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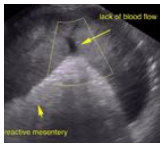
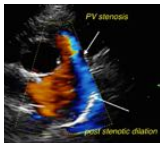
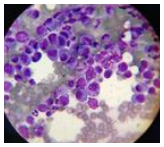
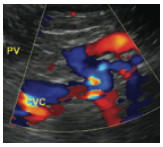

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1-800-838-4268 info@sonopath.com

PATIENT
Harley Lio

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
8 years

WEIGHT
54 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Christenson

HOSPITAL NAME
Tranquility VC

REFERRING VET
Dr. Christensen

INVOICE
42259

DATE
11/1/22

PRESENTING CLINICAL SIGNS

History: Acute vomiting and lethargy past 4 days. Seizure and severe dehydration on presentation. Abnormal PE/Chem/CBC/UA Results: BUN/Creat/P+/ALT/T.bili elevated. Hyponatremic. Isosthenuria seen on UA. Lepto blood/urine PCR pending. Extreme elevated Lipase with abnormal snap CPL.

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 8.5 cm. The left kidney measured 6.1 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.6 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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. 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.

Gastrointestinal

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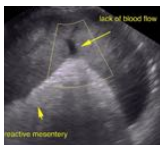
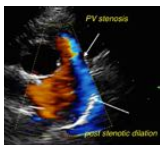
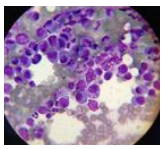
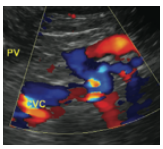

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and 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

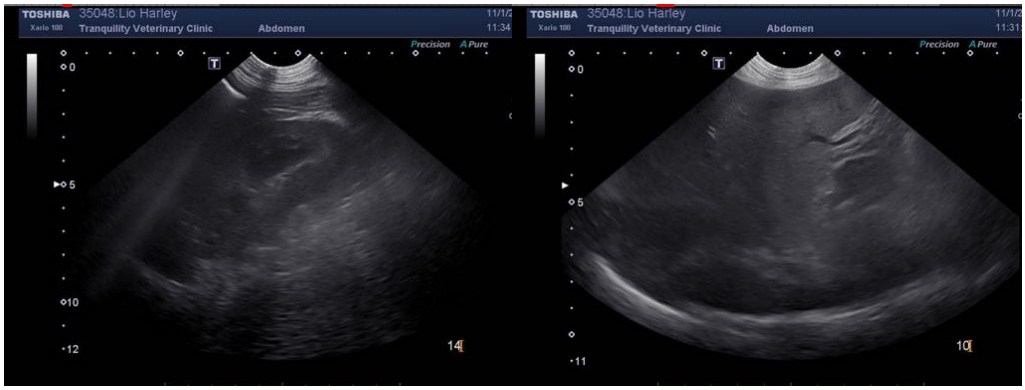
The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Structurally normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute hepatorenal insult is suspected such as Leptospirosis. IV Ampicillin, blood pressure measurements and nutraceuticals are all indicated. FNA of the liver would be ideal for further definition, yet structurally appears unremarkable, which is typical of an acute insult. Other toxin exposures should be considered.



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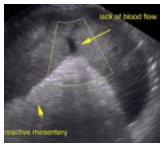
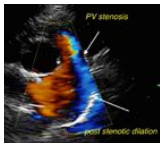
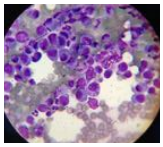
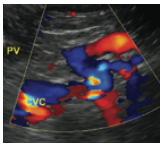

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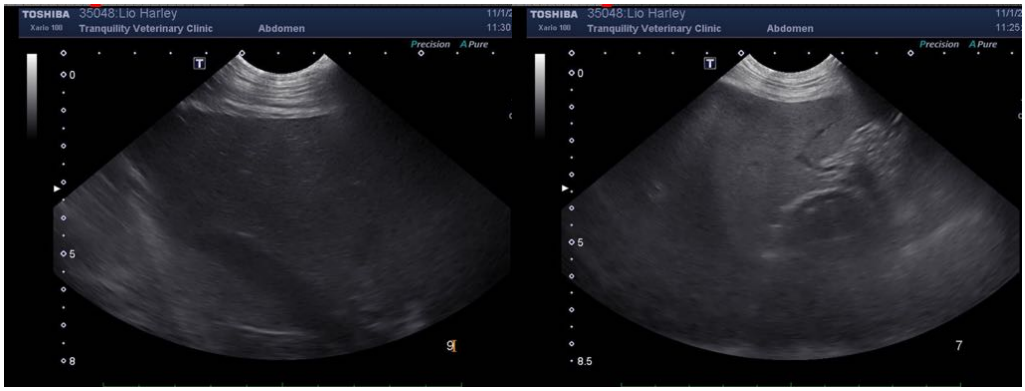

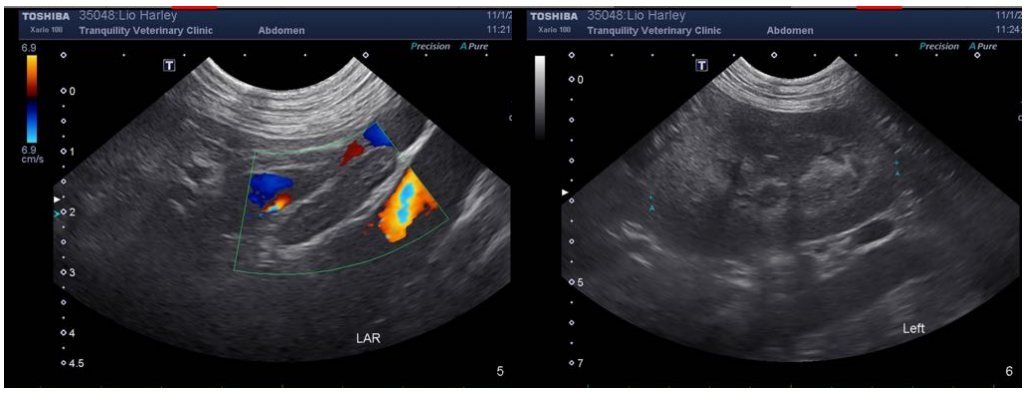

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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