



**PATIENT**

Chulo Calcaterra

**PRESENTING CLINICAL SIGNS**

History: recheck HGE upon returning home

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pug

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 was noted. Ureteral papillae were normal.

The prostate was uniform and measured 1.5 cm.

**SEX**

Male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.24 cm. The left kidney measured 4.86 cm.

**AGE**

9 years

**WEIGHT**

31 lbs

**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 was mildly enlarged and measured 0.88 cm at the cranial pole and 0.7 cm at the caudal pole and 2.06 cm in the length.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**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 was noted.

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

Dr. Maniar

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**PATIENT**

**Gastrointestinal**

Chulo Calcaterra

Entrapment of the upper **gastrointestinal tract** by adhesions was noted. An area that measured 2.0 x 3.0 cm was noted.

**SPECIES**

Canine

**Pancreas**

**BREED**

Pug

Heterogenous mesentery was noted throughout the midabdomen and encompassed the left limb of the **pancreas**. The right limb of the pancreas revealed mixed, hypoechoic, irregular changes. This is consistent with extensive pancreatitis. Mixed, hypoechoic area was noted in the right pancreatic base is of concern for underlying carcinoma.

**SEX**

Male

**Free Abdomen**

There were areas of free fluid noted.

**AGE**

9 years

**ULTRASONOGRAPHIC FINDINGS**

Extensive pancreatic pathology with right limb pancreatic changes, potentially consistent with carcinoma.

**WEIGHT**

31 lbs

Reactive mesentery, free fluid and enteritis pattern.

**INTERPRETED BY**

Eric Lindquist, DMV  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the pancreatic changes is warranted. Hospitalization with IV fluid support is indicated. Guarded prognosis.

**IMAGING PERFORMED BY**

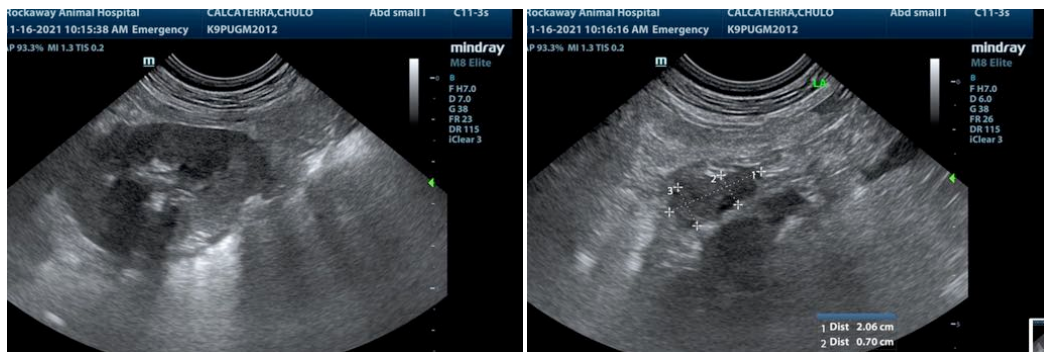
Jenn

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**PATIENT**

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**SPECIES**

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**BREED**

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**AGE**

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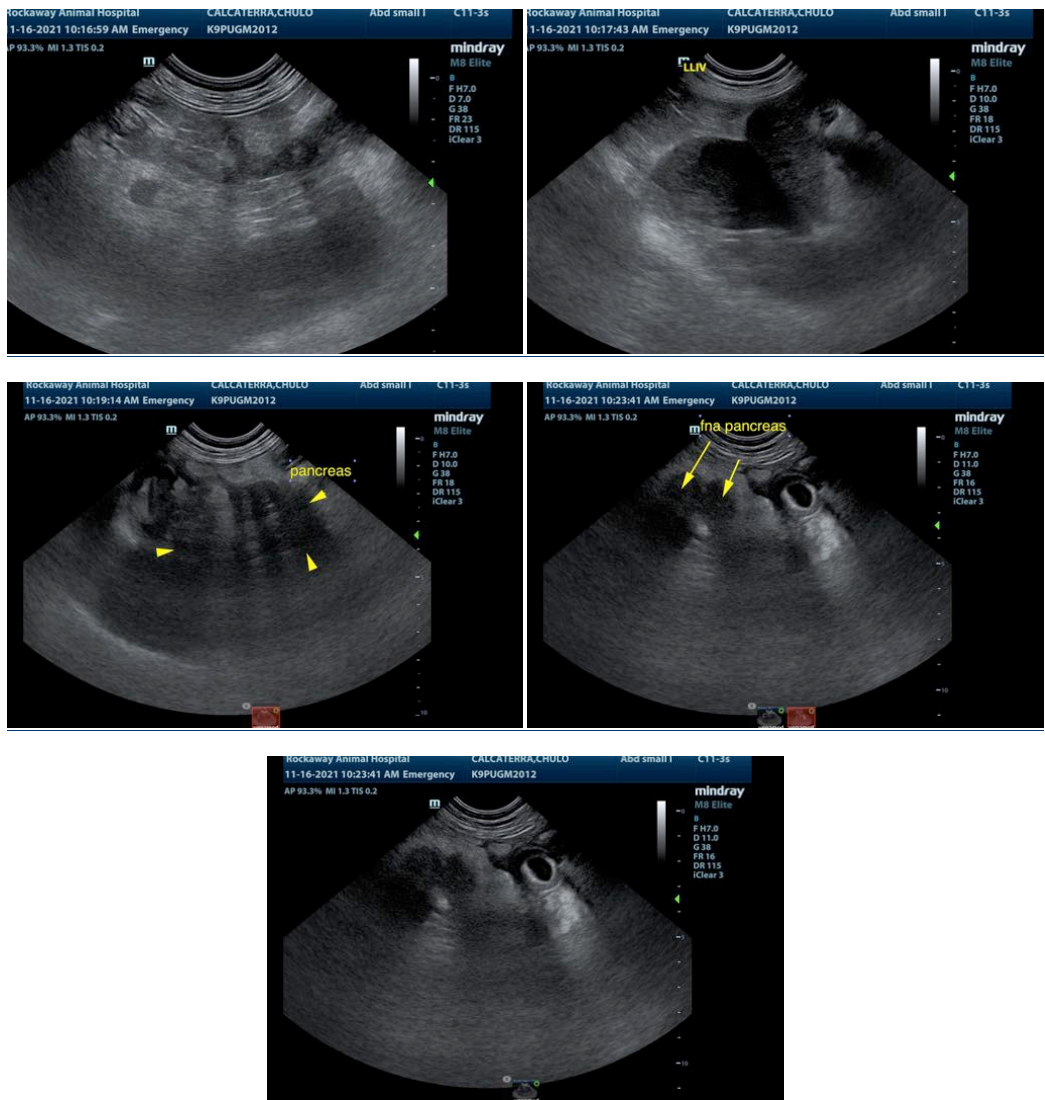
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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