



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Ayala

History: Went to rDVM 10/13/21 for lethargy, vomiting, & fever 105. Blood work was reportedly unremarkable (results not available). Sent home with metronidazole, cerenia, metoclopramide. 10/17/21 temp still elevated at 103, no interest in food for past 2 days, also having diarrhea, and O reported some labored breathing. On presentation to Wilvet 10/18/21: temp 102.8, QAR, MM light pink, tacky, grade 2-3/6 left systolic murmur, abd soft on palpation. Rectal exam soft stool, no blood noted. No peripheral LN enlargement.

**SPECIES**

Canine

**BREED**

Havanese

Labs (10/18/21): CBC - HCT 41.7%, Mono 1.84k, Eos 0.04k, PLT 115k Chem 17 - Glob 4.6 (alb 2.7), ALT 546, ALKP 657, rest wnl EPOC - all wnl Fecal - submitted to antech Three-view abdominal rads - No obstructive pattern present. Gas & semi-formed stool in colon. Small intestine contains some fluid & small amount of gas. Stomach empty.

**SEX**

Spayed Female

**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.

**AGE**

12 years

**WEIGHT**

12.7 lbs

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 5.5 cm. The right kidney measured 4.5 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 measures 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Willamette VH

**Spleen**

**REFERRING VET**

Dr. Couser

The **spleen** was largely normal with slight, heterogenous parenchymal changes. There is no evidence of significant pathology.

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**Liver**

The **liver** revealed increased portal markings and coarse architecture. This is suggestive for chornic inflammatory hepatopathy. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**DATE**

10/18/21



**PATIENT** *Gastrointestinal*

Bella Ayala 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**

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

**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

Acute on chronic inflammatory hepatopathy liver pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend ultrasound-guided FNA or core biopsy of the liver. Leptospirosis titers or other causes of acute insult such as mushroom toxicity or similar is suspected. Ampicillin and Metronidazole or Enrofloxacin and Metronidazole would be suggested. Chest radiographs are recommended if not already performed given the labored breathing. There is no evidence of neoplasia.





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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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