



**PATIENT**

Cooper Jamroz

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

17 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

**INVOICE**

13515

**DATE**

10/4/21

**PRESENTING CLINICAL SIGNS**

History: Episode of shaking/trembling, vomiting; want to rule out acute vs. chronic liver vs. pancreatitis.  
Current meds: Denamarin and Cerenia.

Abnormal PE/Chem/CBC/UA Results: ALP 577, GGTP 20, T. Bili 0.4, creat 0.2, BUN/Creat. ratio 55, Mg 4.1, (lipemia +4), chol. 398, trigs. 5863, PSL 471, SDMA 20. U/A: trace protein, USG 1.040.

**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, measuring 1.0 cm.

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 4.56 cm with an anechoic cyst (0.58 cm) at the caudal pole. The left kidney measured 4.54 cm. Vascularity to the kidneys appeared to be adequate.

**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 1.7 cm x 0.56 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 1.57 cm x 0.65 cm at the caudal pole and 0.8 cm at the cranial pole.

**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.

**Liver**

Lobar biliary calculi were noted throughout the **liver**. Minor excessive gallbladder overdistention without mucocele formation noted. The distal common bile duct at the junction of the cystic duct revealed mucus and sand, measuring up to 0.57 cm. A larger grouping of sand and calculi (1.68 cm) were noted at the junction between the cystic duct and common bile duct. Regional inflammation noted around the portal hilus, common bile duct and pyloric out flow.

**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



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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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Miniature Pinscher

**ULTRASONOGRAPHIC FINDINGS**

- Gallbladder overdistention without mucocele formation
- Embedded common bile duct and cystic duct calculi
- Anechoic cyst right kidney

**SEX**

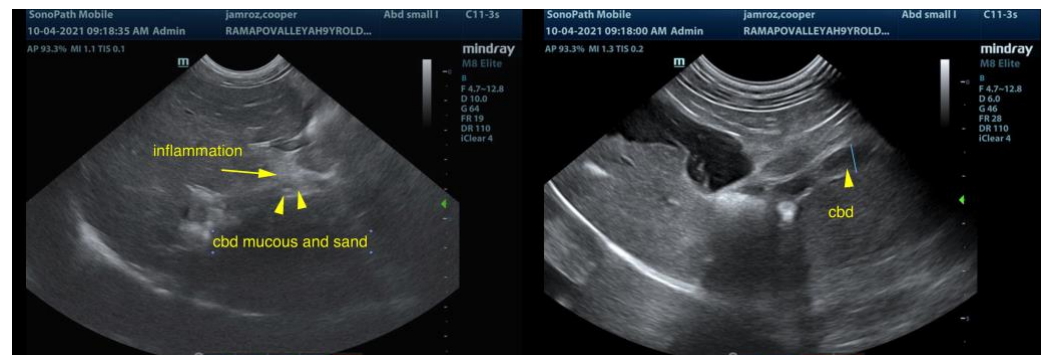
Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I do not believe this to be a medical case given the regional inflammation present. I recommend surgical intervention with liberation of the cystic duct and common bile duct with the CBD lavage, appropriate liver biopsy and manual expression of the gallbladder warranted. Some level of pancreatitis appears to be present yet is not the primary issue.

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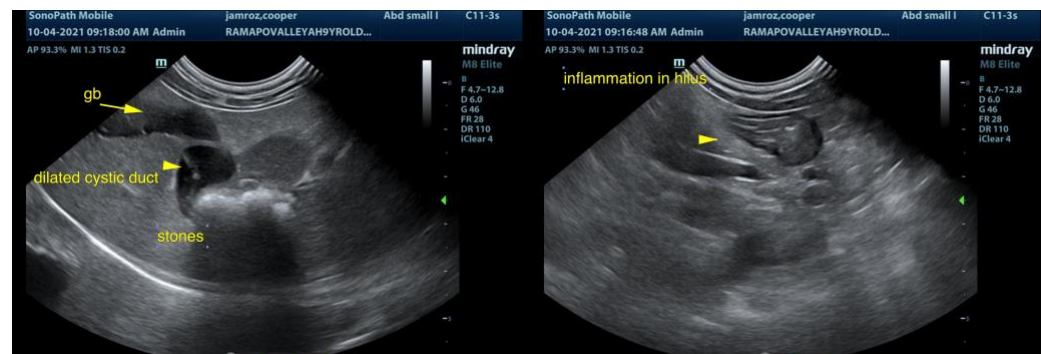


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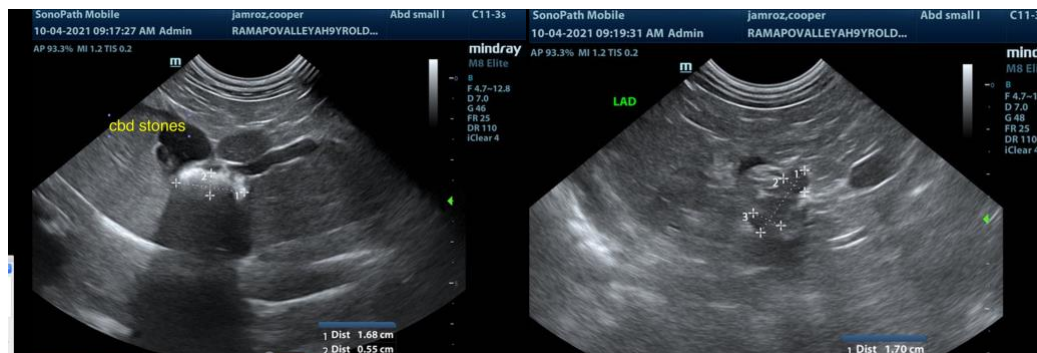
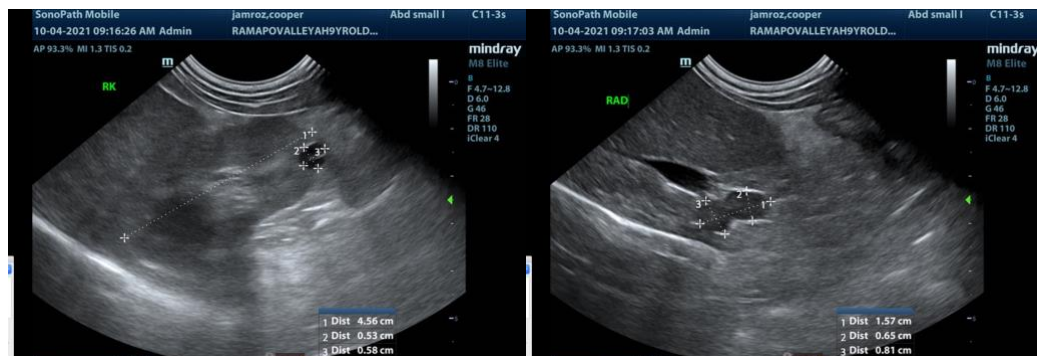
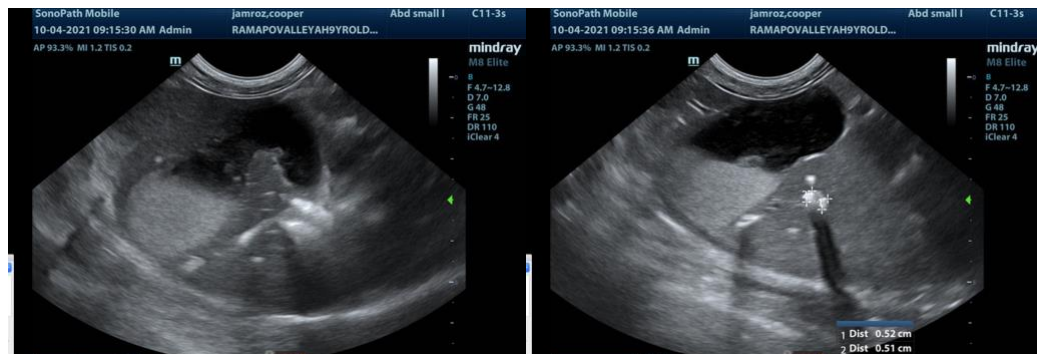
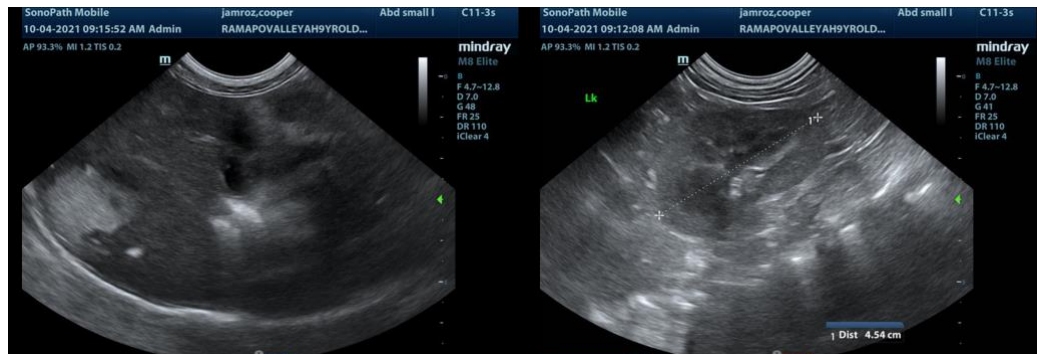
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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