



**PATIENT**

Lucie Rogerson

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

9.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Bend AE & SC

**REFERRING VET**

Cait Lacey, DVM

**INVOICE**

12514

**DATE**

11/13/21

**PRESENTING CLINICAL SIGNS**

History: History of profound lethargy and anorexia; no vomiting has occurred. No diarrhea--only orange stool. Patient can barely stand & wouldn't say hello to her owners. Symptoms have been ongoing and worsened over the last week. Owner noted an anti-inflammatory was administered at rDVM but unsure of which. rDVM has diagnosed pancreatitis, but records do not indicate the method of diagnosis (possible in-house snap cPL).

Abnormal PE/Chem/CBC/UA Results: PE at rDVM: painful/tense abdomen and fever (104.8F) along with reported vomiting and diarrhea. MMs were reportedly yellowish pink. PE at BAE: Pink mildly icteric tacky MMss, CRT <2 sec, no active skin tenting, estimated 5-7% dehydration & mildly nauseous. Moderately tense & uncomfortable on abdominal palpation, no internal masses, organomegaly, or palpable fluid wave appreciated although quite tense & painful. CBC/CHEM: Leukocytosis (24.9k) w/neutrophilia (22k) Thrombocytopenia 42k [no PLT smear evaluation noted] Anemia, mild (HCT 30.7) [no PCV/TS noted] Elevated BUN 30.3 (Crea WNL) Hyperproteinemia 10.4 w/severe hyperalbuminemia >6.0 Severely elevated GGT 351 Severely elevated TBILI 14.5 UA (via cysto) following AUS: pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a minor amount of attached debris. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.81 cm. The left kidney measured 4.74 cm. Blood flow to the kidneys appeared to be adequate.

**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 1.23 cm at the cranial pole and 0.82 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the cranial pole and 0.63 cm at the caudal pole.

**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 were noted.

**Liver**

The **liver** was uniform with slight increased portal markings. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction. No evidence of neoplasia.



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**Gastrointestinal**

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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.

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**Pancreas**

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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.

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Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Acute hepatic insult, infectious or toxic suspected

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

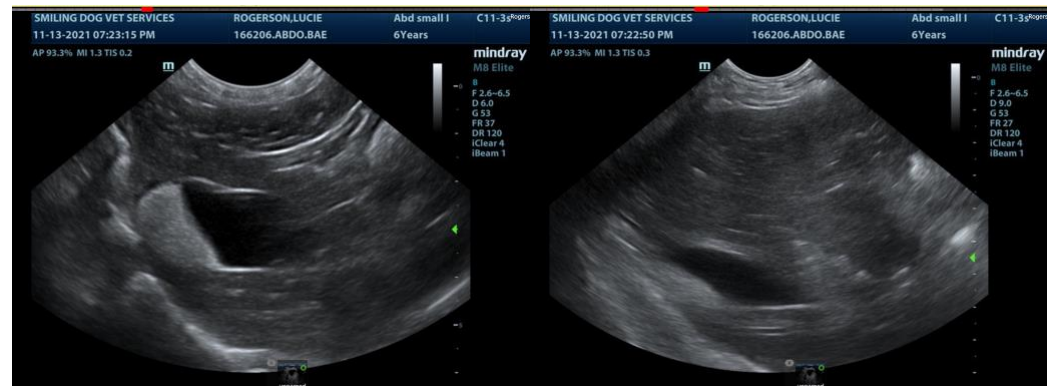
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Leptospirosis should be considered as a potential. No evidence of structural disease. FNA of the liver warranted. Leptospirosis titers, coagulation panel, ampicillin, metronidazole and liver support protocol indicated.

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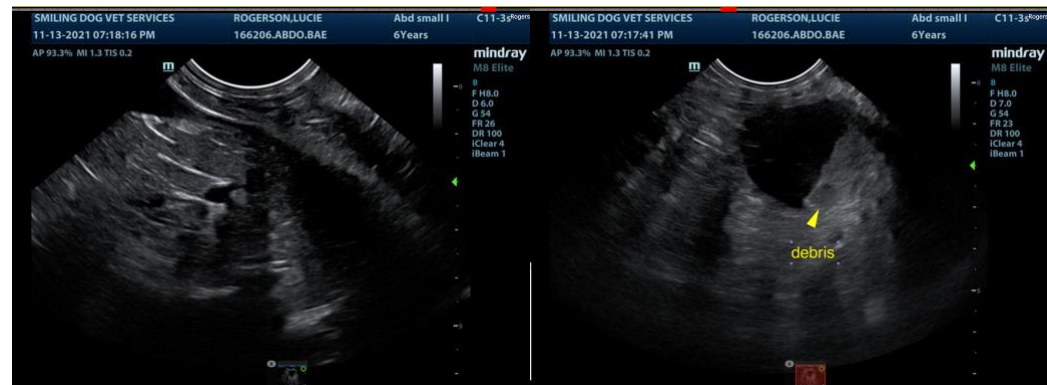


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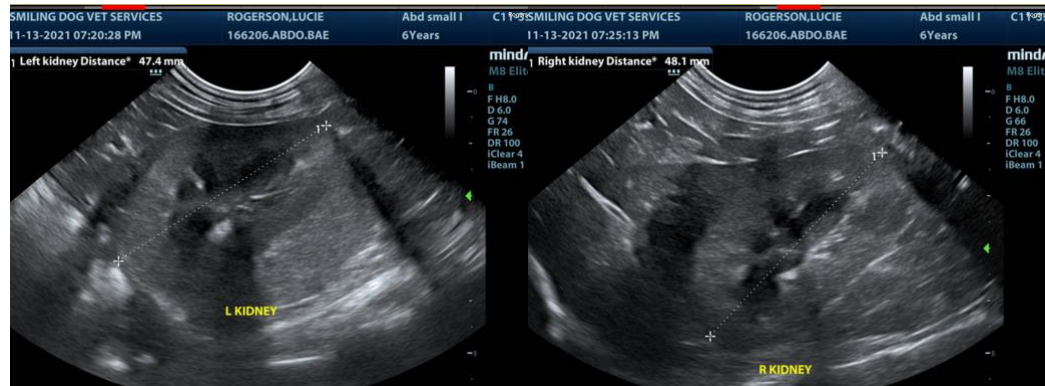
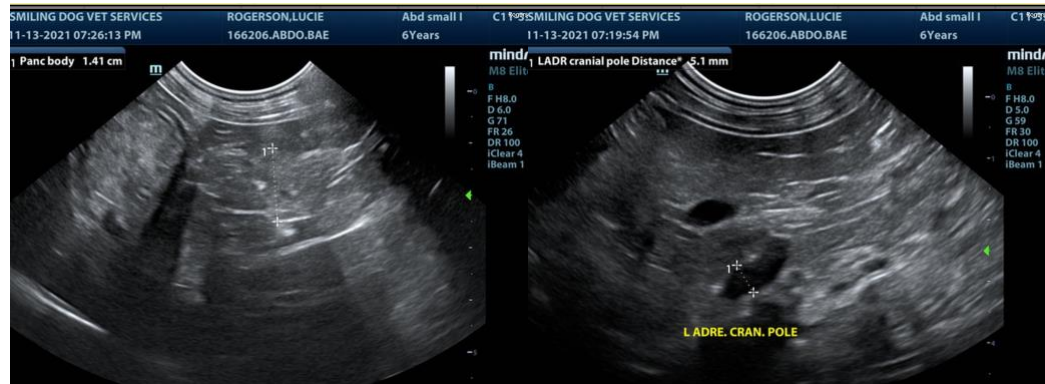
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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