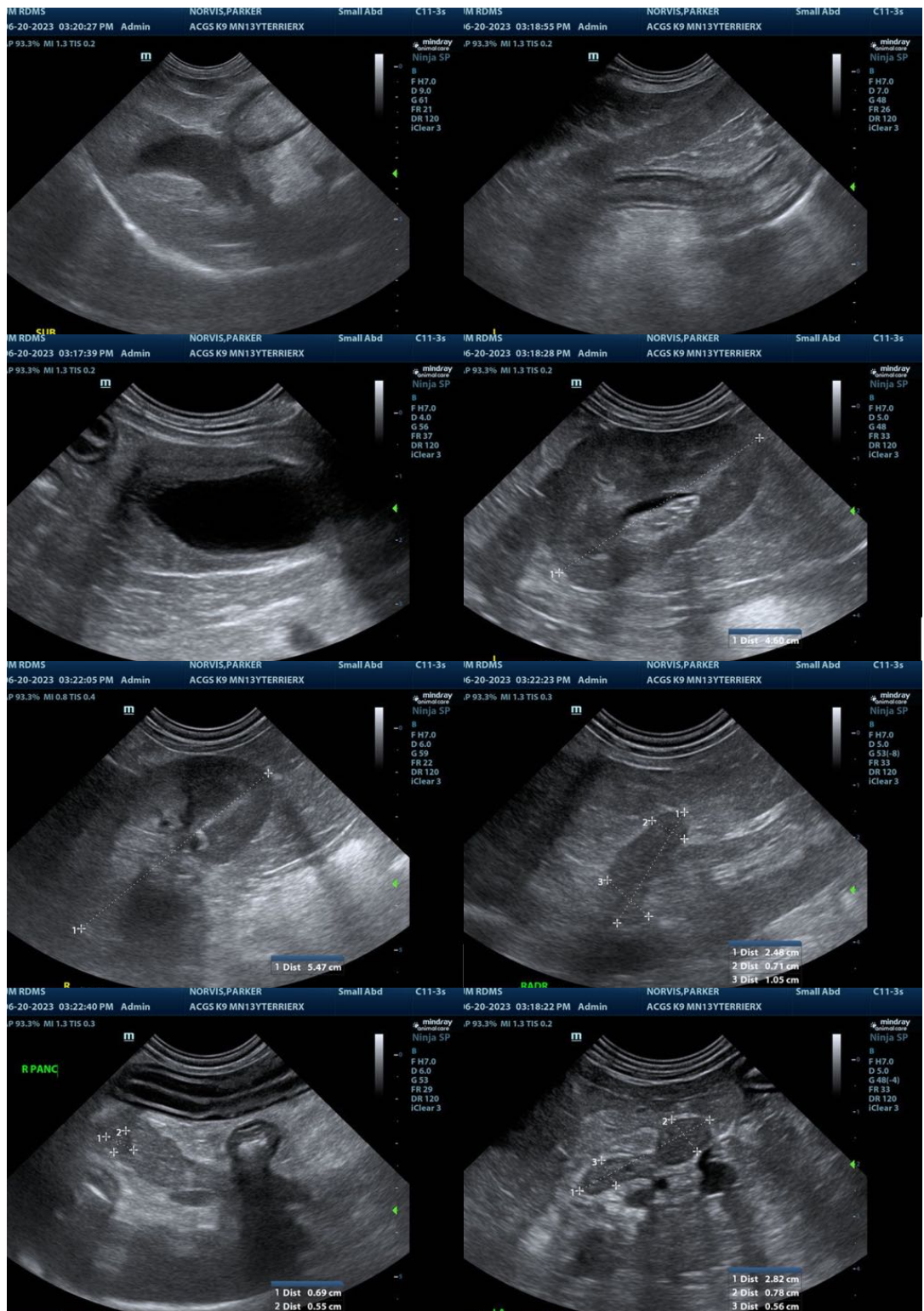
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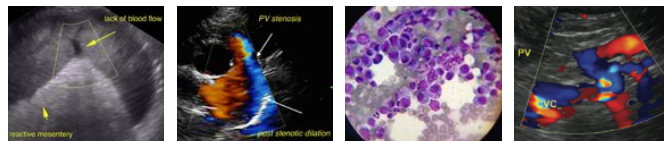
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

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

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