**DATE PRESENTING CLINICAL SIGNS**

11/1/21

Vomiting.

PATIENT

Nessie Liles

History: Date: 10-29-2021 Notes: referral, vomiting a couple days, RDVM did workup-- liver enzymes are elevated, ALT>3000, tбили 0.7, ALKP 1354, GGT 64 rest of labs overall wnl rads-- no obvious mass/fb/or uterus seen (is intact). Referred for continued care liver support coags +/- back to RDVM on Monday for US.

SPECIES

Canine

Current Medications: Buprenorphine 0.6mg/mL, Amoxicillin (Biomox) Tablets 100mg, Buprenorphine 0.6mg/mL, Famotidine Tablets 10mg, Maropitant (Cerenia) 24mg (per tab), Denamarin Advanced Chew sm/med dogs (1 chew) per dog, Sucralfate Tab 1gm (per tab), Amoxicillin (Biomox) Tablets 100mg, Gabapentin Capsules 100mg, Sucralfate Tab 1gm (per tab), Ampicillin 125mg/vial Injection (Per mL), Ampicillin 125mg/vial Injection (Per mL).

BREED

Chihuahua Mix

Lab Results: attached

SEX

Female

Sedation: not needed
Stat Report: not requested

Date of Previous IntraPet Ultrasound: no previous

AGE

2011

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.

INTERPRETED BYEric 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 right kidney measured 3.87 cm. The left kidney measured 3.72 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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 1.27 x 1.0 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 1.68 x 0.66 cm at the cranial pole and 0.7 cm at the caudal pole.

REFERRING VET

Dr. King

INVOICE

92765

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.

Liver

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. Minor gallbladder calculi were noted and were non-obstructive.

Gastrointestinal

The **stomach** was over distended with stasis owing to metabolic ileus. The small intestines and colon were unremarkable.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

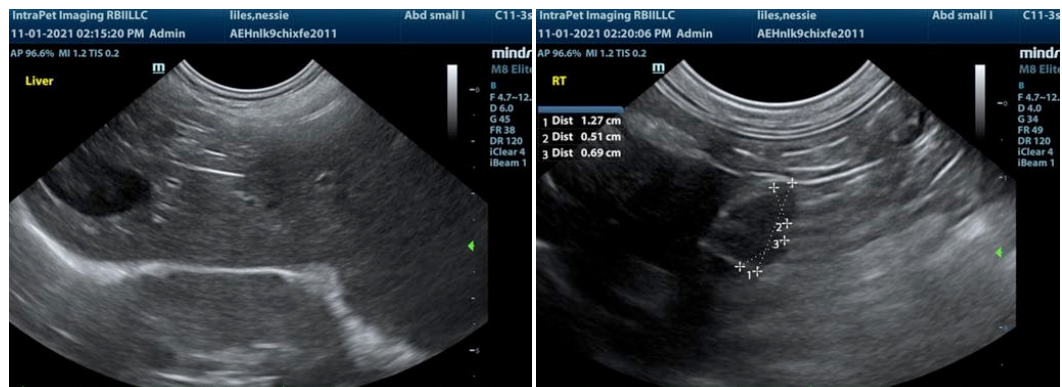
Acute inflammatory hepatopathy.

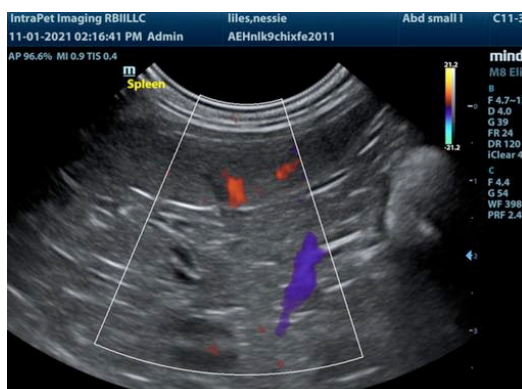
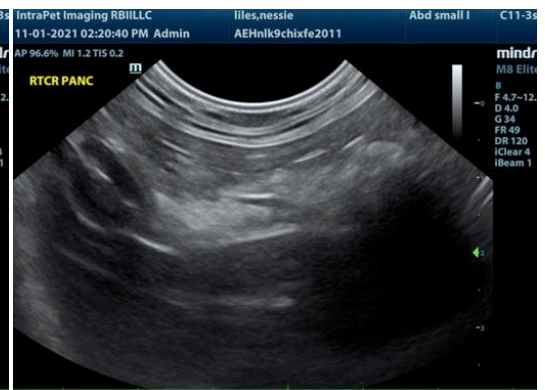
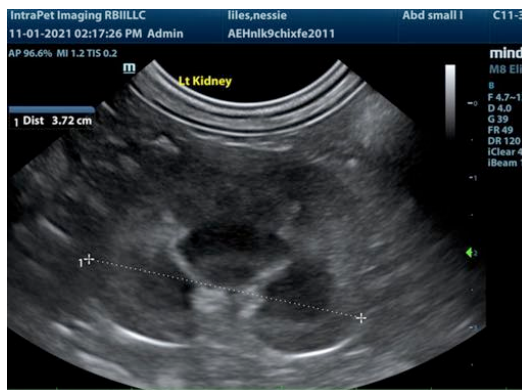
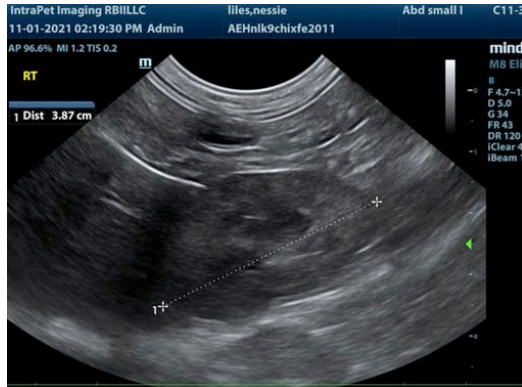
Gastric stasis.

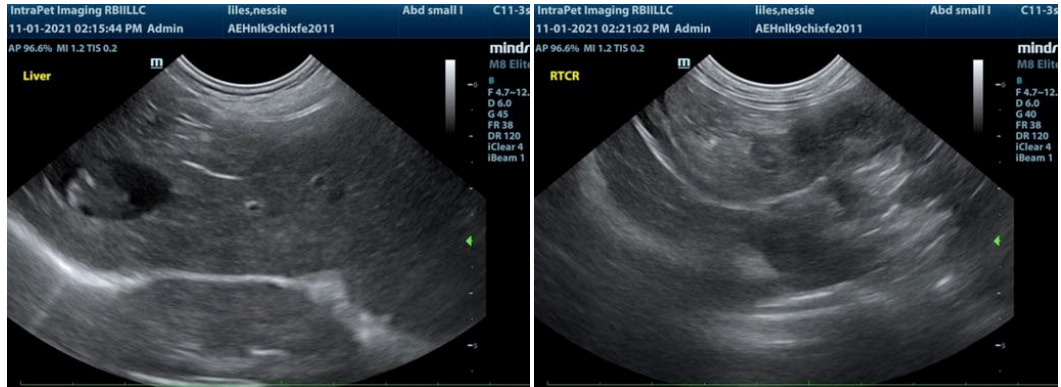
Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis, mushroom toxicity or similar should be considered. FNA of the liver would be warranted. IV Ampicillin, Metronidazole and nutraceuticals would all be indicated. Some level of low grade pancreatitis may be playing a role in this patient. This does not appear to be the primary issue.







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
Eric.Lindquist@SonoPath.com