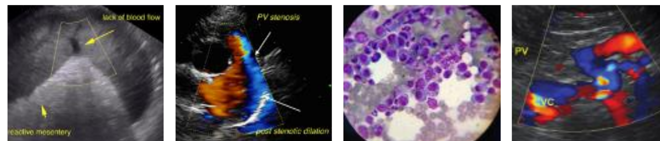

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1-800-838-4268 info@sonopath.com

PATIENT

Buddy Tamburri

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Neutered Male

AGE

16 Years

WEIGHT

17 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Teresa Bessler

INVOICE

17010

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Dog has not eaten in 10 plus days, owner has been having to force feed baby food and water. 10 days ago dog was icteric and urinating orange, eyes yellow at that point. Treated with convenia, buprenorphine, cerenia and mirtazapine. Today 8/23 dog is urinating normal color and less icteric but still not eating. previous bouts of pancreatitis. Green discharge from nose-culture pending.

Abnormal PE/Chem/CBC/UA Results: ALP >200, Tbil=1.4, WBC=20.51, neutrophils=17.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 1.5 cm calculus, nonobstructive. Bladder wall presented a slight amount of sand and echogenic mucosal remodeling, these changes were minor. The bladder wall measured up to 5.0 mm at mild repletion. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Mineralization was present in the kidneys. Caudal to the left kidney, a nodular irregular mass was noted, measuring approximately 2.0 cm x 2.0 cm with ill-defined contour. The right kidney was visualized obliquely.

Adrenal Glands

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

Spleen

The **spleen** revealed a subtle hypoechoic 4.0 mm nodule. Splenic parenchyma was uniform otherwise.

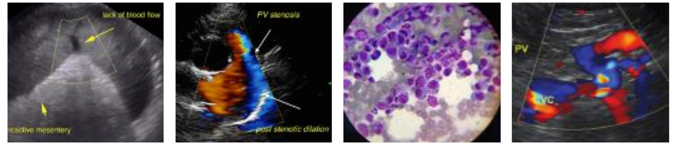
Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. Gallbladder sand was noted. Excessive debris was noted in the gallbladder. Given the bilirubin elevation, the patient may have passed a calculus recently. A significant amount of inflammation was noted in the portal hilus with mixed hypo- and hyperechoic tissue. Common bile duct dilation was noted with echogenic debris, consistent with mucoduct.

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



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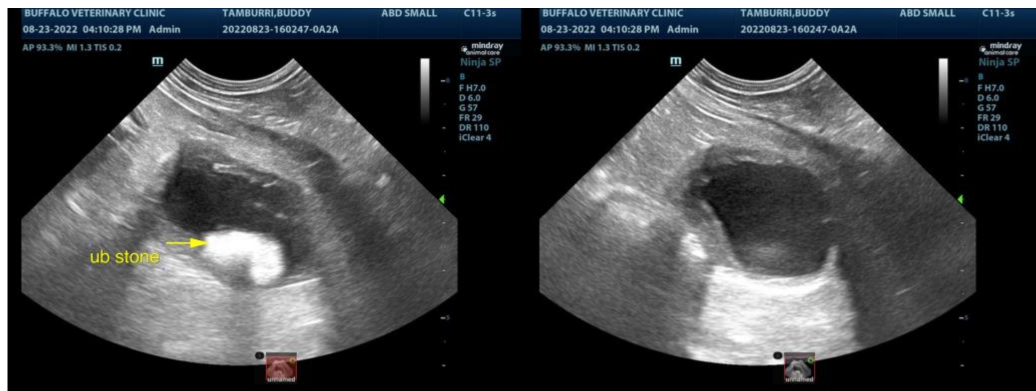
The right limb of the **pancreas** was enlarged, hypoechoic and irregular with undulating capsular contour and hyperechoic, surrounding ill-defined fat. This is suggestive for saponification and inflammation. Areas of necrosis are likely present.

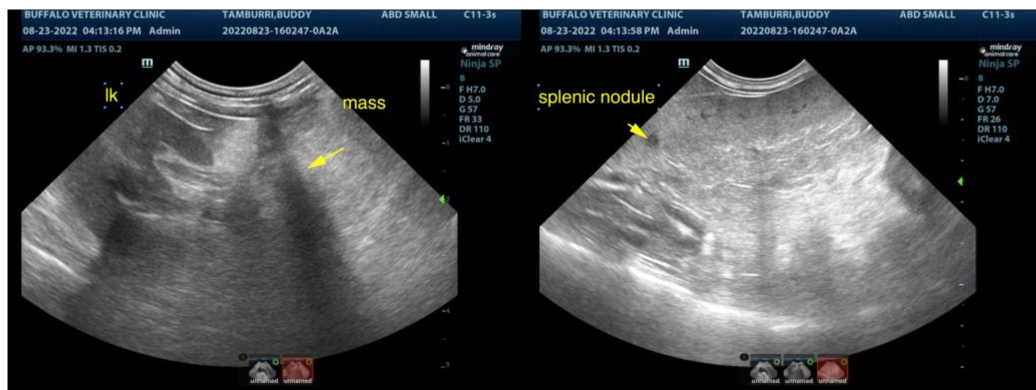
ULTRASONOGRAPHIC FINDINGS

- Right limb pancreatitis pattern, underlying neoplasia could not be ruled out.
- Age-related hepatic changes with excessive gallbladder debris, post hepatic obstruction and mucoduct- possible underlying neoplasia- sampling is recommended.
- Urinary bladder calculi
- Renal calculi
- Splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the right limb of the pancreas and the mass caudal to the left kidney would be warranted for further definition. Aggressive plasma expanders, broad spectrum antibiotics and pain management are all indicated in this patient. Recheck sonogram in 48 hours. Further causes of distal common bile duct obstruction, such as obscured tumor is possible, given the lack of acoustic window in portions of the portal hilus, given the regional inflammation.





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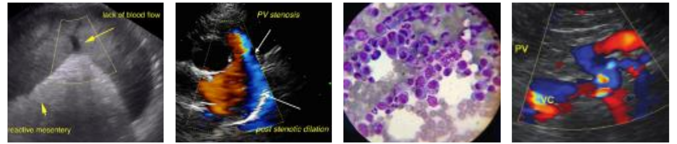

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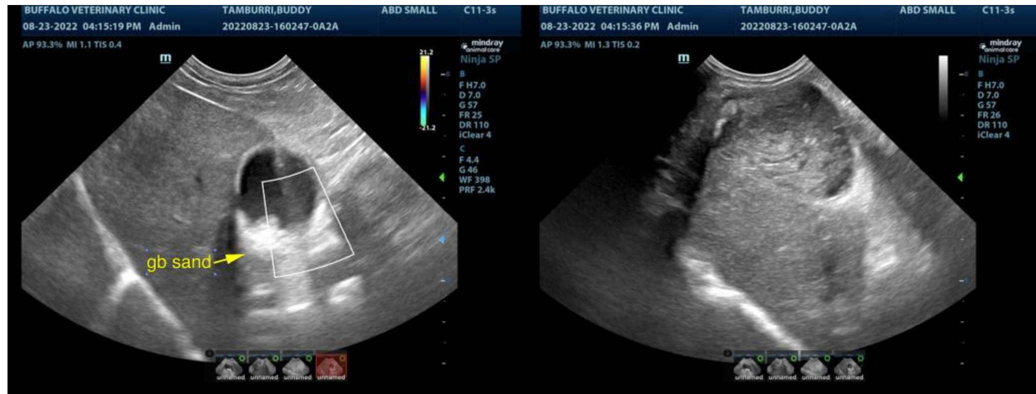

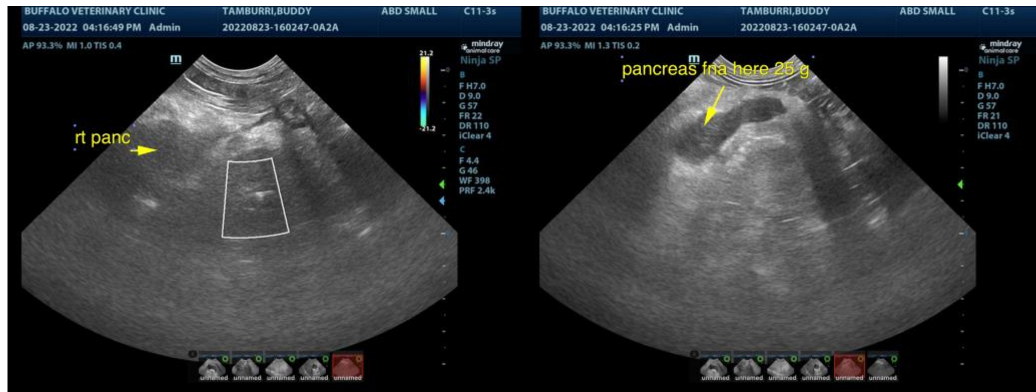

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com