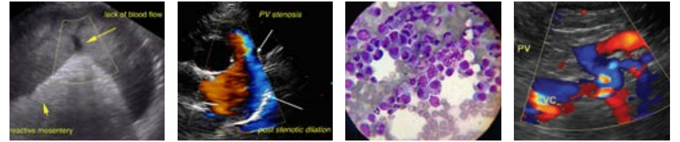


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Morgan

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

19.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

43142

DATE

6/14/23

PRESENTING CLINICAL SIGNS

Recheck pancreas, increased appetite, jaundice remains

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a small calculus, similar to the prior sonogram, measuring 3.0 mm, non-obstructive.

The residual prostate was uniform at 0.80 cm.

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. The right kidney measured 5.32 cm. The left kidney measured 4.51 cm. Pinpoint mineralizations noted.

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 1.85 cm x 0.62 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measured 1.81 cm x 0.45 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** presented a hypoechoic expansive nodule measuring 1.25 cm.

Liver

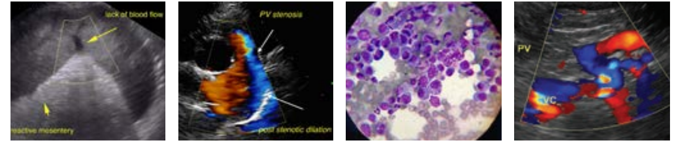
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were enlarged, more progressed than on the prior sonogram. The common bile duct was followed to the duodenal papilla. The common bile duct has progressed to 1.2 cm in width. The gallbladder itself remains intact, yet is overdistended with suspended debris.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

A hypoechoic portion of **pancreatic** tissue noted adjacent to the common bile duct and may be playing a role in dysfunctional duodenal papilla. No overt physical obstruction noted, although tethering of the common bile duct with stricture secondary to pancreatitis and regional inflammation likely. Heterogeneous pancreatic changes also present similar to the prior sonogram. However, the common bile duct is now more dramatically dilated.



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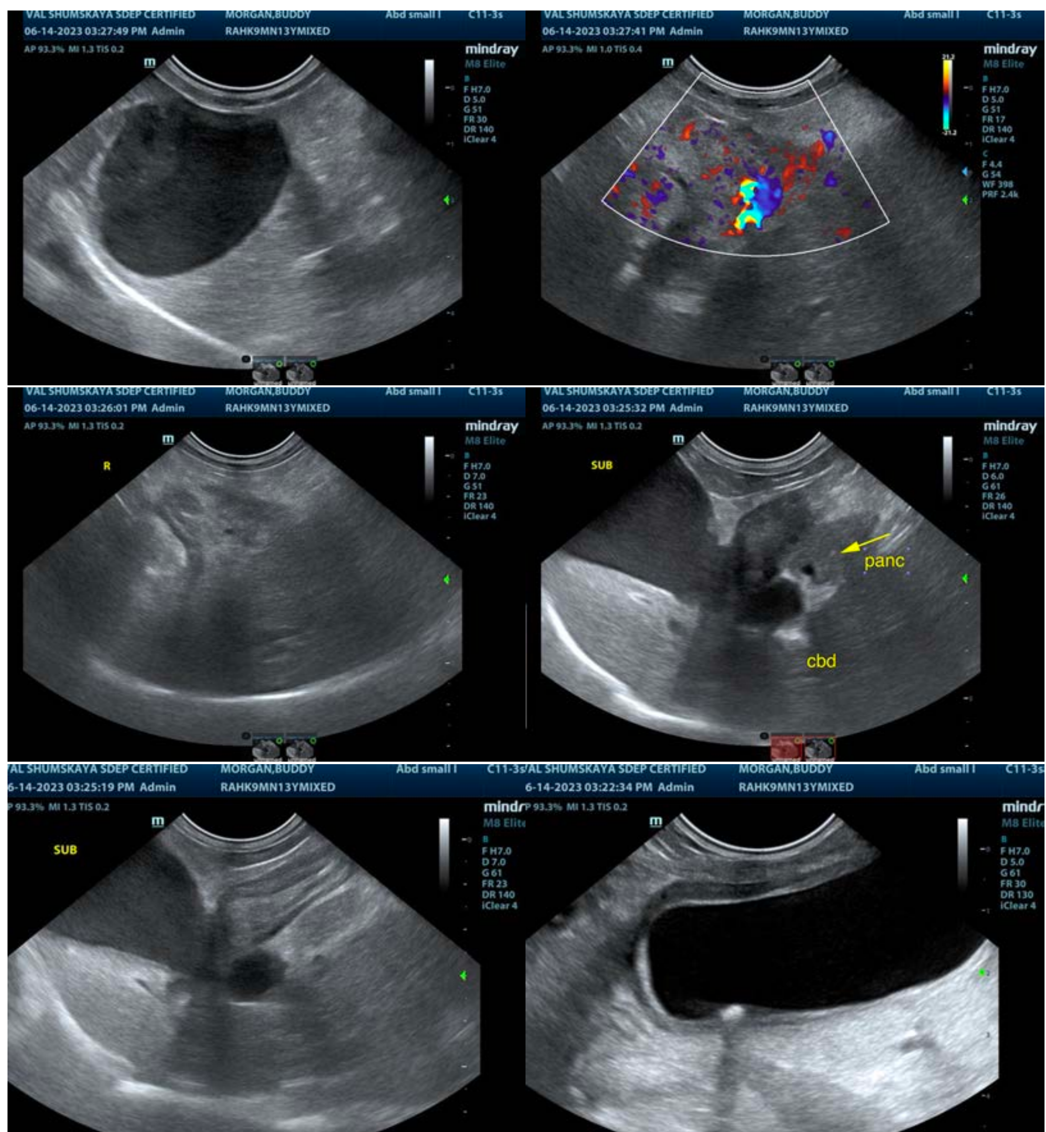
ULTRASONOGRAPHIC FINDINGS

- Persistent splenic nodule
- Persistent pancreatic pathology with post-hepatic obstruction and strictured common bile duct
- Small bladder calculus
- Age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical intervention in this patient with bile duct redirection and manual expression of the gallbladder. Splenectomy warranted. I do not feel that medical management is going to be adequate in this patient, given the persistence and progression of the common bile duct dilation. Neoplasia is not obvious but cannot be completely ruled out.



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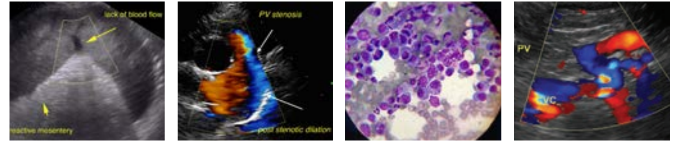

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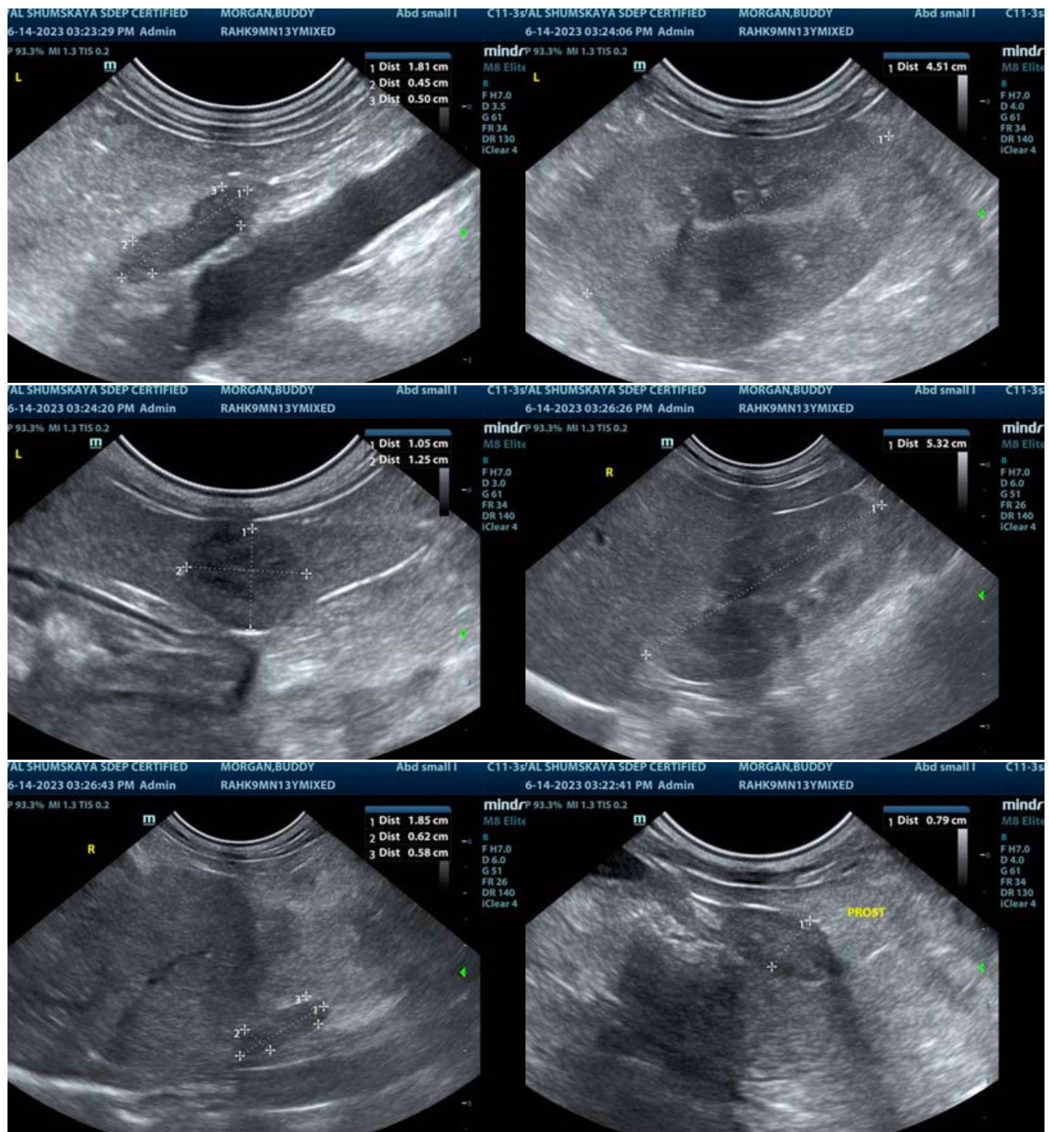

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com