



**PATIENT PRESENTING CLINICAL SIGNS**

Jenna Miller

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

History: Presented at our hospital as a transfer from an urgent care facility. O stated P ate a loaf of cooked bread yesterday mid-morning, and then was vomiting intermittently throughout the day. O noticed diarrhea with blood, and was prescribed metronidazole and proiviable by RDVM. P is currently being treated for heartworms, and received the third treatment this past Wednesday. This treatment ended up creating a sterile abscess. At Rossmoyne, a mass was noted on rads and elevated liver values were noted on bloodwork. 2nd and 3rd tx for HW on Wednesday and Thursday. Previous Health Concerns: Heartworm positive Current Medications: prednisone, metronidazole, proiviable, and heartworm treatment Appetite/When did they eat last: last night  
Abnormal PE/Chem/CBC/UA Results: Moderate soft distention of cranial abdomen. Weak, unable to walk on admit to hospital. Urgent care bloodwork: ALT >10,000; LIP 2136; CREA 2.63; K 3.2; LAC 7.83; ALB 2.3; ALKP 535; Chol 96; GLOB 1.8; PHOS 6.9; Tbili 1.2; TP 4.1; BASO 0.16; WBC 21.51; NEU 19.85; PLT 71 Urgent care Rads: Stomach distended with fluid and gas, both the pylorus and proximal duodenum are visible and there is no evidence of a pyloric obstruction. Mildly enlarged liver. Ascites or reactive mesentery is also evident. The edematous appearing soft tissues dorsal to the spine likely indicate an injection site vs blunt trauma.

**AGE**

4 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

27.2 kg

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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 left kidney measured 6.95 cm and the right kidney measured 7.46 cm.

**IMAGING PERFORMED BY**

Erin Wicks

**Adrenal Glands**

**HOSPITAL NAME**

Shores VEC

The **adrenal glands** were not visualized.

**REFERRING VET**

Dr. Slenbaker

**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.

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**DATE**

10/14/21



**PATIENT** *Liver*

Jenna Miller 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. The gallbladder was edematous.

**SPECIES**

Canine

**Gastrointestinal**

**BREED**

German Shepherd

The **stomach** presented a thickened wall. The intestines were 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.

**SEX**

Spayed Female

**Pancreas**

Enhanced mesentery was noted around the **pancreas** with pancreatic edema.

**AGE**

4 years

**Free Abdomen**

**WEIGHT**

27.2 kg

Free fluid was noted in the abdomen.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Aggressive acute cholangiohepatitis liver pattern/gastritis.

Secondary free fluid, possibly owing to portal hypertension.

**IMAGING PERFORMED BY**

Erin Wicks

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Shores VEC

There is a minor potential for abdominal neoplasia. I recommend coagulation panel. Ultrasound-guided abdominocentesis and cytospin of the free fluid is recommended to assess cellularity and FNA of the liver. GI protectant protocol, Leptospirosis titers, Ampicillin and Metronidazole and hepatic nutraceuticals are all indicated. Assessment for other causes of acute insult such as Leptospirosis, mushroom toxicity and similar is recommended. The prognosis is very guarded. This is a particularly aggressive presentation.

**REFERRING VET**

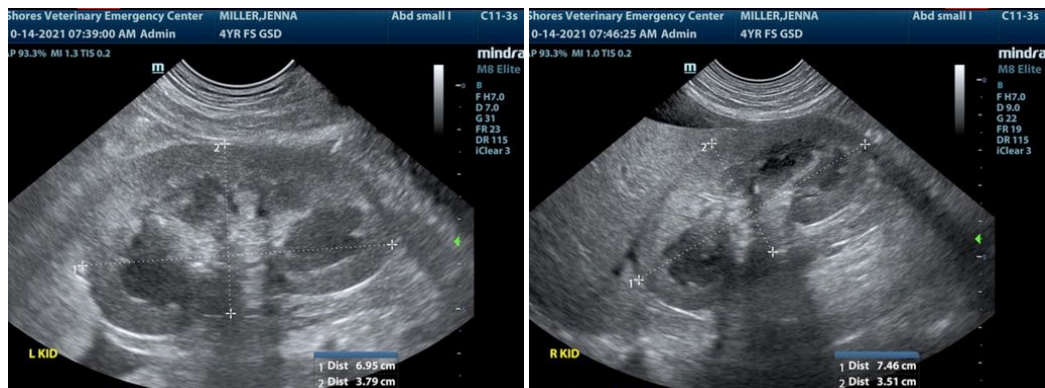
Dr. Slenbaker

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**PATIENT**

Jenna Miller

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**AGE**

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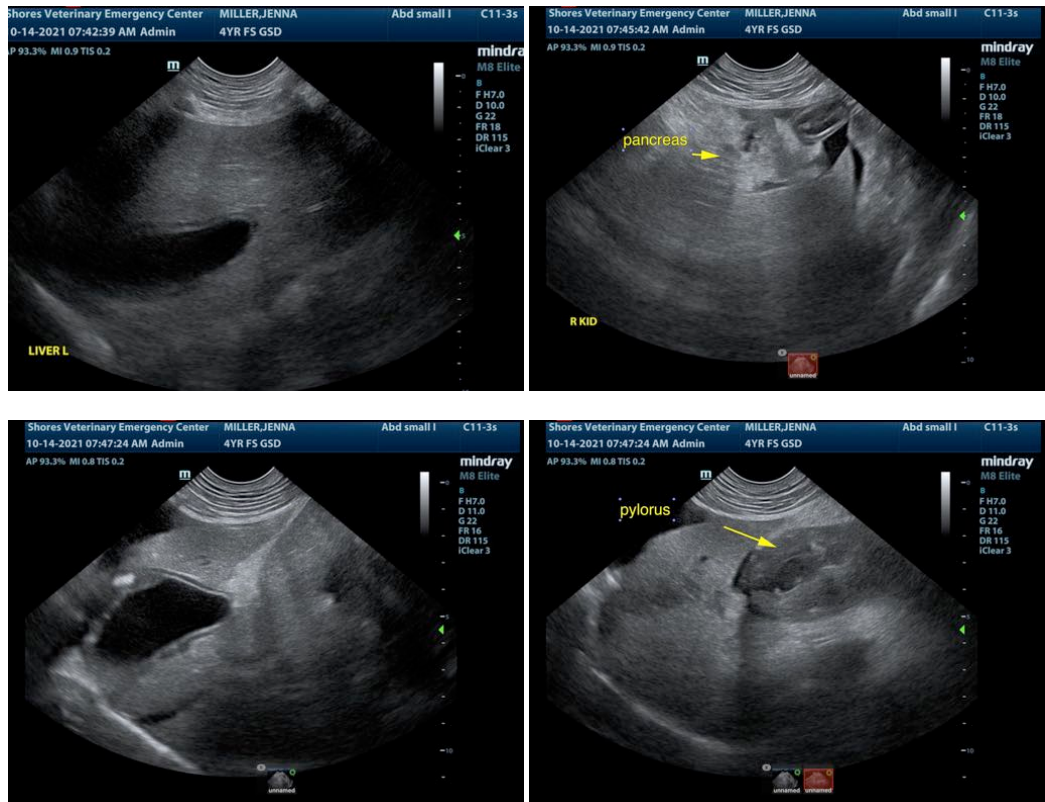
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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