



PATIENT

Cuca Johnson

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

7 Years

WEIGHT

29 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Ramberg

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Jessica Quelhorst

INVOICE

12524

DATE

11/14/21

PRESENTING CLINICAL SIGNS

History: 7yo FS mixed breed dog found on streets as stray when young w/ mild cerebellar ataxia - nonprogressive. Owner suspected got into sago palm (trimmings found in yard) on 10/24 - bloodwork and rads normal at that time. Since then, liver values have been progressively increasing to moderate levels - still increasing as of last check on 11/8, 2 weeks post-ingestion. Owners certain of no ongoing toxin exposure. On denamarin, was given PO acetylcysteine. Ultrasound to r/o comorbidity, slightly atypical that values are continuing to progress. Had vomiting/diarrhea at first but resolved quickly w/ supportive care. Now has lost weight - 3lb. Appetite decent

Abnormal PE/Chem/CBC/UA Results: 10/28 - AST 110, ALT 154, remainder WNL 11/1 - AST 220, ALT 348, remainder WNL 11/2 AST 294, ALT 422, ALP 91, GGT 16, t. bili 0.7, bile acids 27, remainder WNL 11/8 AST 256, ALT 508, ALP 310, GGT 9, t. bili 4.6, K 3.5, serum icteric

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 were noted. Ureteral papillae were normal.

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 left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

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 0.6 cm. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with mild hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** was fairly normal in size (4.0 cm in width) and revealed coarse architecture and mild increased portal markings. The gallbladder and common bile duct were unremarkable.



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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.

SEX

Spayed Female

- Cholangiohepatitis liver presentation
- Hypersplenism
- Age-related renal changes

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

29 lbs

Chronic disease such as leptospirosis or prior exposure to infectious or toxic agents should be considered. Coagulation panel and core liver biopsy recommended. FNA may provide some preliminary information. No evidence of neoplasia, however, could not be completely ruled out without core biopsy. Leptospirosis titers warranted. Liver support protocol, ampicillin/metronidazole and further treatment based on biopsy and serological results warranted.

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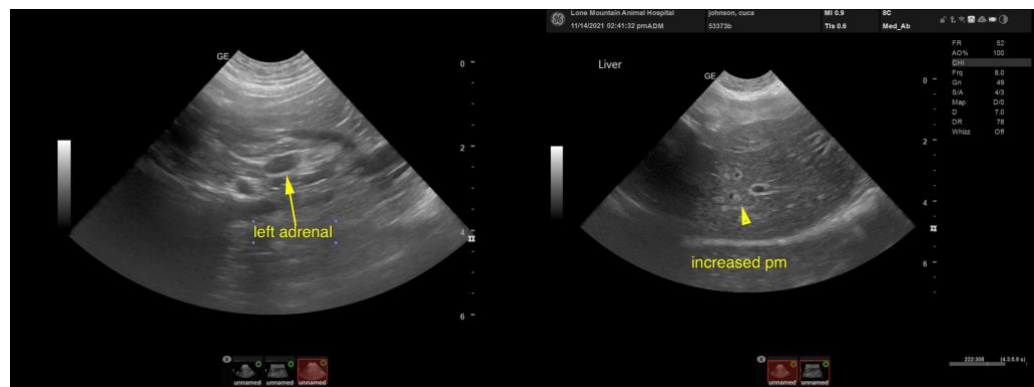
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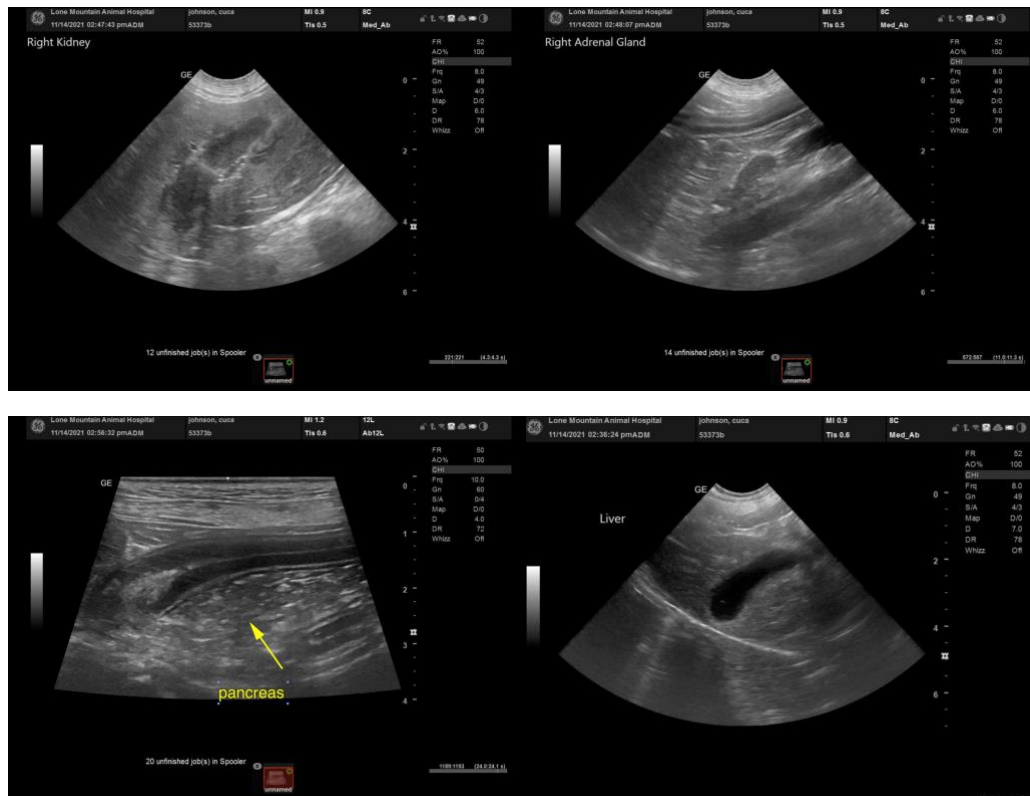
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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