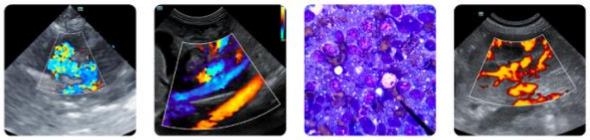

PATIENT

Bruno Lloyd

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

5

WEIGHT

38.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina Karkanis

HOSPITAL NAME

Bay City Animal Hospital

REFERRING VET

Dr. Halinston Lima

INVOICE

12589

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Presenting Problem: Not keeping food down, has been vomiting for a week. Regurgitating and vomiting Brand of food and quantities given: Bland diet, ground beef and rice, and perfomatrim kibble Does your pet take any medications or supplements: Noted yellow discoloration of skin and mucous membranes at home. No known toxin exposure reported Eating/Drinking (less/normal/more): seems very hungry Vomiting: yes Diarrhea: no If yes, how often and last episodes: Describe contents (watery/digested or undigested food/color): Coughing: no Sneezing: no If yes, is it exercise induced/ when resting/ time of most episodes: Itching/Scratching: no New Lumps/Bumps: no Limping/Pain/Slowing Down: no Indoors/Outdoors for cats: Boarding/Grooming/Daycare for dogs: yes

Abnormal PE/Chem/CBC/UA Results: QAR FAS 1-2 MM: Markedly icteric. Problem List: Icterus/jaundice Vomiting / Regurgitation Cranial abdominal pain

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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 **left kidney** 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 5.4 cm in length.

The **right kidney** was visualized in 70% of its entirety measuring 6.0 cm in length.

Adrenal Glands

The **adrenal glands** were not visualized.

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

The visible **hepatic** parenchyma revealed target nodular changes measuring up to 2.0 cm. This may represent a metastatic pattern from potential pancreatic carcinoma.

The gallbladder presented turgid and over distended without mucocele formation, however, this is a common finding with posthepatic obstruction.

Gastrointestinal

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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 associated abnormal lymphatic activity was noted. Some retention of ingesta was noted in the stomach.

Pancreas

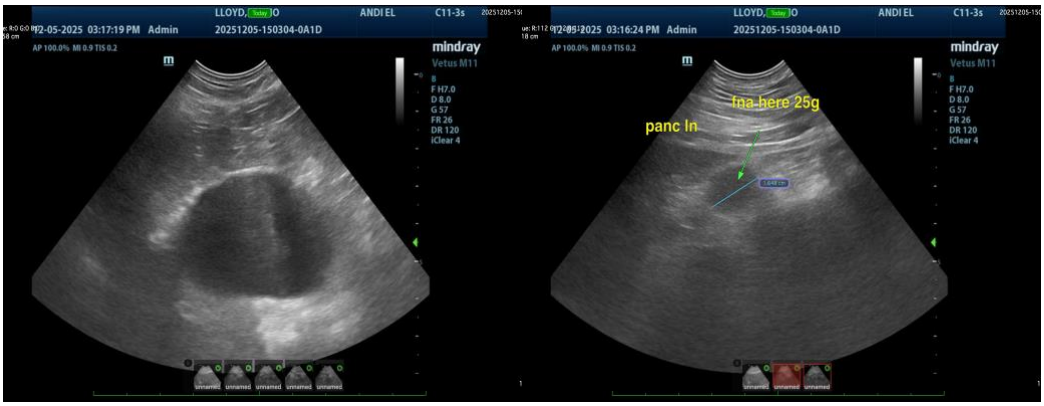
The **pancreas** revealed mixed hypoechoic parenchymal changes enveloping the upper duodenum. A mildly enlarged hypoechoic pancreatic lymph node was visualized measuring 1.65 cm. Regional inflammation was noted around the right base of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern enveloping the upper duodenum with regional lymphadenopathy- pancreatitis, reactive lymph nodes and separative hepatitis possible yet less likely.
- Gastric ingesta.
- Hepatic nodules with turgid gallbladder- posthepatic obstruction pattern owing to primary pancreatic pathology and lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the accessible pathology is recommended. Management for pancreatitis is warranted in the meantime. Surgical exploratory and liberation of the tissue pathology around the upper duodenum may eventually be necessary depending upon response to therapy. Further imaging of the liver is recommended given the position of the pathology around the pancreas. Concern for posthepatic obstruction. Sampling is essential in this patient.



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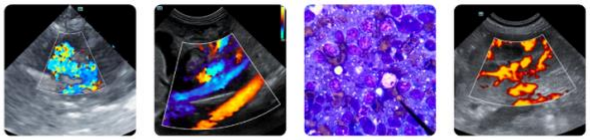

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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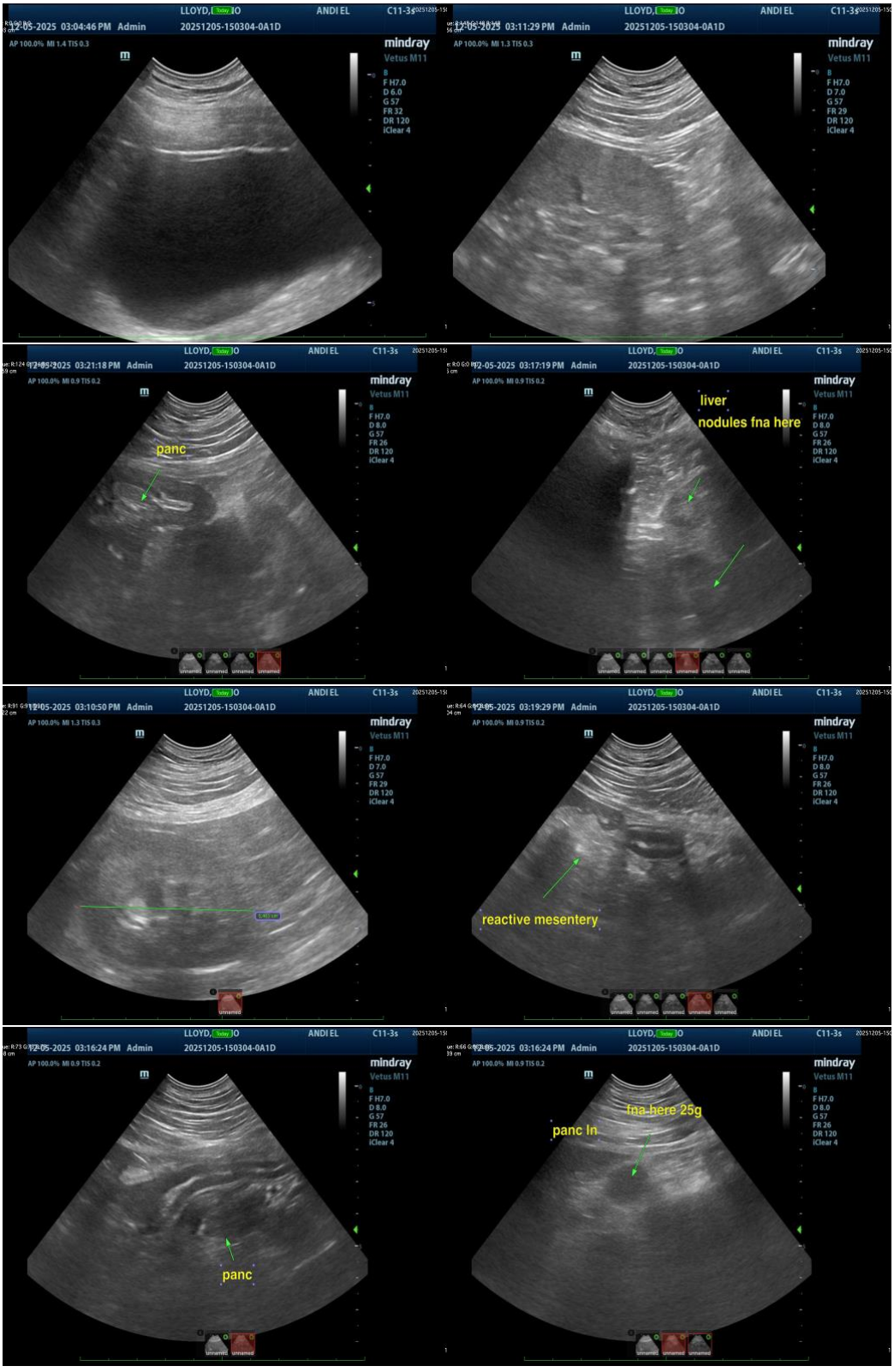

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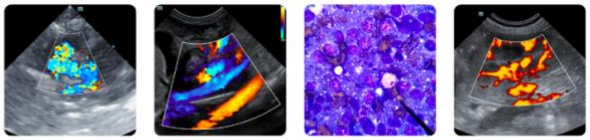

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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