



PATIENT

Ruby Graham

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

8 months

WEIGHT

18 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

42214

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: Patient presented with tremoring/seizure like behavior and was febrile and had vomited 2 times in the morning. Had been coughing intermittently. Blood pressure was elevated. Had gotten a single dose of amlodipine around 4pm. Also was given midazolam approx 5pm. Cerenia given at 6pm. Owner mentioned patient has episodes of not feeling well similar to this event but not as intense and not lasting as long. Patient will often get nauseated, vomit small amounts and present wobbly in gait but typically resolves over a few hours. No exposure to fish, rat bait, no flea medications. Altered mentation overall. Obtunded overall. PLR present. Menace present. Does not want to get up and walk on her own when propped up does seem to still have CP present.
Abnormal PE/Chem/CBC/UA Results: According to Dr. Walford patient had ALP of 506, and the ALT was elevated >2,000, tbili 0.7, BUN 5, CBC unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a large amount of debris with over distension. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were swollen and mildly hypervascular with slight, irregular corticomedullary contour.

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 0.6 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was significantly subnormal in size. The hepatic contour and structure was normal. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. No obvious portosystemic shunts were noted in this image set, yet I am concerned for potential intrahepatic shunting. The gallbladder and common bile duct were unremarkable.



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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.

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Pancreas

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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.

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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

8 months

Acute inflammatory hepatopathy.

Swollen kidneys.

Bladder debris and over distension.

Enlarged spleen.

WEIGHT

18 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

There were no obvious portosystemic shunts; however, I am concerned for potential intrahepatic shunting. Full urinary work-up is warranted as well as bile acid profile. CT with contrast is recommended to assess for portosystemic shunting is indicated. Ultrasound-guided FNA of the liver is indicated to assess inflammatory cell type. Leptospirosis titers are indicated. Ampicillin, Metronidazole and nutraceuticals are all warranted. Given the seizure activity skull CT as well as abdominal CT is indicated.

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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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