



PATIENT

Hailey Solis

SPECIES

Canine

BREED

Lhasa Apso

SEX

Spayed female

AGE

6 years

WEIGHT

18.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Guiliani

INVOICE

42503

DATE

1/4/23

PRESENTING CLINICAL SIGNS

History: Pt had bw done for dental, elevated liver values. Did bile acids, both pre and post were elevated. Put pt on Denamarin for a month and rechecked BW and bile acids. Bile acids back to wnl but liver values still elevated. Pt showing no clinical signs, e/d/u/d normally. Pt sedated with Dexdomitor/torb and kept under with propofol.
Bile acids pre 31, post 30. ALT 151, ALKP 467

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. Slight pinpoint mineralization was noted. Blood flow to the kidneys appeared to be adequate.

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 measured 0.4 cm.

Spleen

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

Liver

The **liver** was mildly enlarged with coarse architecture and subtle, micronodular changes. The gallbladder and common bile duct were unremarkable. Mildly increased portal markings were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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large intestine demonstrated normal luminal chyme and stool consistency respectively. Some remodeled mesentery was noted in the midabdomen around the pancreas.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Non-specific hepatic remodeling. There was no evidence of intrahepatic or extrahepatic shunting. Chronic inflammatory hepatopathy is likely. Inciting causes such as Leptospirosis should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA for inflammatory cell type is indicated. There was no overt evidence of pancreatitis present. However, some areas of mucosal fogging was noted. History of enteritis and reactive mesentery/steatitis is likely in this patient. Diet change may be in this patient's best interest if there is a history of GI signs. Further management should be based on FNA results of the liver.

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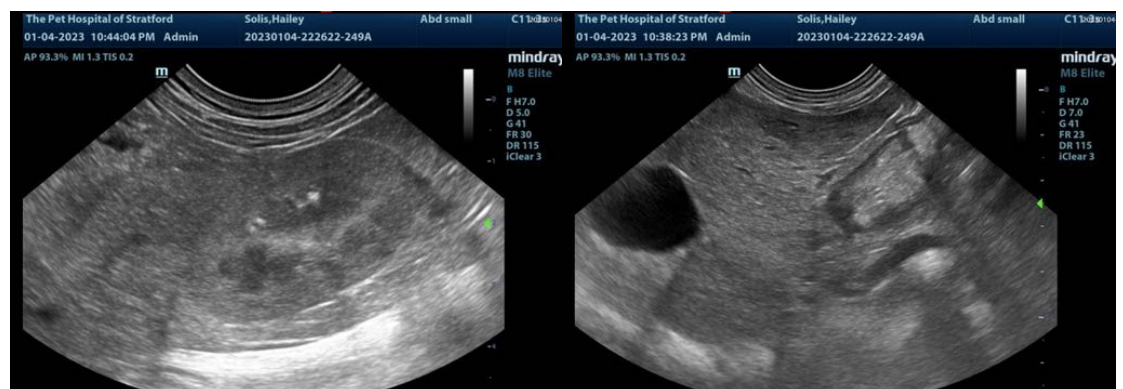
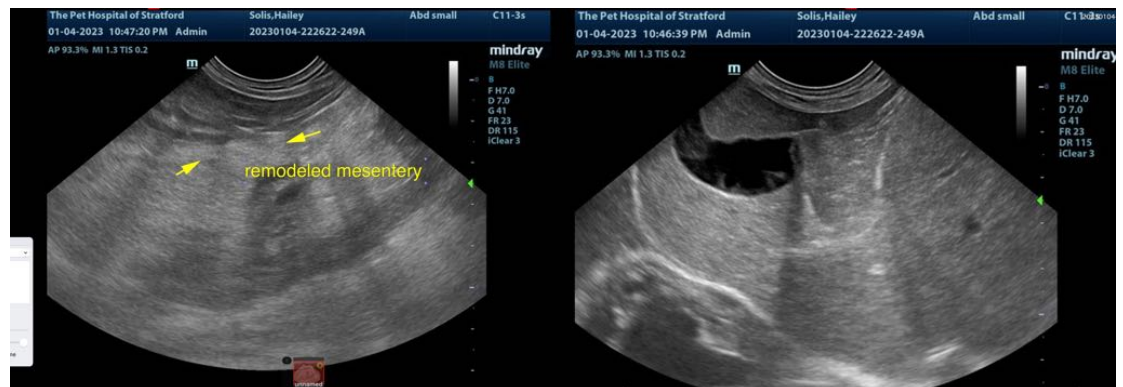
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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