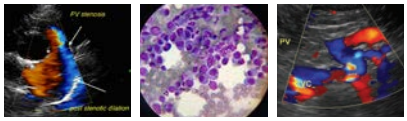
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/31/23

PATIENT

Thor O'Malley

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

10/13/13

WEIGHT

17.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

46327

PRESENTING CLINICAL SIGNS

Last week: vomited a few times, was not interested in eating - only last 1 day Seemed normal in the next 2 days Beginning of this week started vomiting again - lost his appetite but still have the same energy Yesterday: vomiting during the night, lethargic, still had a decrease in appetite - may have been drinking more water than normal Today: more lethargic and still vomiting. Presented to rdvm: - Bw: Lym 0.83 (1.05-5.), Plt 646 (148-484), Alt 7227 (10-125), Alp 4493 (23-212), Ggt 78 (0-11), Tbil 7.1 (0-0.9), Chol 481 (110-320), Tp 8.5 (5.2-8.2), Alb 4.4 (2.2-3.9) - Rads: Dilation of the stomach, decreased serosal detail

Current Medications: Unasyn, Protonix, Cerenia, Buprenorphine.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 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 and no evidence of pelvic dilation was present. Slight mineralization noted in both kidneys. The right kidney measured 4.35 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 2.37 cm x 0.73 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland measured 2.33 cm x 0.59 cm at the caudal pole and 0.57 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

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 was overdistended with sand and suspended debris. The common bile duct was dilated to 1.0 cm. Lobar biliary duct dilation noted. The cystic duct was also tortuous.

Gastrointestinal

The **stomach** itself was unremarkable. The duodenum revealed an obstructive 4.2 cm x 3.0 cm partially mineralizing mass with regional inflammation and disrupted architecture, obstructing the common bile duct, which was dilated to 1.0 cm with secondary biliary sand. The remainder of the gastrointestinal tract appeared unremarkable.

Pancreas

Regional mixed hypoechoic **pancreatic** changes noted with enhanced surrounding mesentery and secondary pancreatitis.

Free Abdomen

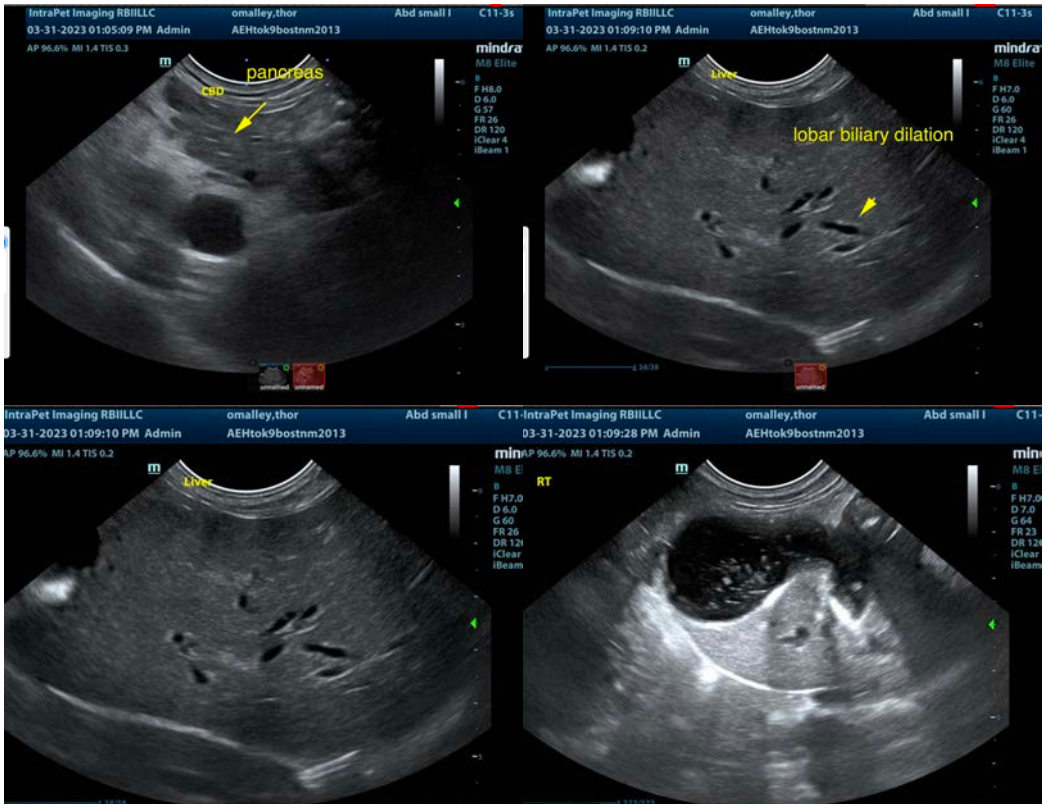
Trace amounts of free fluid present.

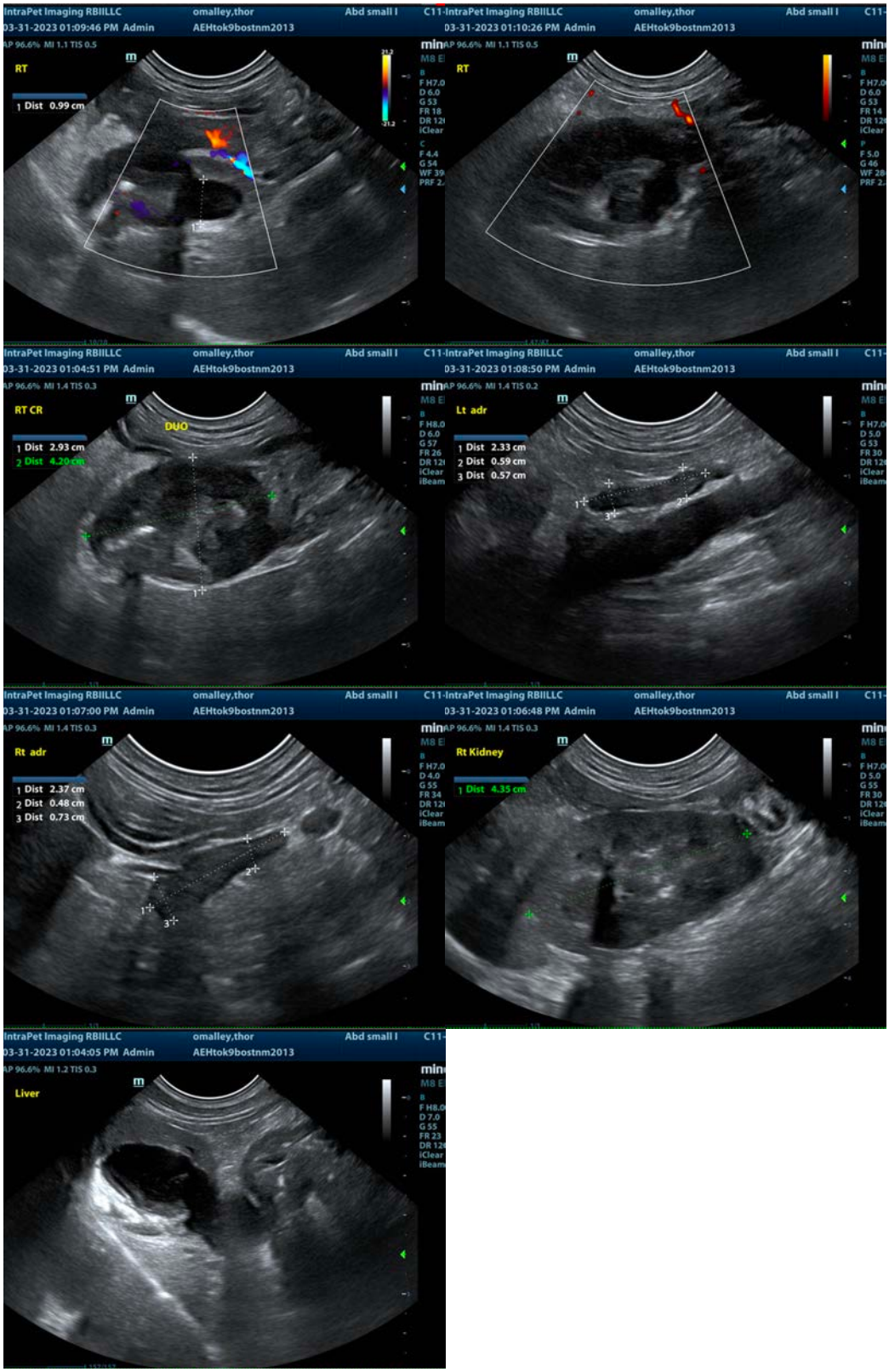
ULTRASONOGRAPHIC FINDINGS

- Duodenal mass with biliary obstruction and secondary pancreatitis, gallbladder sand and debris
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect carcinoma. Possibility of lymphoma. FNA could be considered. Surgical intervention could be considered. However, this is a difficult area to resect. Surgical consult indicated. Secondary pancreatitis is considerable.




IntraPet Imaging RBIILLC
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Rt Kidney
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IntraPet Imaging RBIILLC
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Liver

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.

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