



PATIENT

Keela Robertson

SPECIES

Canine

BREED

Border Collie/Jack
Russell X

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Hayley Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Hayley Biederbeck

INVOICE

12526

DATE

11/14/21

PRESENTING CLINICAL SIGNS

History: Febrile 40.9 C (R) MM pale pink, CRT 2+ sec Ataxic in hind end, having a difficult time standing Anorexia Fever remained above 40 C until late Nov 13th when it lowered to 39.5 C and continued to lower and stay wnl Current meds: IV metronidazole BID IV Ampicillin BID IV dexamethasone IM Baytril IV cerenia Fever has now subsided (after 2 days of hospitalization) and is now eating small amounts but remains mildly ataxic and unsure if from weakness vs encephalopathy vs anemic??

Abnormal PE/Chem/CBC/UA Results: Bloodwork Nov 12 AM CBC: lymphopenia Low platelets 64 (148-484) PBS: Numerous large platelets noted. No clumps. ~4/hpf, neutrophils: mostly hypersegmented, noted 1 band. Otherwise RBCs wnl CHEM: hypoglycemia (mild)- glucose 66 (70-143) Elevated ALT 757 (10-125), ALKP 667 (23-212), GGT 65 (0-11) ELEC: Na 143 (144-160), K 3.3 (3.5-5.8), Cl 102 (102-122) Nov 12 PM Recheck blood CBC: Decreased WBCs 4.51 (5.05-16.76), Platelets 32 (148-484) ELEC: Na 141 (144-160), Cl 102(109-122) K normalized. Overnight at Fish Creek Emerg No improvement Coags run: PTT mildly prolonged, PT wnl TFAST: wnl AFAST: no free fluid, no masses, gall bladder = sludge vs gall stone vs neoplasia? Abdominal rads: had an abnormal gas pattern that resolved in clinic USG 1.011 - on fluids for 24 hours

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 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 5.0 cm. The left kidney measured 5.0 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 0.5 cm.

The **right adrenal gland** was not visualized.

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



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The **liver** revealed non-specific uniform swelling and slight heterogeneous parenchymal changes. The gallbladder revealed minor gallbladder debris.

Gastrointestinal

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The **stomach** itself was unremarkable. Soft stool was noted in the colon.

Pancreas

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The **pancreas** revealed minor coarse architecture and minor irregular parenchyma, possible low-grade inflammation.

Free Abdomen

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Spayed Female

Enhanced mesentery was noted in the cranial **abdomen**.

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Non-specific inflammatory hepatopathy, minor chronic changes. Gallbladder debris
- Minor irregular pancreas
- Soft stool in the colon
- Enhanced mesentery in the cranial abdomen

WEIGHT

9.6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted. Ultrasound guided FNA to assess inflammatory cell type. Unremarkable abdomen otherwise. Possible pancreatitis, cholangitis/reactive hepatopathy or inflammatory hepatopathy. Leptospirosis, mushroom toxicity or similar insult should be considered. Ampicillin/metronidazole and GI protectants all indicated.

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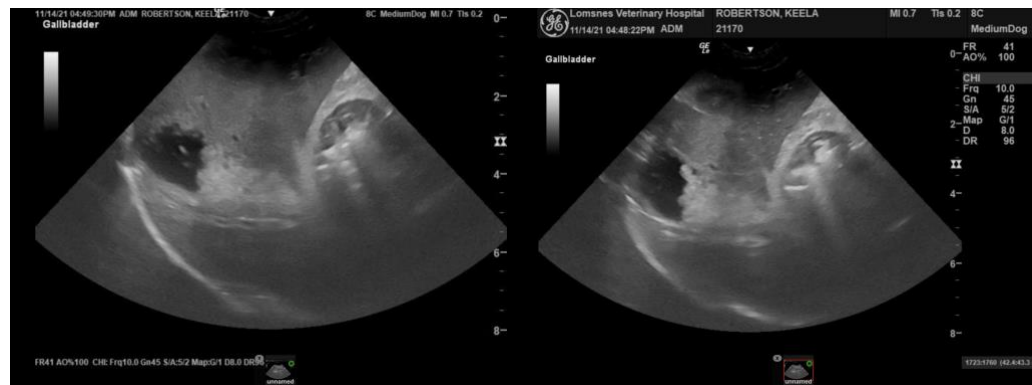
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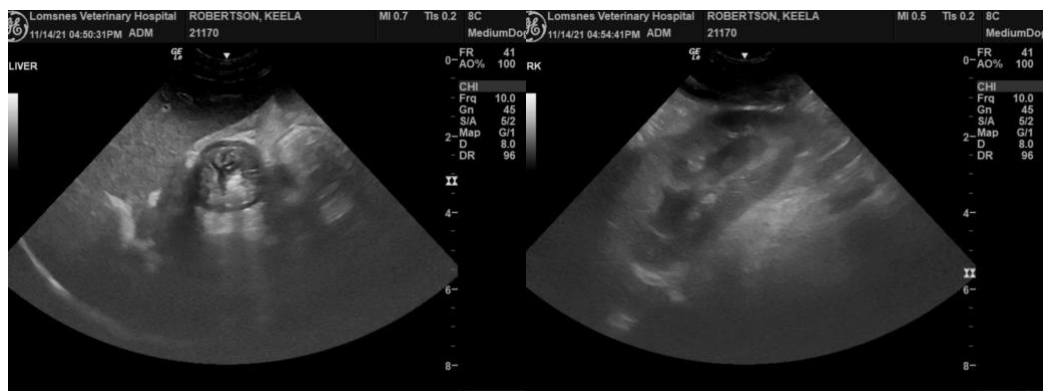
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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