



PATIENT

Bambi Gettel

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

3 Years

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Tsai

INVOICE

26280

DATE

10/14/21

PRESENTING CLINICAL SIGNS

presented for vomiting bile; has been eating half meals for the past 3 days, and chicken 1/2 rice. normal stool. Vomiting responded to cerenia.

Abnormal PE/Chem/CBC/UA Results: AST 10,013; ALT 4359; amylase decr

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.86 cm. The left kidney measured 3.79 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 1.76 cm x 0.49 cm at the caudal pole and 0.50 cm at the cranial pole. The right adrenal gland measured 1.93 cm x 0.39 cm at the caudal pole and 1.04 cm at the cranial pole.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. A minor amount of gallbladder debris was noted.

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. 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

- Structurally unremarkable liver and abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute inflammatory hepatopathy, Leptospirosis, or other acute insult suspected. No evidence of portosystemic shunting. Portal vein/vena cava ratio was 1:1. Portal vein measured 5.0 mm. Leptospirosis titers warranted, IV fluid support, nutraceuticals, Ampicillin, Metronidazole all indicated +/- ultrasound guided FNA of the liver. Structurally the liver appears normal, hence the acute insult.

BREED

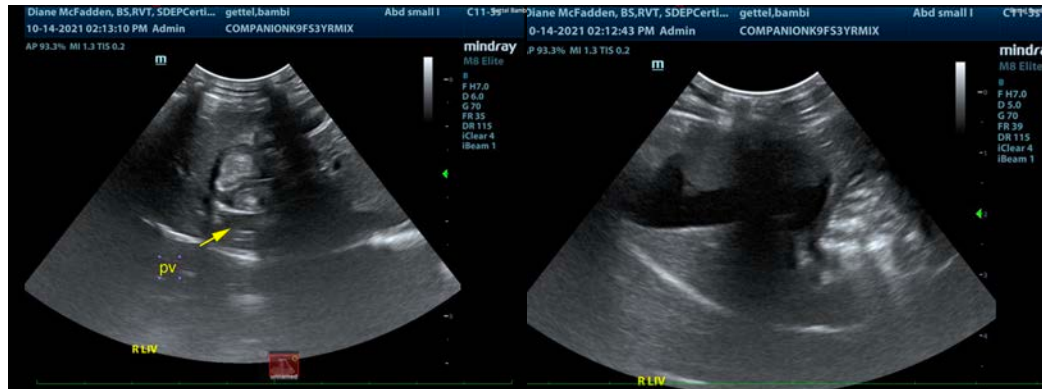
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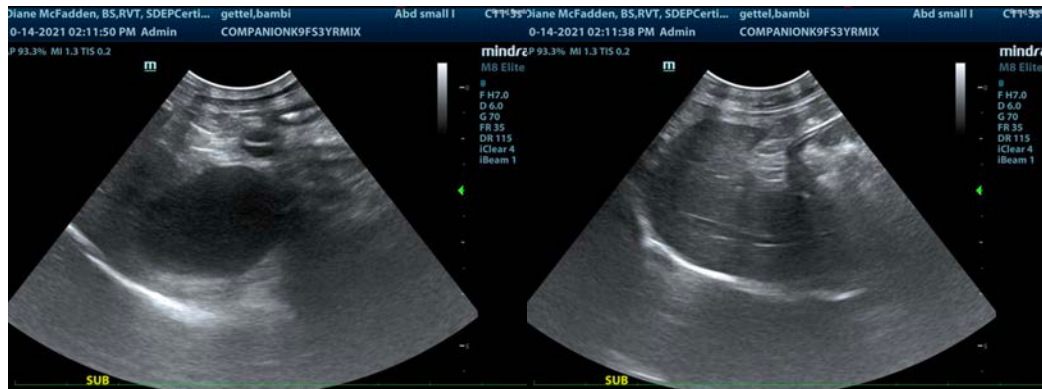


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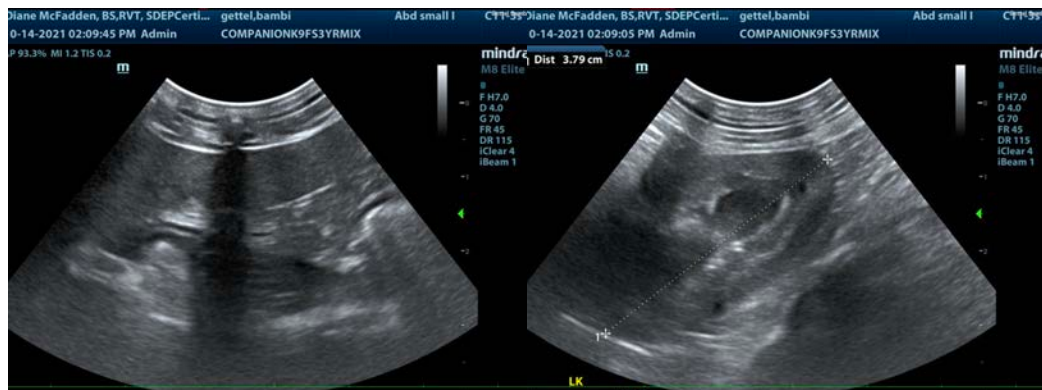


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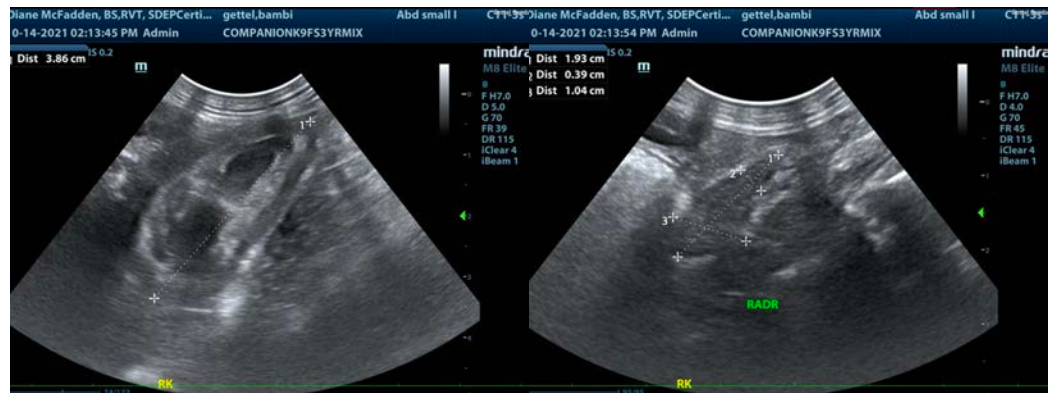
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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