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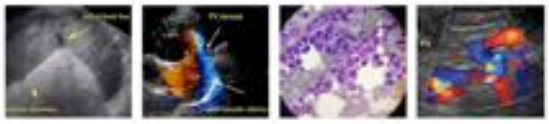


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Charlie Dankers

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 years

WEIGHT

64 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Johnson

INVOICE

92454

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: O presents P for not eating since Thursday, drinking some water, vomited once this AM. O got new puppy and P has been sore from playing. O has been giving 1 pill of 100mg vetprofen for a couple of weeks. Gave 1 pill on Friday and Saturday since the vomiting started. No hx of eating things she's not supposed too. O just switched P is on half taste of the wild and half nutrosource, o started switching a month ago. P was originally on taste of the wild
Abnormal PE/Chem/CBC/UA Results: ALT >2000, Total Bili 3.5, HCT 67.3%, WBC 18.6, Neutr 14.9, Retic 144, RBC 10.6, Mono 1.57

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 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 7.17 cm. The left kidney measured 7.0 cm.

Adrenal Glands

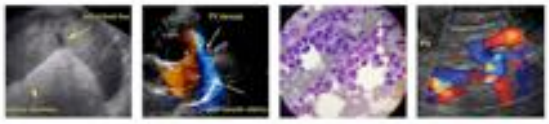
The left **adrenal gland** was mildly heterogenous and at the upper limits of normal measuring 0.82 cm at the cranial pole and 0.83 cm at the caudal pole. The right adrenal gland was fairly normal in size and measured 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** revealed increased portal markings were noted throughout the liver. Some level of chronicity to the cholangitis was noted. This is most consistent with a cholangiohepatitis presentation. The



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gallbladder was double layered and edematous. Striating bile was noted in the gallbladder, yet mucocele criteria is not met.

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.

Free Abdomen

A moderate amount of mildly echogenic free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Fibrosing cholangitis, cholangiohepatitis presentation with areas of free fluid. Likely owing to portal hypertension or secondary inflammation deriving from the gallbladder.

Heterogenous left adrenal gland, likely hyperplasia with a minor potential for carcinoma or pheochromocytoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin of the free fluid as well as ultrasound-guided FNA of the liver and Leptospirosis titers are recommended. I also recommend assessment for mushroom toxicity or other causes of acute hepatic insult are all indicated. The prognosis is very guarded. Ampicillin, Metronidazole, plasma transfusion and plasma expansion/Hetastarch or similar is recommended. Recheck sonogram in 48-72 hours or earlier if the clinical signs are worsening. There is a potential that cholecystotomy may be necessary in this patient. However, diffuse hepatic disease is present and likely the cause of the clinical signs. Given the changes consistent with chronicity the insult has likely been happening over the last few weeks and has just now become a clinical issue. Hepatic support/nutraceuticals are indicated.

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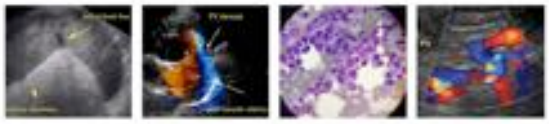

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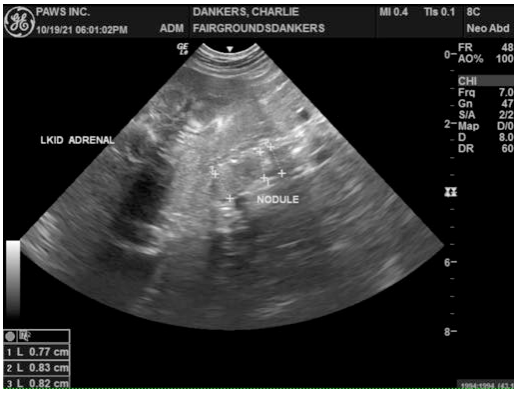

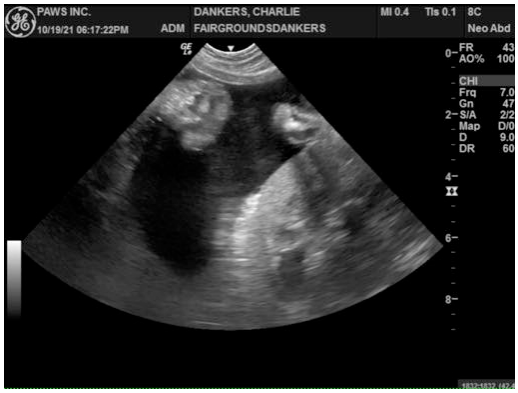

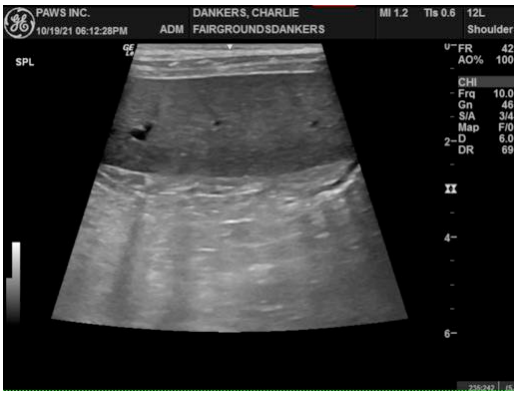

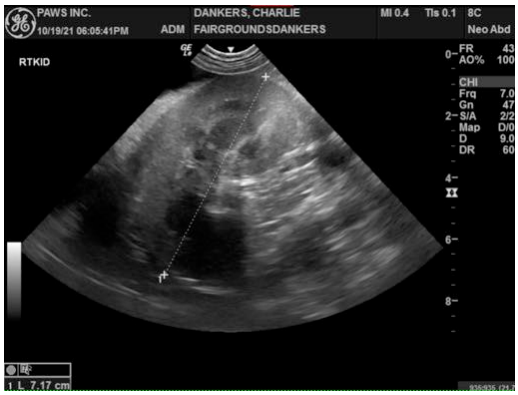

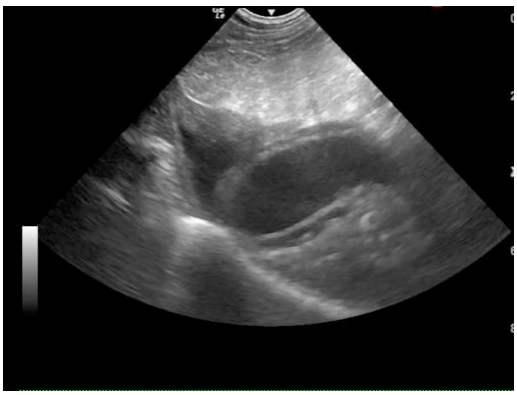

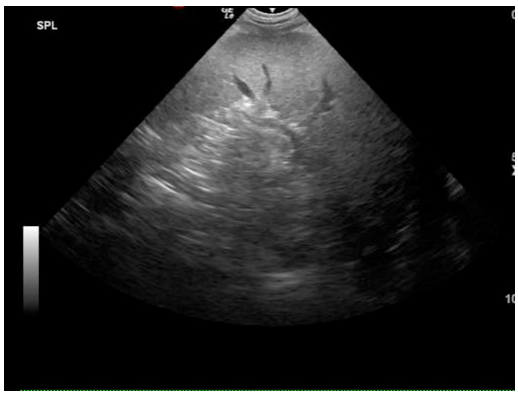

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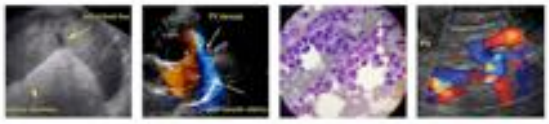

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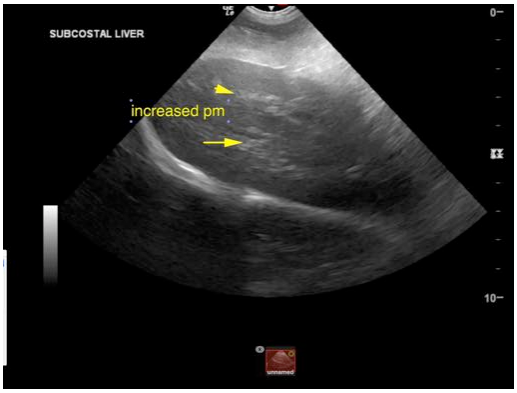

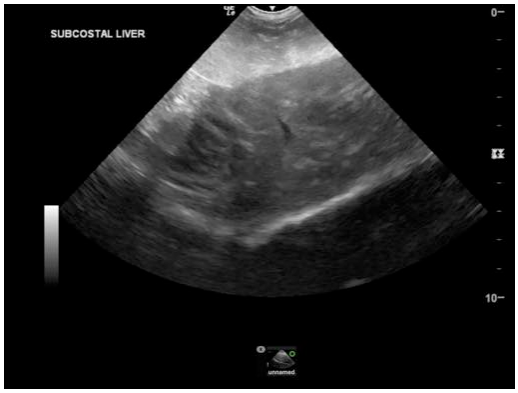

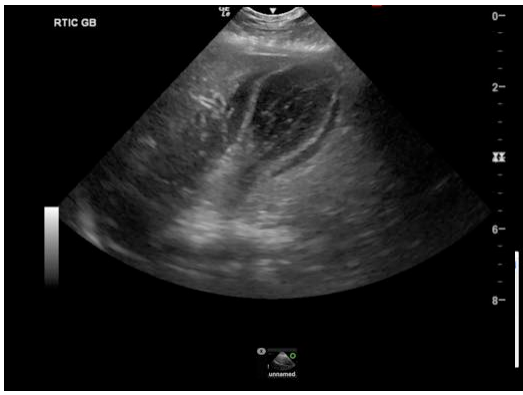

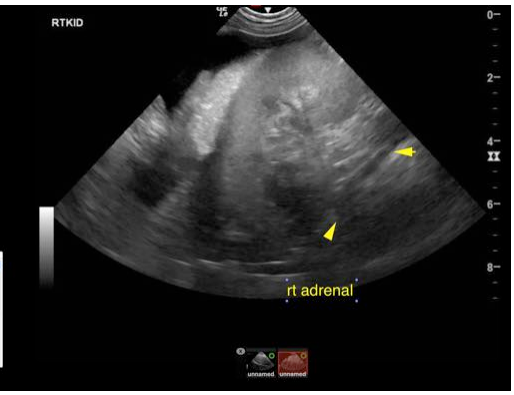

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com