



DATE PRESENTING CLINICAL SIGNS

01/09/2026 Patient History: TP presented on 12/31/25 for yellowing of the skin and weight loss. O notes p does eat acorns and rabbit feces in yard. E/D/U/D normally. On examination, p was BAR. EENT: sclera jaundice & inner pinnae jaundice; oral: moderate dental tartar and gingivitis present, MM - jaundice, moist CRT

PATIENT

Ella Watson Current Medications: Medications started on 12/31/25: Cerenia (16mg) - 1 tab PO SID PRN for nausea #4, Amoxicillin (100mg) - Give 1 tab PO BID x 14 days #28, Baytril (22.7mg) - Give 1 tab PO BID x 14 days #28, Denamarin (sm dog) - Give 1/2 tab PO daily. Give on an empty stomach #1 bottle, Ursodiol (250mg) - give 1/4 tab PO daily **

SPECIES

Canine

Labwork Results: Labwork attached, reported as: 12/31/25: CBC: WBC 23.03 K/uL; Hct 42.2%. Chemistry: ALT 863, ALP >2000, GGT 90, Tbili 14.3, Cholesterol >520 mg/dL. Lepto SNAP test - Negative. Rads: NSF 1/6/25- CBC: WBC: 17.22 K/uL, Hct 41.2%. Chemistry: ALT 661 U/L, ALP 1955 U/L, GGT 69U/L, Tbili 13.7, Cholesterol 469 mg/dL

BREED

Pug

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

SEX

Imaging Performed by: Rachel Brillhart, RDMS.

Spayed Female

AGE

10/31/2020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

16.4 pounds

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

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 left kidney measured 4.4 cm in length. The right kidney measured 4.46 cm in length.

HOSPITAL NAME

Chadwell Animal
Hospital

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 2.0 cm x 0.50 cm width. The right adrenal gland measured 2.06 cm x 0.45 cm width at the caudal pole and 0.53 cm width at the cranial pole.

REFERRING VET

Dr. Heydt

Spleen

INVOICE

13071

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

Lobar biliary dilation was noted in the **liver** with increased portal markings. The gallbladder was severely over distended with suspended debris. The common bile duct was obstructed prior to the pancreatic lesion and dilated measuring up to 0.90 cm.

Gastrointestinal

Ill-defined mesentery was noted throughout multifocal sectorial areas around the upper **GI tract** and mesenteric root. The colon was unremarkable.

Pancreas

The right base of the **pancreas** revealed a mineralizing structure enveloping the common bile duct and upper duodenum and duodenal papilla and is strongly suggestive for pancreatic carcinoma with post hepatic obstruction. Pancreatic necrosis and pancreatitis is possible yet thought less likely. Slight areas of free fluid were noted.

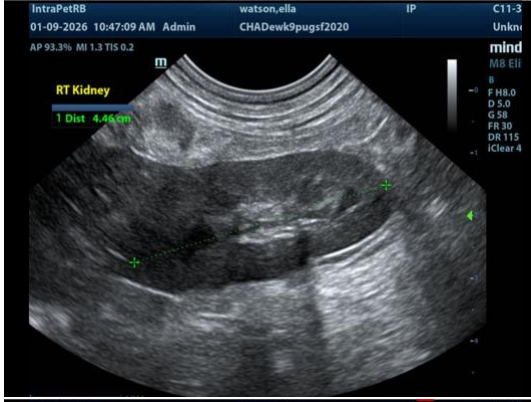
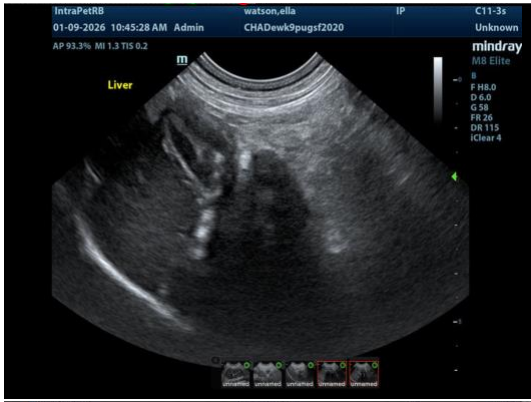
The regional **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

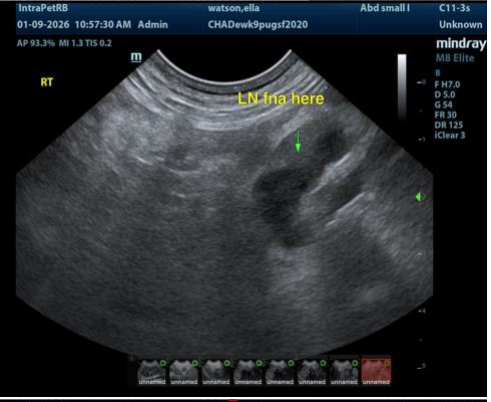
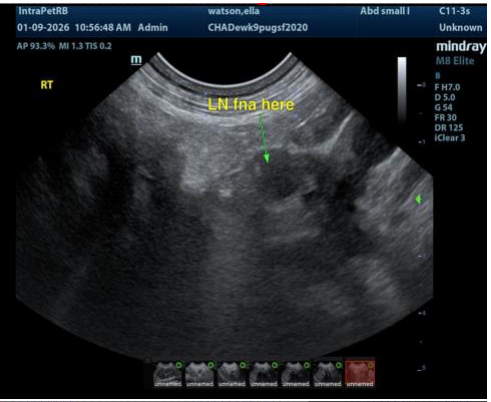
ULTRASONOGRAPHIC FINDINGS

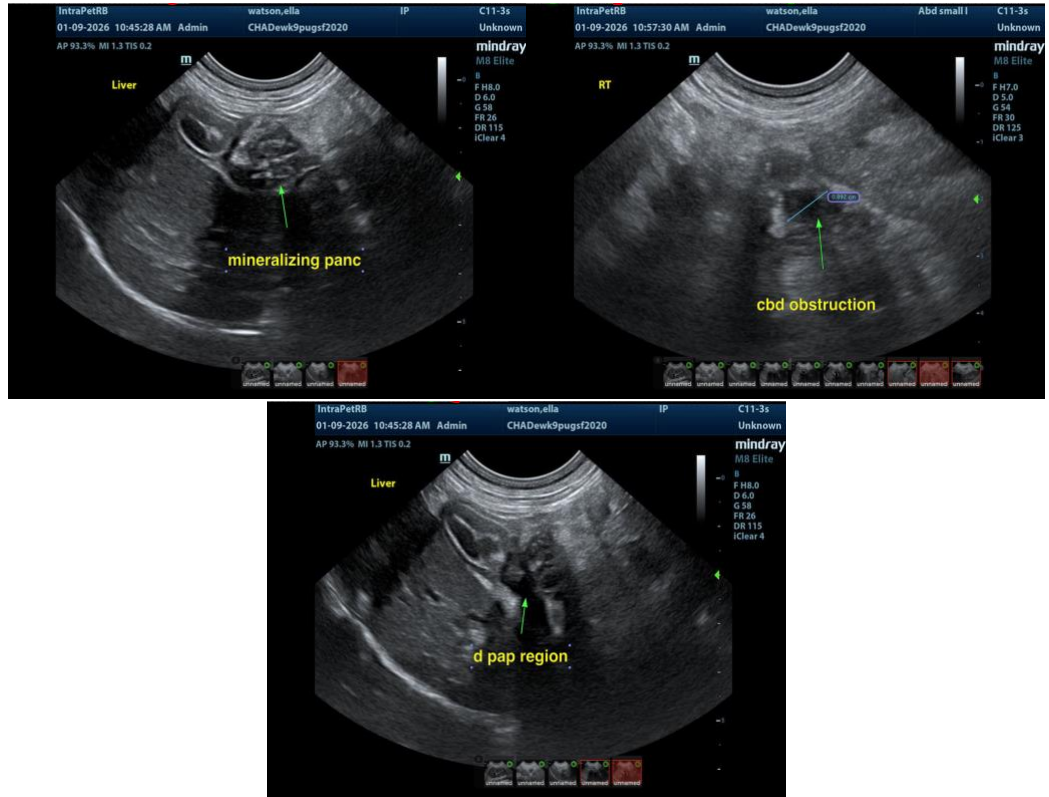
- Hepatic remodeling with increased portal markings.
- Extensive multifocal pancreatic lesion with mineralization- strongly suggestive for posthepatic obstruction with secondary inflammation.
- Turgid gallbladder.
- Regional lymph nodes.
- Ill-defined mesentery around the upper GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary issue appears to be localized at the level of the duodenal papilla and right pancreatic base as well as regional lymph nodes. Ultrasound guided FNA of the mineralized pancreatic area and lymph nodes and liver are all indicated. Prognosis is guarded to poor.







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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com