

**DATE**

10/31/22

PRESENTING CLINICAL SIGNS

History: Referred for icterus; increased liver enzymes.

PATIENT

Molly Lewis

Current Medications: Metronidazole (500 mg BID); Amoxicillin (500 mg BID); Maropitant 60 mg SID; Omeprazole 40 mg SID; Gabapentin 300 mg q 8-12 h

Lab Results: ALT 2737; ALKP 1861; tBILI 2.6

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

9/11/10

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 6.84 cm. The left kidney measured 7.04 cm.

WEIGHT

74 Pounds

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 2.98 cm x 0.74 cm at the caudal pole and 0.59 cm at the cranial pole. The left adrenal gland measured 3.26 cm x 0.69 cm at the caudal pole and 0.65 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was slightly enlarged with minor scalloping contour and uniform parenchyma. Caudal folding of the spleen was noted.

HOSPITAL NAMEAnimal Emergency
Hospital**Liver**

The **liver** revealed slight increased portal markings with uniform parenchyma otherwise. The gallbladder was mildly overdistended. Minor suspended debris was noted in the gallbladder. The cystic duct was also dilated.

REFERRING VET

Dr. Martinoli

Gastrointestinal

Gas in the upper **gastrointestinal tract** obscured complete visualization of the duodenal papilla and the distal common bile duct.

INVOICE

17924

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.

Other

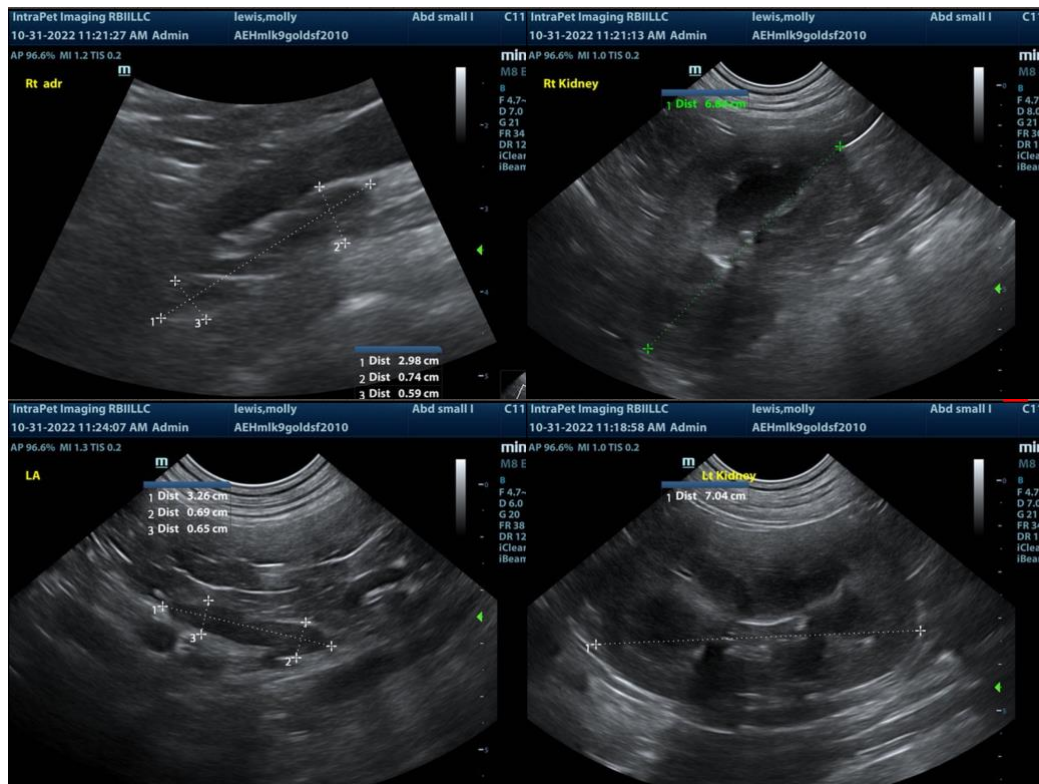
A rapid view of the **heart** revealed no evident pathology.

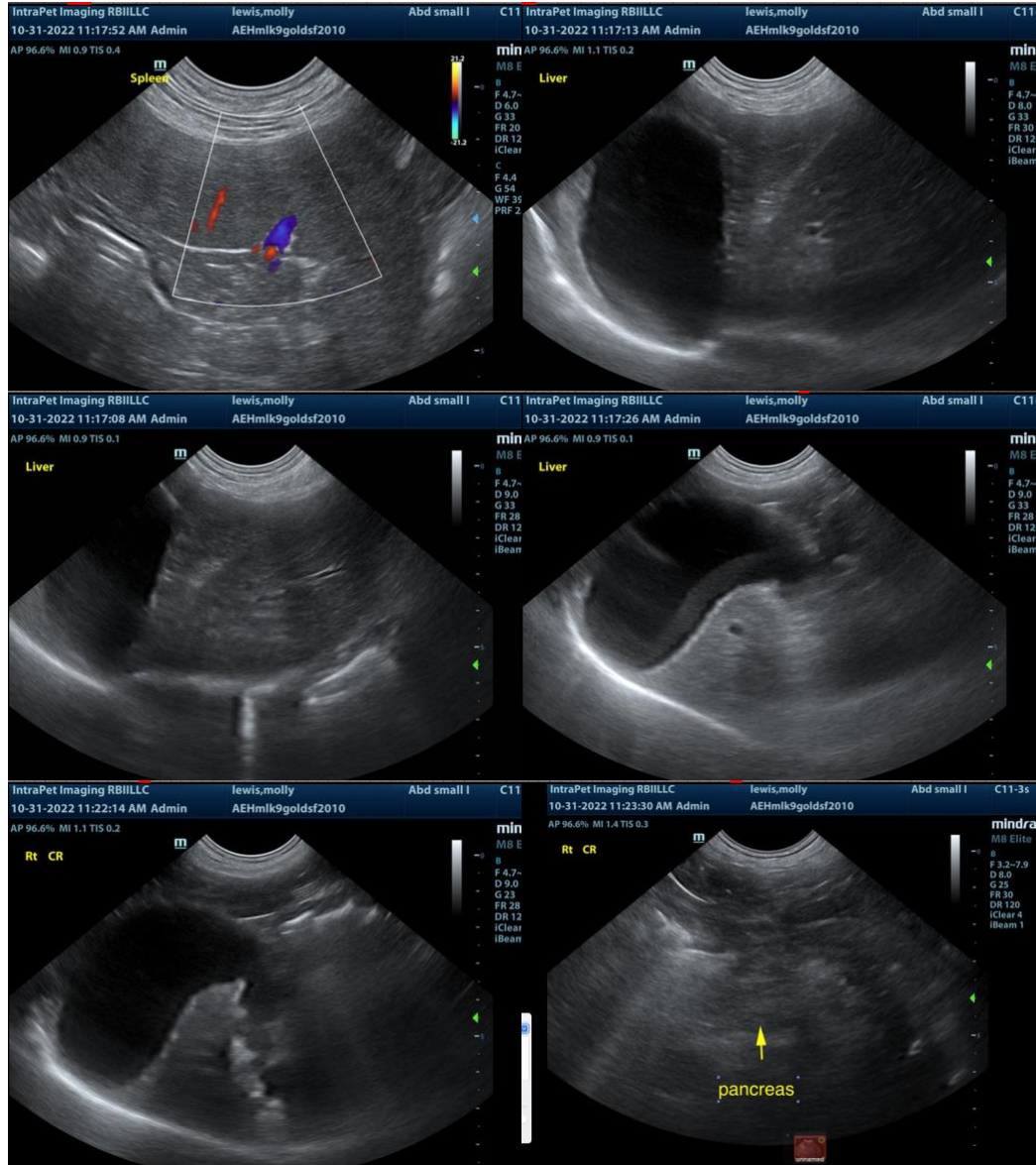
ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatic presentation with minor gallbladder overdistention without posthepatic obstruction. Minor cholangitis pattern.
- Reactive spleen
- Gas in the upper gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is recommended in this patient for further definition. Leptospirosis titers is indicated. Ampicillin/metronidazole combination, plasma expanders and GI protectants are all indicated. Nutraceuticals are recommended. I recommend medical management over the next 48 hours, then recheck sonogram of the gallbladder and biliary tree, as well as assessing the splenic and hepatic aspirates and leptospirosis status. No overt evidence of neoplasia, however, could not be completely ruled out without FNA.





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