



PATIENT

Brandy Martell

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

13 ½ years

WEIGHT

16.9 lbs

PRESENTING CLINICAL SIGNS

History: Chronic history of coughing that became acutely worse. Patient was prescribed hydrocodone syrup and dextromethorphan syrup along with doxycycline after azithromycin was not tolerated. After approximately 7 days of doxy she lost appetite and vomited a few times. Presented today (a few days later) for continued inappetence after stopping doxy. Grossly icteric on exam and dehydrated. Blood work confirms hyperbilirubinemia, normal hct. No known toxin exposure. Not currently vaccinated for Leptospirosis but exposure level is considered low.
Abnormal PE/Chem/CBC/UA Results: Tbil 10.2 (0.0-0.9), ALT ~ 1400, ALP > 2000 (labs attached with chemistry in far right hand column)

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 was 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 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. Minor mineralization was noted in both kidneys. The left kidney measured 4.04 cm. The right kidney measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kirk

HOSPITAL NAME

Shiloh AH

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Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured approximately 0.6 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** was slightly swollen with mild scalloping contour. The splenic parenchyma was uniform.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. The liver parenchyma was uniform with slightly increased portal markings. The gallbladder wall was mildly thickened and over distended with an echogenic wall. The cystic duct was dilated. The common bile duct was partially visualized and measured 0.5 cm. This was not visible in the region of the duodenal papilla likely owing to regional pancreatitis.

Gastrointestinal

The upper **gastrointestinal tract** was mildly thickened and slightly spastic. The small intestines and colon were unremarkable.



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Pancreas

The **pancreas** revealed mixed, hypoechoic, irregular parenchymal changes with some remodeling in the left and right base. This is consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Acute hepatic insult.

Mild splenic enlargement.

Pancreatitis with cholangitis/post hepatic obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or other similar acute insult should be considered. Splenohepatic FNA is recommended. Plasma expanders, IV fluid support, broad spectrum antibiotics and pain management are all indicated. Recheck sonogram is recommended in 48-72 hours. There is no overt evidence of neoplasia, yet cannot be completely ruled out. If the bilirubin values continue to elevate then surgical intervention with bile duct deviation procedure may be necessary; however, recheck sonogram is warranted prior to making that decision.

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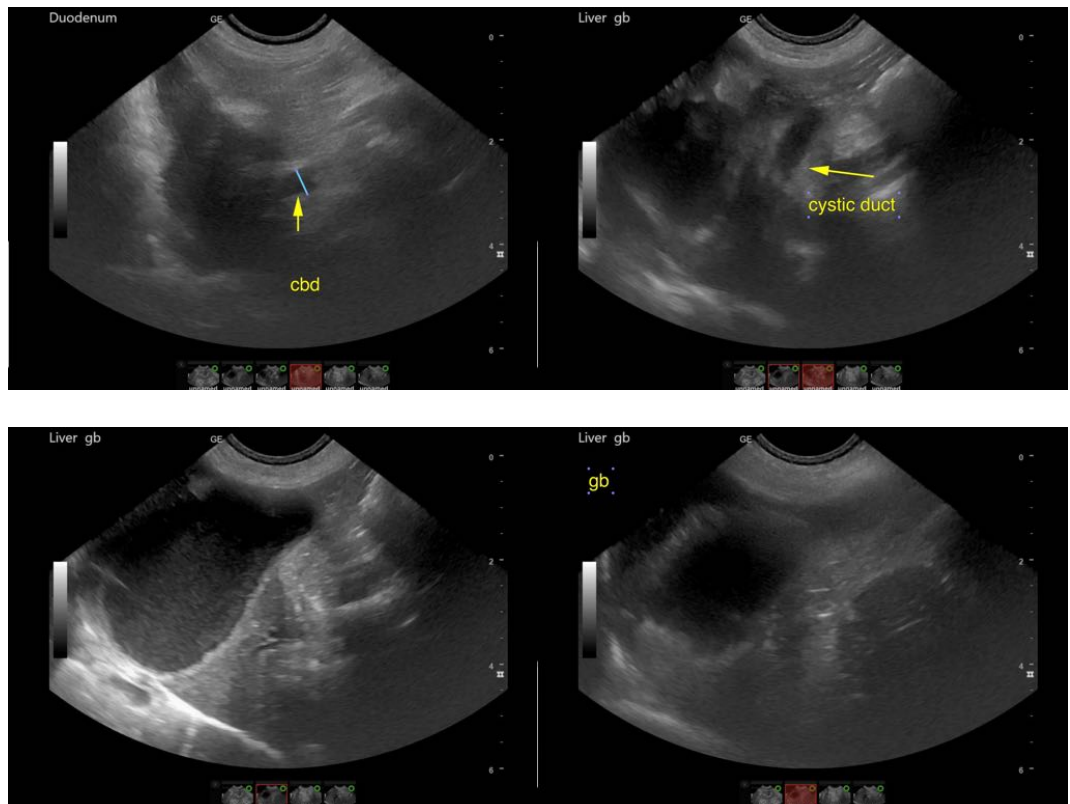
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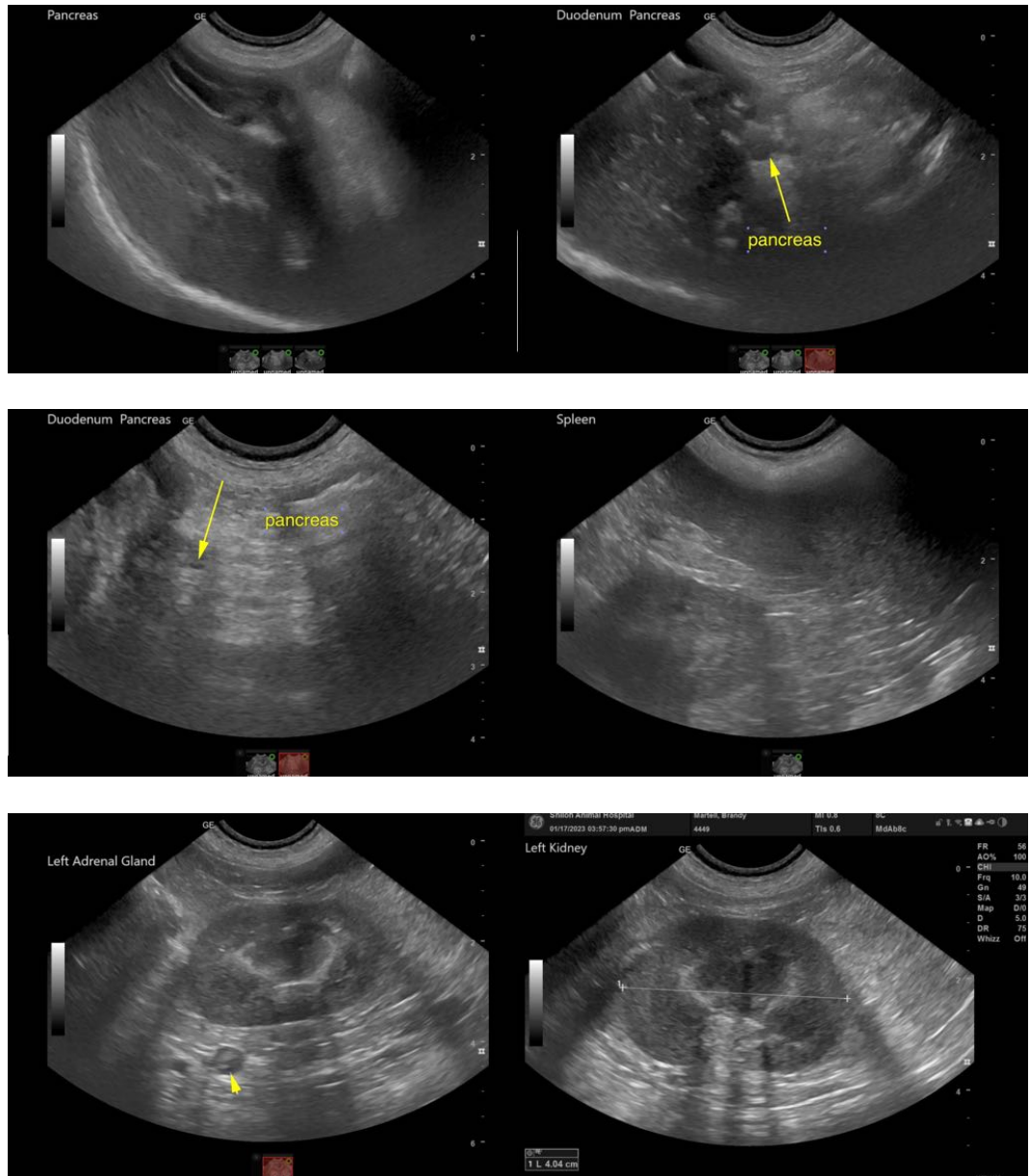
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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