

**DATE PRESENTING CLINICAL SIGNS**

10/19/21

History: Recurrent flare ups of repeated vomiting, significant liver value elevations.

PATIENTCurrent Medications: since 10/8/21-Metronidazole 12 mg/kg po bid,
Denamarin, Amoxicillin 5 mg/lb po bid, Sucralfate 1/4 g po bid as slurry.

Ruby Moynihan

Lab Results: 10/8/2021- snap lipase - normal

CBC – wnl. Chem 17- Chem - mild hyperglycemia - 189, elevated ALT 868, elevated ALP 532, elevated GGT 15

SPECIES

Radiographs: three view abd radiographs - poorly defined mineralization in area of cranial abd/pylorus - does not appear consistent with area of gall bladder but cannot r/o vs dietary indiscretion vs mass.

Canine

Date of Previous IntraPet Ultrasound: No previous.

BREED

Sedation: Not needed.

Stat Report: Not requested.

Pinscher Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Spayed Female

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.**AGE**

2014

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.**WEIGHT**

2014

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 3.36 cm. The left kidney measured 3.6 cm. Minor mineralization noted in the kidneys.

INTERPRETED BYEric 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 right adrenal gland measured 0.79 cm at the cranial pole and 0.44 cm at the caudal pole X 1.63 cm in length. The left adrenal gland measured 1.49 cm x 0.43 cm at the caudal pole and 0.36 cm at the cranial pole.**HOSPITAL NAME**

Churchville VC

REFERRING VET

Dr. Uhland

SpleenThe **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.**INVOICE**

13899

LiverThe **liver** was slightly subnormal in size with mild increased portal markings consistent with non-specific inflammatory hepatopathy. The gallbladder and common bile duct were unremarkable. No evidence of intrahepatic or extrahepatic shunting. However, portal hypoplasia/microvascular dysplasia could be an issue.**Gastrointestinal**

Minor excessive GI gas was noted. No evidence of foreign bodies or neoplasia. The small intestine and colon were unremarkable.

Pancreas

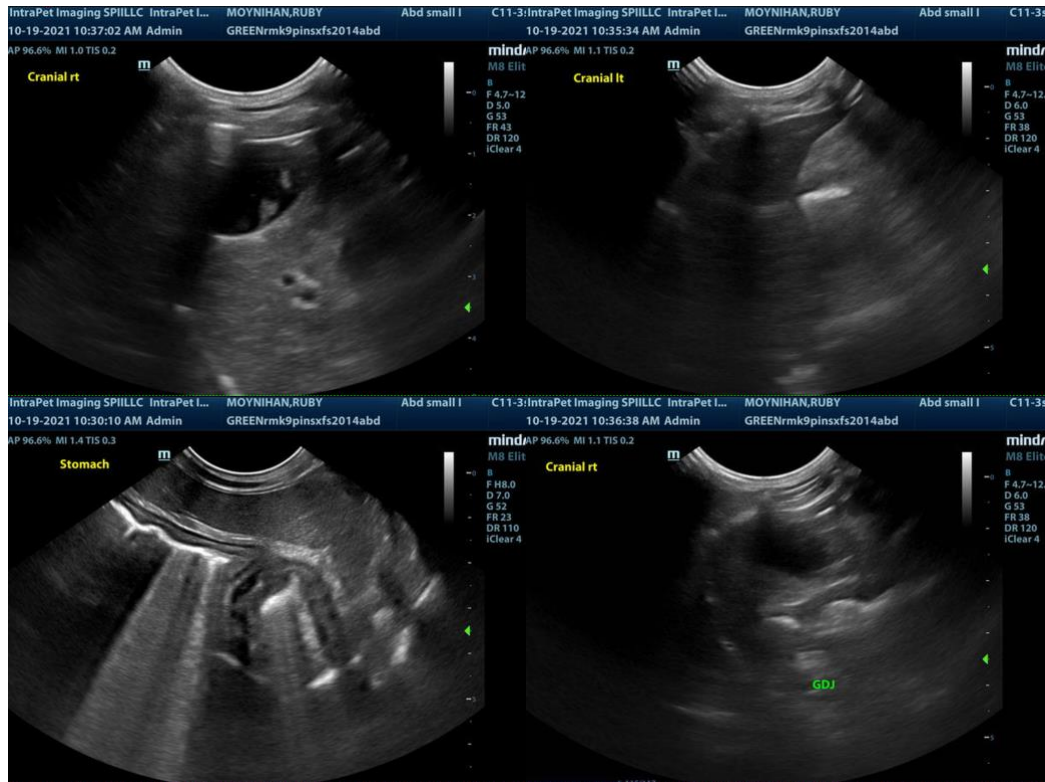
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

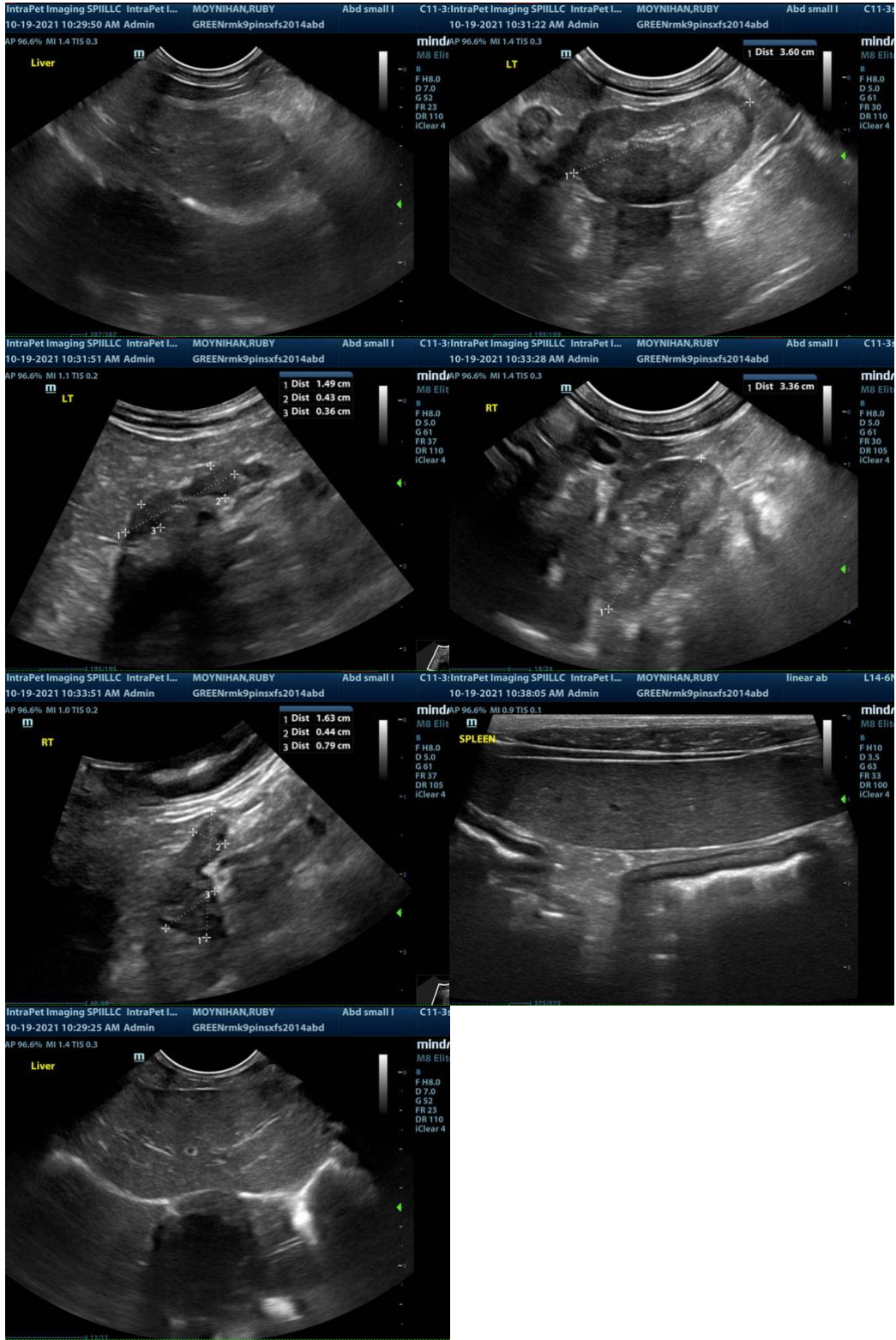
ULTRASONOGRAPHIC FINDINGS

- Structurally insignificant gastritis
- Inflammatory hepatopathy liver pattern
- Minor renal mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted. Ultrasound guided FNA of the liver warranted. Ampicillin, metronidazole and GI protectants suggested as an empirical protocol. Bile acid profile warranted given the subnormal liver size. Assessment for mushroom toxicity or other hepatic toxin/insult warranted.





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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