



**PATIENT**

Dallas Brantley

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

19 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tyler Totman LVT

**HOSPITAL NAME**

Adana VC

**REFERRING VET**

Dr. Wildenstein

**INVOICE**

95414

**DATE**

1/19/22

**PRESENTING CLINICAL SIGNS**

Geriatric dog with no presenting signs. Was found to have mildly elev ALT mid Sept 2021. Dog has been monitored q 6 mo for years and always had normal liver values. Follow-up for bloodwork scheduled for 3 mo and worsening values revealed. Pt still non-symptomatic, ultrasound scheduled  
Abnormal PE/Chem/CBC/UA Results: 9/15/21 ALT=192 12/10/21 ALT >1000. ALKP wnl, AST mildly elevated

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations were noted in the kidneys and were non-obstructive. The left kidney measured 3.83 cm. The right kidney measured 4.9 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 1.36 x 0.53 cm at the caudal pole and 0.39 cm at the cranial pole. The right adrenal gland measured 2.74 x 0.62 cm.

**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 was noted.

**Liver**

The **liver** was slightly subnormal in size with mildly increased portal markings. There was no overt evidence of intrahepatic or extrahepatic shunts. The gallbladder presented a minor amount of excessive debris, yet not to the level of mucocele formation. Minor striation was present, yet not to the level of full mucocele formation.



**PATIENT**

**Gastrointestinal**

Dallas Brantley

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.

**SPECIES**

Canine

**Pancreas**

**BREED**

Cocker Spaniel

The right limb of the **pancreas** revealed minor heterogenous changes. The left limb of the pancreas was unremarkable.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Non-specific, acute inflammatory hepatopathy.

**AGE**

13 years

Excessive gallbladder debris.

Minor heterogenous right pancreatic limb.

**WEIGHT**

19 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted if endemic in your area. FNA of the liver is indicated. Ampicillin and Metronidazole combination is recommended. Ursodiol therapy is warranted given the gallbladder presentation. Gallbladder motility study would be ideal. A recheck sonogram is recommended in 6 weeks of the gallbladder and liver or earlier if the hepatic profile worsens. There was no evidence of gallbladder inflammation at this time.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

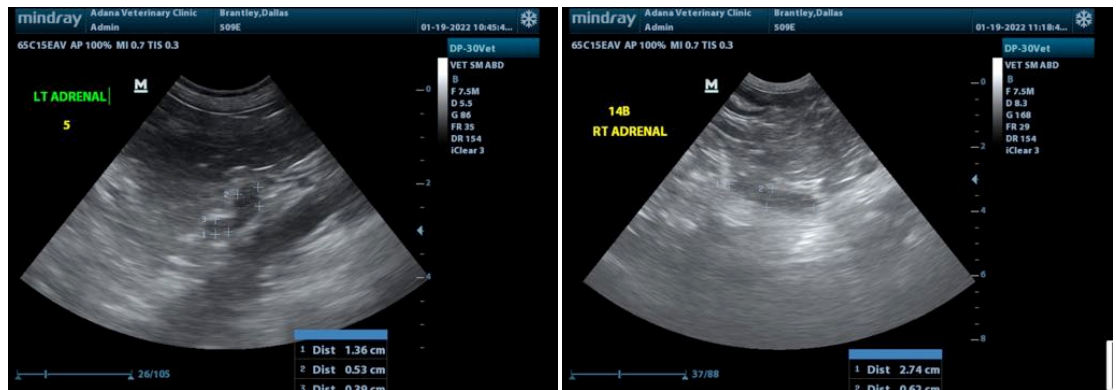
Tyler Totman LVT

**HOSPITAL NAME**

Adana VC

**REFERRING VET**

Dr. Wildenstein



**INVOICE**

95414

**DATE**

1/19/22



**PATIENT**

Dallas Brantley

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

19 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tyler Totman LVT

**HOSPITAL NAME**

Adana VC

**REFERRING VET**

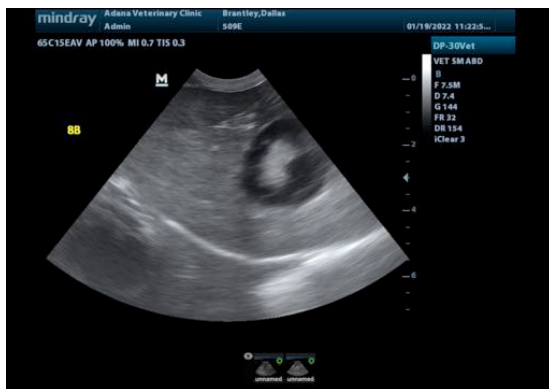
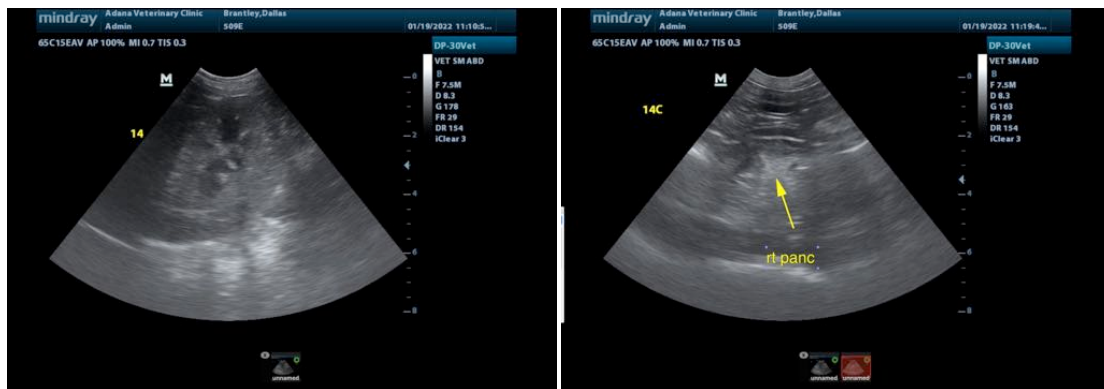
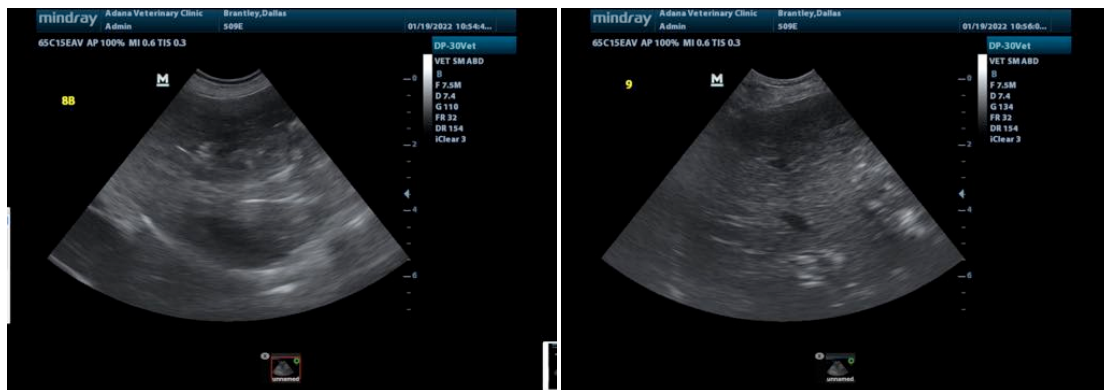
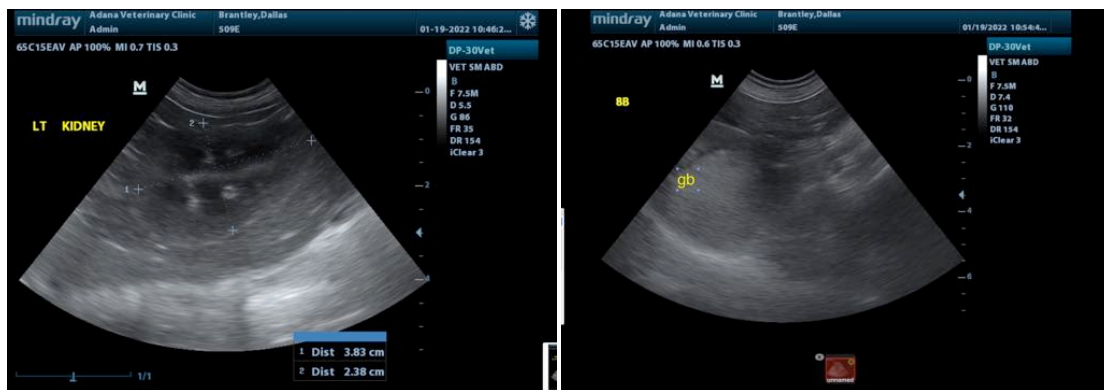
Dr. Wildenstein

**INVOICE**

95414

**DATE**

1/19/22





## PATIENT

Dallas Brantley

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

Spayed Female

## AGE

13 years

## WEIGHT

19 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Tyler Totman LVT

## HOSPITAL NAME

Adana VC

## REFERRING VET

Dr. Wildenstein

## INVOICE

95414

## DATE

1/19/22

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