



PATIENT PRESENTING CLINICAL SIGNS

Harley Ortega
SPECIES Canine
 Lost 2 lbs not eating, history of elevated liver values over the past year, icteric. Suspicious of gallbladder/cbd disease. Previous ultrasound done 1/26/20 with findings of modular hepatopathy, splenic pathology/nodules, duodenitis, gall bladder sediment and age related renal changes
 Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 306 HIGH 12-118 IU/L Alk Phosphatase 1127 HIGH 5-131 IU/L GGT 19 HIGH 1-12 IU/L Total Bilirubin 0.6 HIGH 0.1-0.3 mg/dL PrecisionPSL 158 HIGH 24-140 U/L Protein 1+ HIGH Negative

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Terrier X **Urinary System**

SEX Neutered Male
 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.

AGE 12 Years
 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 left kidney measured 4.5 cm. The right kidney measured 4.5 cm.

WEIGHT 24.4 Pounds **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 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mychajlonka

Spleen

The **spleen** presented a focal hypoechoic nodule measuring 7.0 mm.

Liver

HOSPITAL NAME

Craig Road AH

The **liver** was uniformly swollen. Mild increased portal markings noted. The gallbladder presented multiple calculi. The gallbladder wall was thickened and echogenic. Suspended and dependent debris present. The common bile duct was mildly dilated at a maximum width of 1.0 cm. The common bile duct was followed to a position of approximately 2.0 cm from the duodenal papilla. It appeared dilated and somewhat tapered. Exact cause of dilation could not be ascertained. However, lobar biliary duct dilation was present.

REFERRING VET

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Gastrointestinal

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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.

DATE

1/17/22



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Terrier X

- Mild non-specific inflammatory hepatopathy liver pattern
- Dilated common bile duct
- Concurrent splenic nodule – hyperplasia, round cell neoplasia, emerging hemangiosarcoma all possible

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic as well as the liver recommended. The patient may have passed a calculus recently with a potential stricture or the distal common bile duct at the duodenal papilla could have a lodged calculus. However, further imaging would be necessary. Recommend empirical treatment for cholangiohepatitis and further definition based on cytology results and/or further imaging of the common bile duct. Ursodiol therapy recommended long-term.

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BREED

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