



PATIENT

Rocky Carlucci

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

8 Years

WEIGHT

26 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marcela Salas

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Marcela Salas

INVOICE

13174

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: 8 yr old puggle. hx of cholecystitis being medically managed with ursodiol by another vet. prev u/s showed no gall bladder sludge. today dog presented to us for the first time- inappetent, icteric. ALT/ALKP too high to register. tbili 12.3. u/s done- concern for gall bladder- obstruction vs early? leptopenic. not azotemic. normal pli. no vomiting, not acting painful. Rads wnl. not febrile.

Abnormal PE/Chem/CBC/UA Results:

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 minor 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 left kidney measured 4.38 cm. The right kidney measured 4.69 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal 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** was uniform and revealed minor increased portal markings. The gallbladder presented anechoic content. The gallbladder does not appear to have mucocele formation, however, some post hepatic congestion is present. Some congestion of the common bile duct was noted. The common bile duct measured approximately 6.0 mm in width.

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 **pancreatic** limb revealed a region of approximately 3.0 cm x 2.0 cm enveloping the upper duodenum and pyloric outflow.

ULTRASONOGRAPHIC FINDINGS

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- Cholangitis pattern with post hepatic congestion owing to pancreatitis/pancreatic pathology
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Puggle

The adhesions and remodeling of the right pancreatic limb likely the cause of post hepatic obstruction in this patient. Other contributing causes such as leptospirosis or acute hepatic insult should all be considered. Ampicillin, metronidazole and plasma expanders all indicated. Recheck sonogram in 24-48 hours to assess if the gallbladder/common bile duct presentation is improving. This may be a combination of both hepatic parenchymal insult as well as post hepatic dilation.

SEX

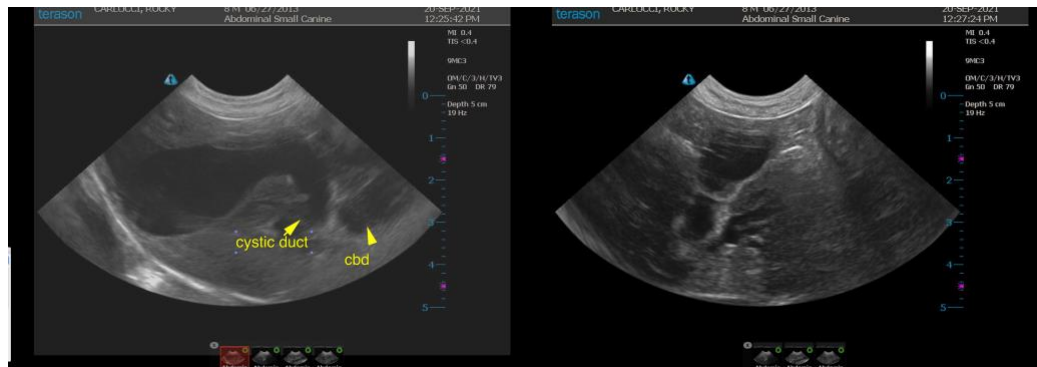
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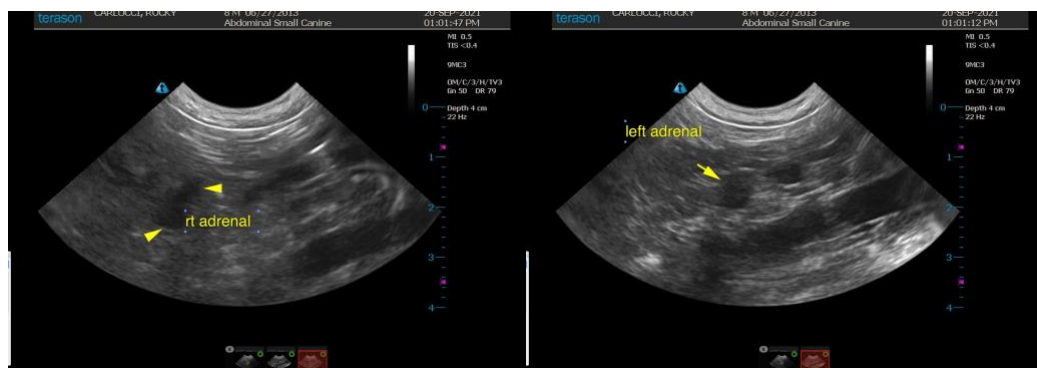
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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