



PATIENT

Toby Rouleau

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Blean

HOSPITAL NAME

Healing Traditions AH

REFERRING VET

Dr. Balac

INVOICE

35157

DATE

1/28/22

PRESENTING CLINICAL SIGNS

Vomiting and lethargic started 10 days ago now is jaundice and very sensitive to palpation in the right upper quadrant. Attending concerned about mucocele.

Abnormal PE/Chem/CBC/UA Results: Jan 13 CBC marked leukocytosis with a left shift as well as severe elevation of liver enzymes. Jan 27 blood work still elevated liver enzymes but normal CBC. Patient has been on antibiotics for 7 days.

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 residual prostate was uniform at 1.07 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. Corticomedullary calculi noted. The right kidney measured 3.22 cm. The left kidney measured 3.42 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 0.33 cm at the caudal pole and 0.60 cm at the cranial pole. The left adrenal gland measured 0.37 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** presented multifocal hypoechoic nodular changes.

Liver

The **liver** presented coarse architecture and increased portal markings with a moderate amount of remodeling. The liver was subnormal in size. The gallbladder was mildly edematous.

Gastrointestinal

The **stomach** was empty. The pylorus was patent. The upper duodenum was mildly thickened.

Pancreas

The right limb of the **pancreas** presented extensive mixed hypoechoic parenchymal changes and enhanced surrounding mesentery with nodules.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/cholangitis pattern with microhepatica



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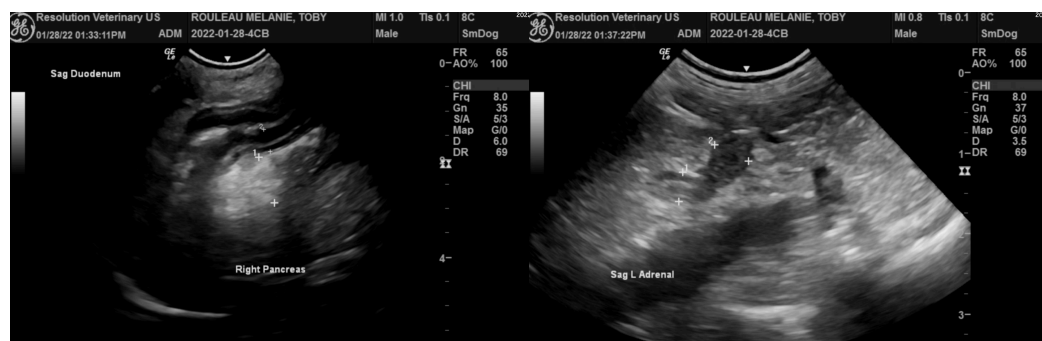
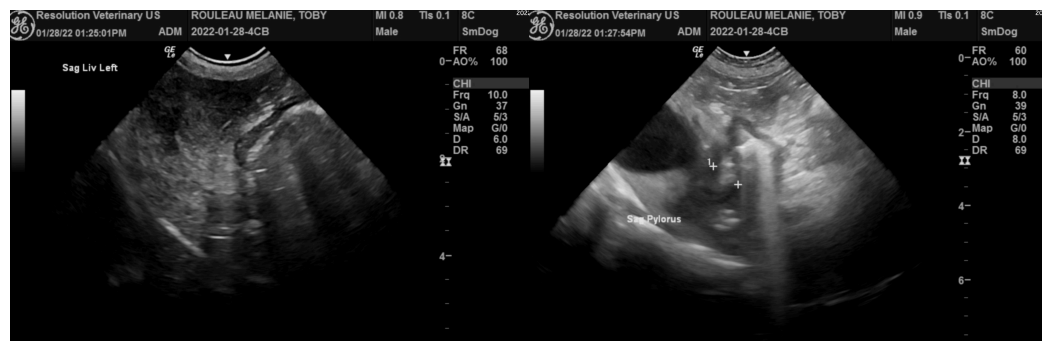
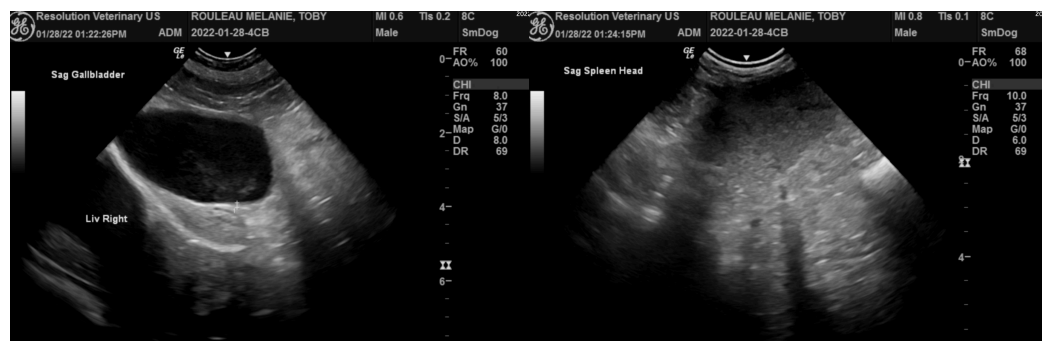
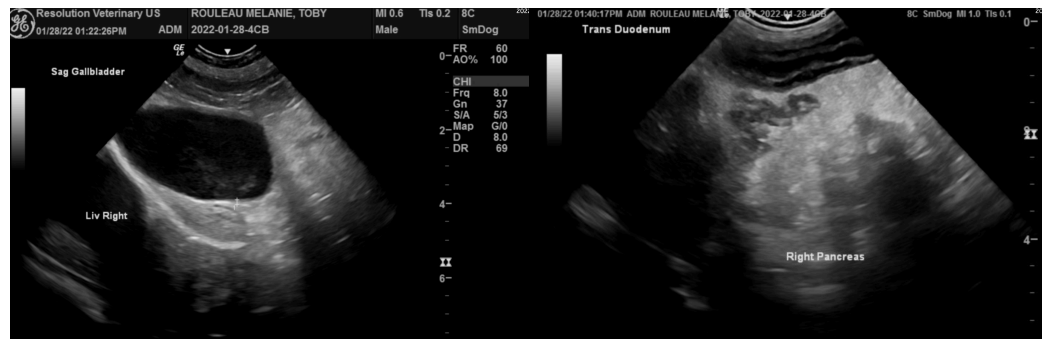
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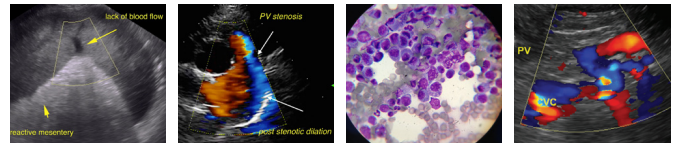
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The microhepatica is significantly concerning in this patient. Chronic hepatic disease likely succumbing to acute on chronic insult. There is no evidence of mucocele formation. Extensive pancreatitis is present. Ultrasound guided FNA of the liver warranted. Aggressive treatment for pancreatitis and nutraceuticals recommended. FNA of the pancreas also ideal. GI protectants, Ampicillin/Metronidazole combination and splenic FNA also indicated. No evidence of mucocele.





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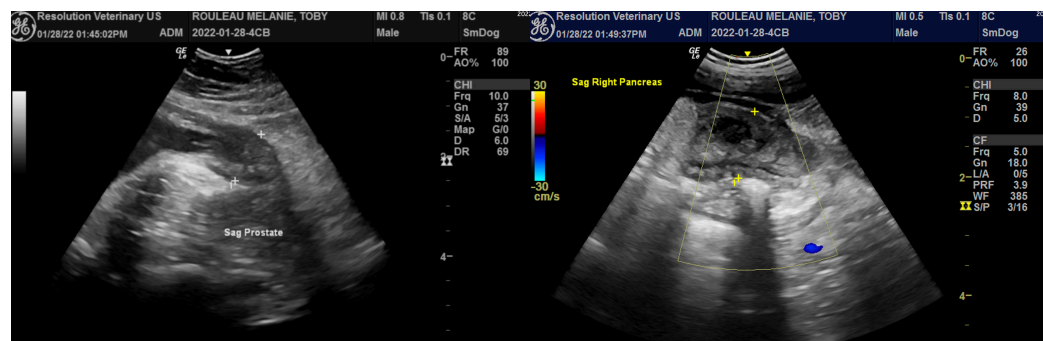
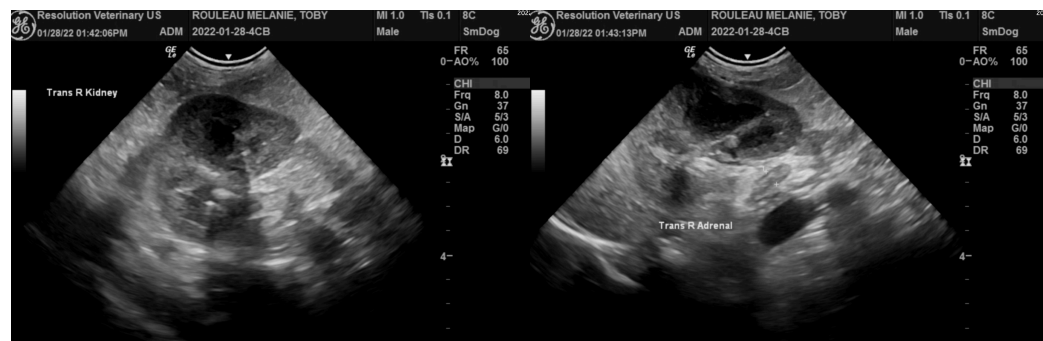
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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