



PATIENT

Spring Ma

SPECIES

Canine

BREED

Corgi

SEX

Male

AGE

9 years

WEIGHT

18 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dave Stasiuk, RDMS,
RDCE

HOSPITAL NAME

Chris Belan VS

REFERRING VET

Dr. Qi

INVOICE

13786

DATE

10/15/21

PRESENTING CLINICAL SIGNS

History: Not eating. ++jaundice. Elevated liver enzymes ++.

Abnormal PE/Chem/CBC/UA Results:

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 **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 right kidney measured 6.56 cm. The left kidney measured 6.71 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 0.63 cm. The left 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 were noted. Free fluid was noted adjacent to the spleen.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen.

The **gallbladder** was severely dilated and mildly thickened with a dilated cystic duct and lobar biliary ducts as well as common bile duct. The gallbladder measured 0.75 cm in width. A large amount of debris noted throughout the extrahepatic biliary tree with small calculi. The calculi lodged into the duodenal papilla appeared to be the issue with the post hepatic obstruction.

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.

Pancreas



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The **pancreas** revealed heterogeneous mixed echogenic changes and possible low-grade inflammation. History of inflammation is likely.

Free Abdomen

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Free fluid was noted in the cranial **abdomen**.

ULTRASONOGRAPHIC FINDINGS

BREED

Corgi

- Posthepatic obstruction with biliary calculi
- Severe overdistention of the gallbladder, cystic duct and biliary tree with regional free fluid
- Pancreatic remodeling

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

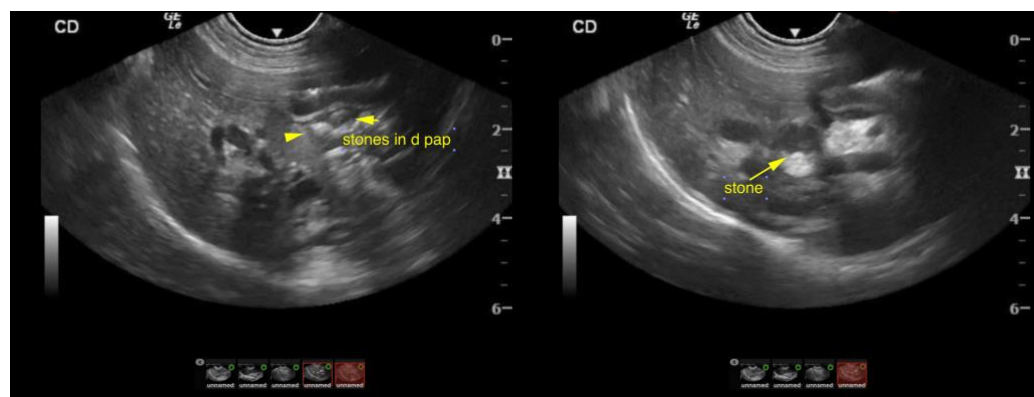
Bile peritonitis suspected. Exploratory surgery recommended with expectations towards liberation of the common bile duct potential biliary reconstruction may be necessary. This is a surgical emergency.

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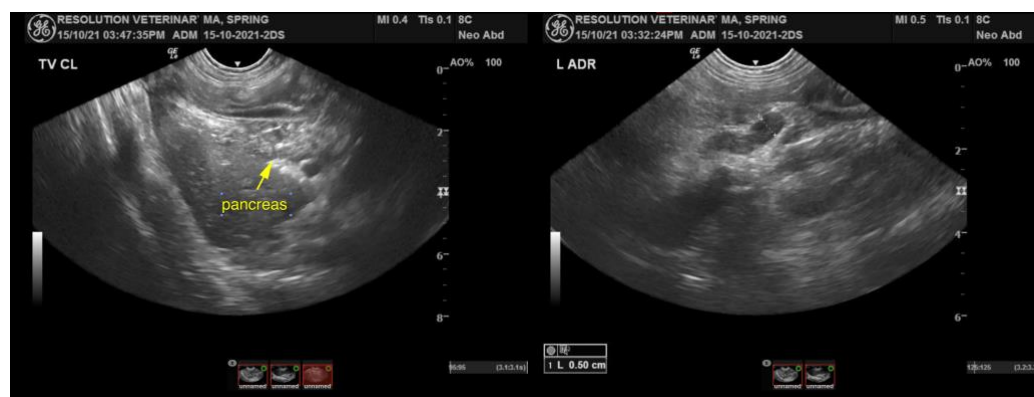


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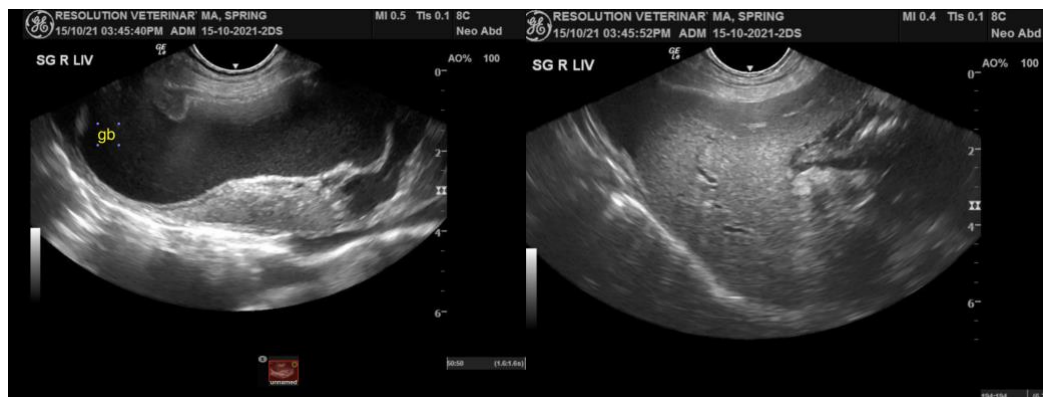
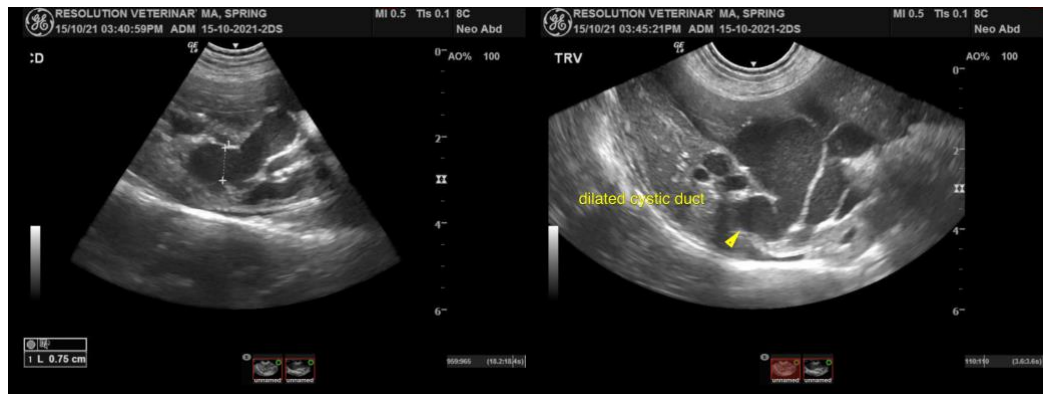
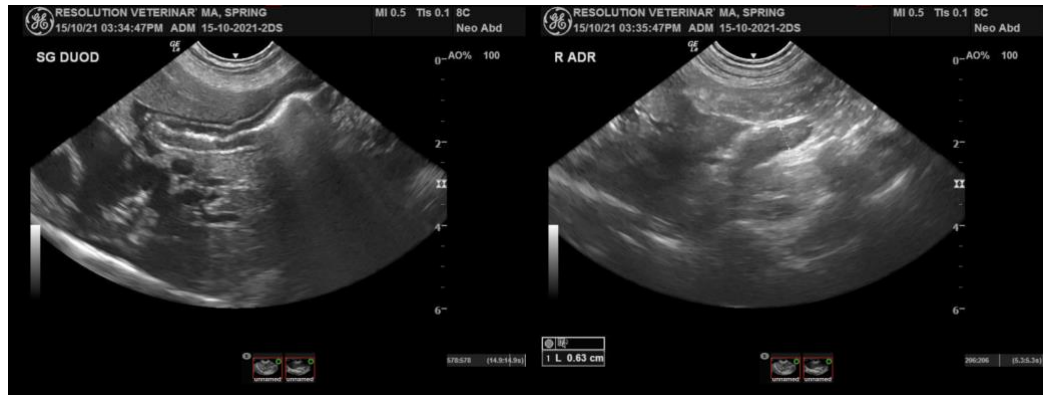
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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