



**PATIENT**

Lily Welcome

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

18.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

HoHoKus VH

**REFERRING VET**

Dr. Gannon

**INVOICE**

14120

**DATE**

11/1/21

**PRESENTING CLINICAL SIGNS**

History: Ate garbage on 10/27. Vomited up some paper towels. Vomiting stopped and seemed better. 10/29- decreased app, began to vomit again and now has diarrhea, no blood in stool, no fever Over the weekend was given SQ fluids, cerenia, famotidine, metro PO, w/d Today still decreased app, no vomiting, no fever, 1x loose stool,

Abnormal PE/Chem/CBC/UA Results: Rads NSF ALT >2000, T bili 9.9, BUN 27, Phos 7.5, Creat 1.2, K 3.0  
CBC UA pending

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Trace pyelectasia was noted in the left kidney. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 0.5 cm.

The **right adrenal gland** was not visualized.

**Spleen**

The **spleen** revealed multifocal hypoechoic nodular changes primarily at the cranial pole, the largest of which measured 1.0 cm. The splenic nodule was cavitated and does impinge upon the splenic capsule, suggestive for a neoplastic event, however, pronounced hyperplasia abscessation also possible.

**Liver**

The **liver** was swollen and irregular in contour with increased portal markings. Gallbladder mucocele noted, measuring 4.0 cm x 3.0 cm. The gallbladder mucocele revealed striating bile. Trace fluid adjacent to the gallbladder with significant inflammation at the neck noted. Lobar biliary calculi noted. Inflammation associated with the biliary calculi and gallbladder. The common bile duct was not visible in this patient owing to regional inflammation; however, I suspect that calculi are present and/or mucus.

**Gastrointestinal**



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The **pylorus** revealed shadowing foreign matter, measuring approximately 3.0 cm. Edematous gastric wall noted. Regional inflammation noted extending into the pancreas.

### Pancreas

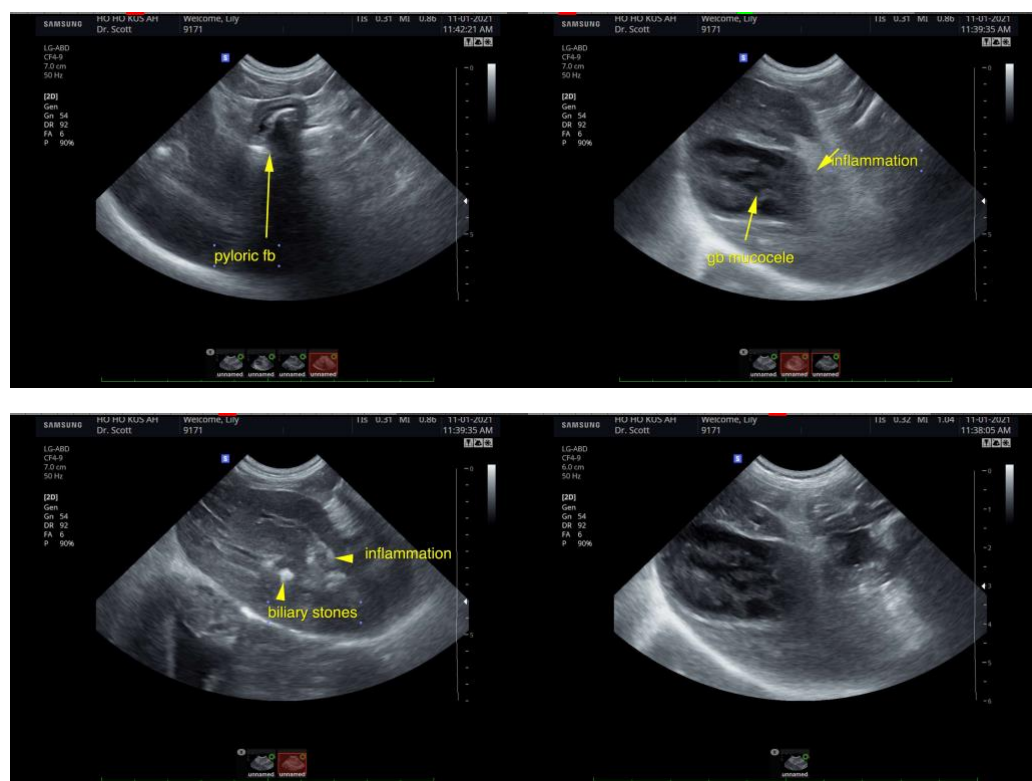
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ULTRASONOGRAPHIC FINDINGS

- Gastric foreign matter
- Acute on chronic cholangiohepatitis with gallbladder mucocele and biliary calculi
- Undefined splenic nodule

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery in this patient with expectations toward cholecystectomy, common bile duct lavage, gastrotomy, gastric biopsy and splenectomy (given the splenic nodule). Liver biopsy also indicated. This is a complicated case with multiple issues, however, may be resolvable with the surgical procedure described.





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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.

**IMAGING PERFORMED BY**

Dr. Scott

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

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