



PATIENT

Asker Dubovy

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11

WEIGHT

14.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Goldfield

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Goldfield

INVOICE

44526

DATE

1/26/23

PRESENTING CLINICAL SIGNS

P presented for a dental today, severe dental disease on exam

Abnormal PE/Chem/CBC/UA Results: ALP 995 HIGH 20-150 U/L ALT 1051 HIGH 10-118 U/L BUN 47 HIGH 7-25 mg/dL CRE 1.7 HIGH 0.3-1.4 mg/dL PHOS 5.7 2.9-6.6 mg/dL all other values WNL

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Slight pyelectasia noted in both kidneys. The kidneys measured 4.0 cm each.

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 right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.40 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 were noted.

Liver

The **liver** presented coarse architecture, multifocal heterogeneous nodular changes and some irregular contour. Generalized hepatomegaly noted. The gallbladder revealed minor striating bile. Mild overdistention, consistent with emerging mucocele formation. The cystic duct was also enlarged. Gallbladder wall was slightly echogenic and thickened.

Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Inflammatory hepatopathy/nodular hyperplasia liver pattern with immature gallbladder mucocele

BREED

Chihuahua

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe this is a surgical emergency. However, eventual cholecystectomy may be necessary. FNA of the liver indicated. Ursodiol therapy indicated. Gallbladder motility study would be ideal. Leptospirosis titers indicated. Ultrasound guided FNA of the general parenchyma of the liver and nodular hepatic changes recommended. Bile acid profile could be performed. If not elevated, then minimal anesthetic risk would be present. Propofol induction and Isoflurane maintenance recommended for dental procedure. The ALT elevations may be secondary to dental disease as well. FNA of the liver could be performed at that time. However, eventual gallbladder motility stud indicated. 3-4 week antibiotic therapy warranted along with 8 weeks of Ursodiol therapy and recheck sonogram at that time if the patient is clinically stable. No overt evidence nor suspicion of neoplasia.

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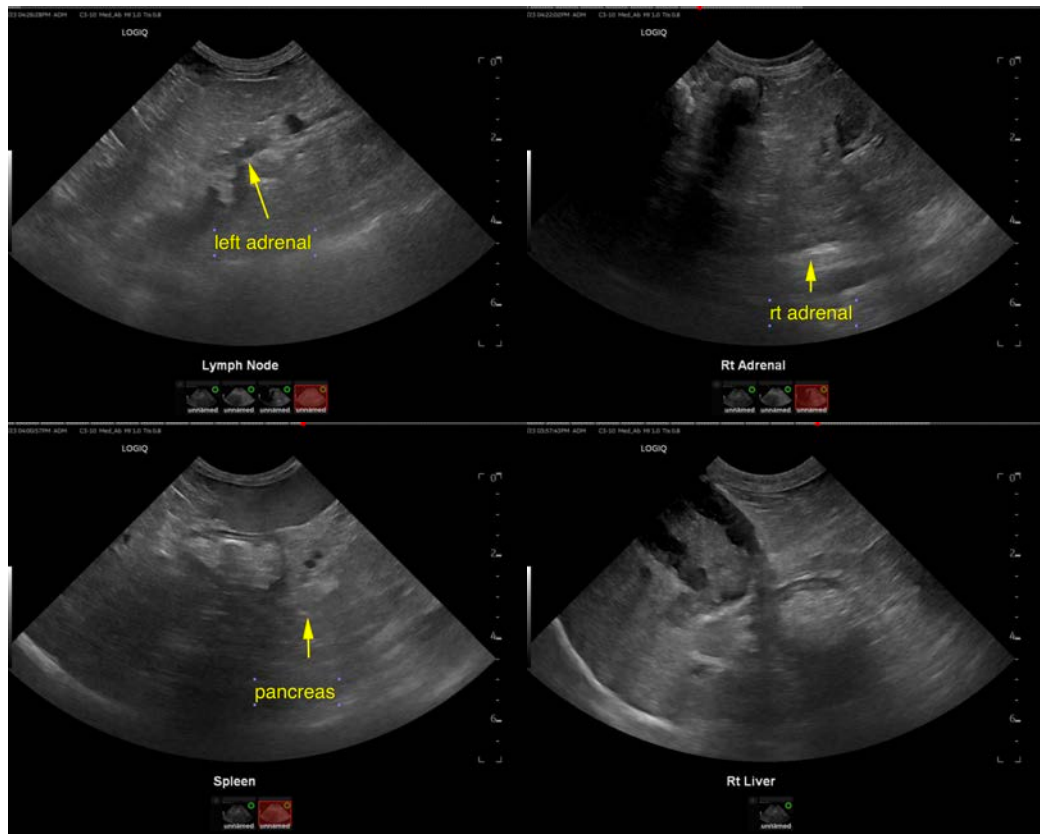
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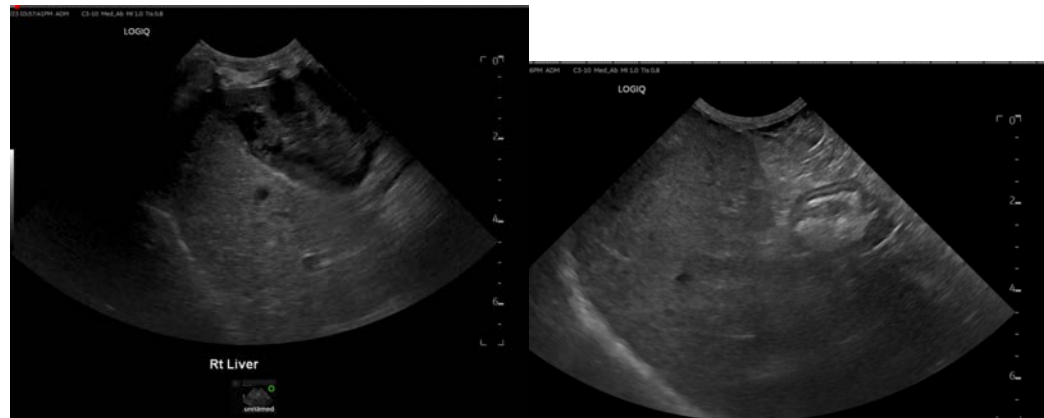
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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