



PATIENT

PRESENTING CLINICAL SIGNS

Teddy Kelin

Recheck for emerging gallbladder mucocele.

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

Jack Russell Terrier

SEX

The **kidneys** 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.

Neutered male

AGE

15 years

Adrenal Glands

INTERPRETED BY

The left **adrenal gland** was increased in size from the prior sonogram and further swollen with enhanced, pericapsular fat. The left adrenal gland measured 3.35 x 1.55 cm at the caudal pole and 1.1 cm at the cranial pole. The right adrenal gland was progressively enlarged and measured 3.17 x 1.3 cm at the caudal pole and 1.8 cm at the cranial pole.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
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Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Greenwood Lakes AH

REFERRING VET

Dr. Streng

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 similar to the prior sonogram with more mobile bile. Gallbladder calculi and echogenic wall was noted. The common bile duct in the duodenal papilla did not appear involved. This appears to be potentially resectable and is peripherally inflamed.

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Gastrointestinal

Teddy Kelin

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The serosa of the small intestine appears to have enveloped the mass at the level of the accessory pancreatic duct. The mass is highly vascular. There is a strong concern for carcinoma. The mass involving the descending duodenum and pancreas initiates approximately 5% caudal from the pylorus and 2.0 cm caudal from the duodenal papilla.

SPECIES

Canine

BREED

Jack Russell Terrier

Pancreas

Minor, heterogenous **pancreatic** changes were noted elsewhere. This is a new development.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Developed duodenal/pancreatic mass at the level of the accessory pancreatic duct.

AGE

15 years

Stable gallbladder mucocele with calculi.

Progressive adrenal enlargement.

Geriatric changes elsewhere.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend addressing pancreatic/duodenal pathology first either through FNA or direct surgical intervention with resection. If FNA is to be performed then coagulation panel is warranted prior to intervention. I recommend continuation of Ursodiol therapy and blood pressure measurements are indicated given the probability of pituitary dependent hyperadrenocorticism.

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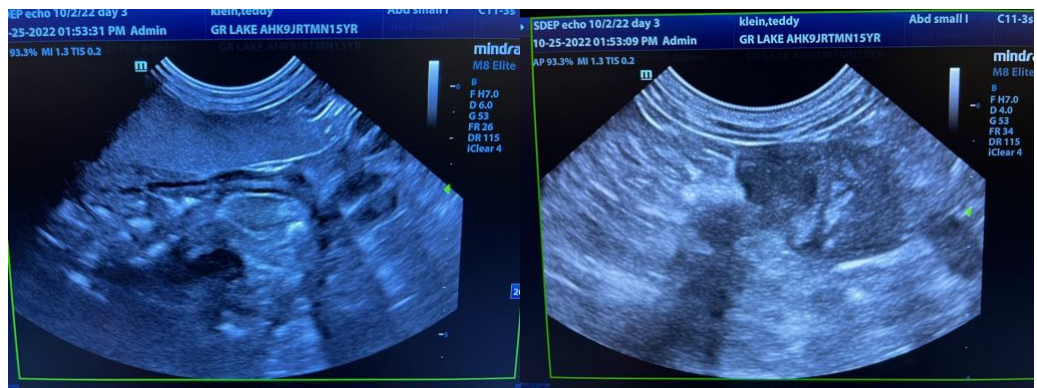
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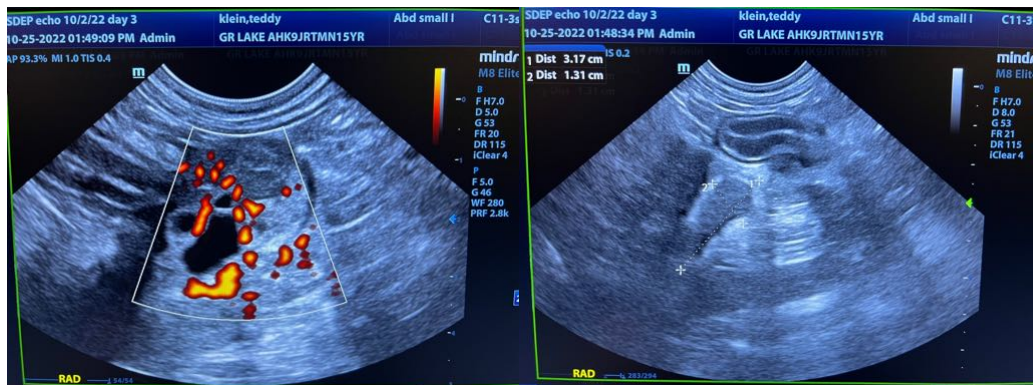
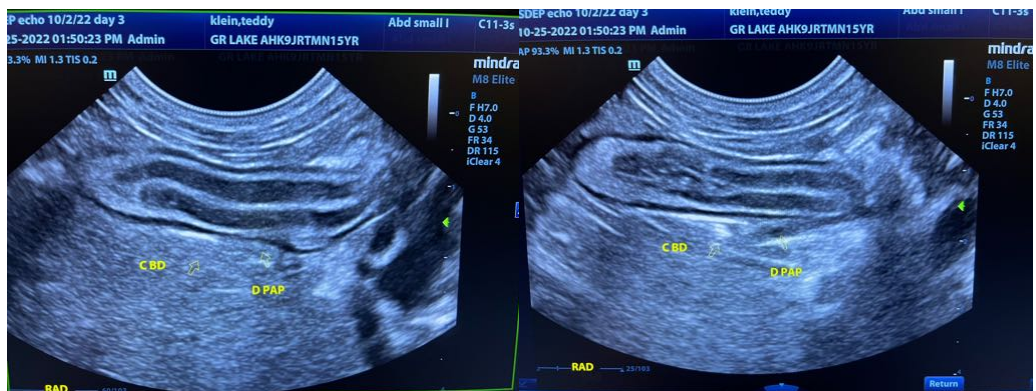
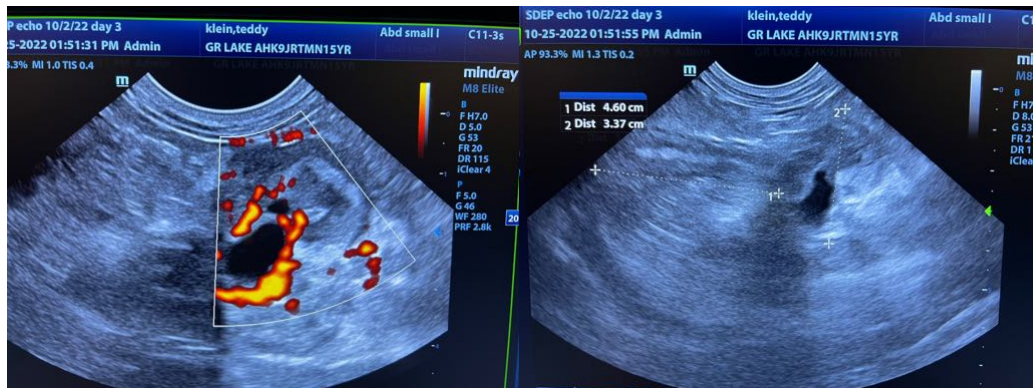
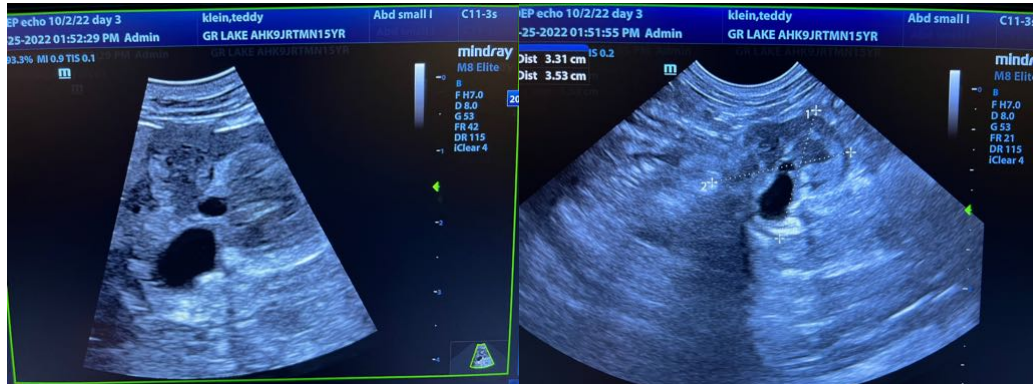
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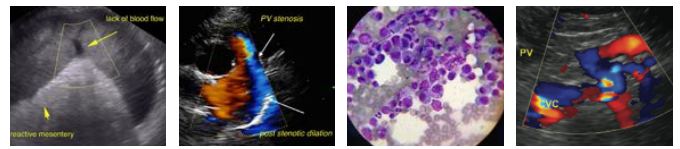
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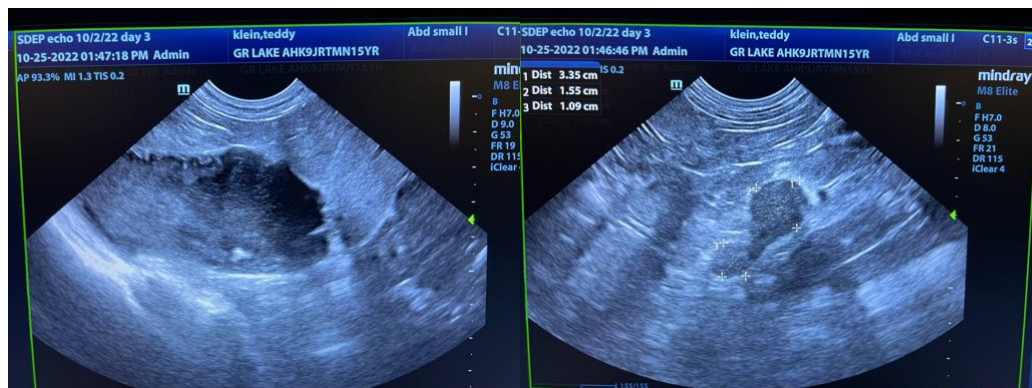
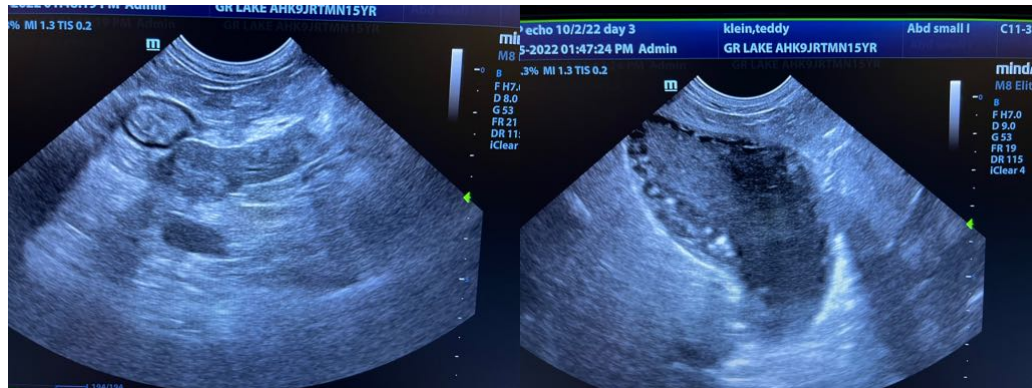
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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