



PATIENT

Bella Dinbokowitz

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

5 years

WEIGHT

47.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. DiNello-Schliecher

INVOICE

42629

DATE

11/21/22

PRESENTING CLINICAL SIGNS

History: Presented for anorexia, coughing, ADR on 9/9. Symptomatic tx with Benadryl, cerenia, and bland diet. pt improved. On 10/13 presented with diarrhea, vomiting, and recheck BW ALKP and ALT still elevated, treated symptomatically with cerenia and metronidazole, o to have BW rechecked when pt not having GI issues. Rechecked 11/11-pt not having issues but ALT still elevated.

Abnormal PE/Chem/CBC/UA Results: 11/11/22 ALT 531; 10/14/22 ALT 756, ALKP 249, K 3.5(L); 9/9/22 ALT 806 ALKP 232, Na 161, SDMA 17..... 9/9/22 rads: single lateral of chest/abdomen unremarkable no obvious masses or FB.

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 left kidney measured 6.15 cm. The right kidney measured 6.27 cm.

Adrenal Glands

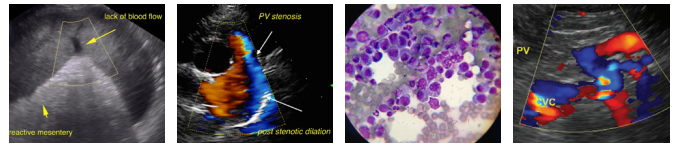
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.56 x 0.62 cm. The region of the right adrenal gland was imaged with no evidence overt pathology.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. 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.



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Gastrointestinal

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A large amount of **gastric** gas was noted in this patient. The small intestines and colon were unremarkable.

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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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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

5 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific ALT elevations, reactive hepatopathy or non-specific inflammatory hepatopathy. FNA of the liver is indicated. Screening for Addison's is warranted with baseline cortisol as the right adrenal gland was not overtly visible.

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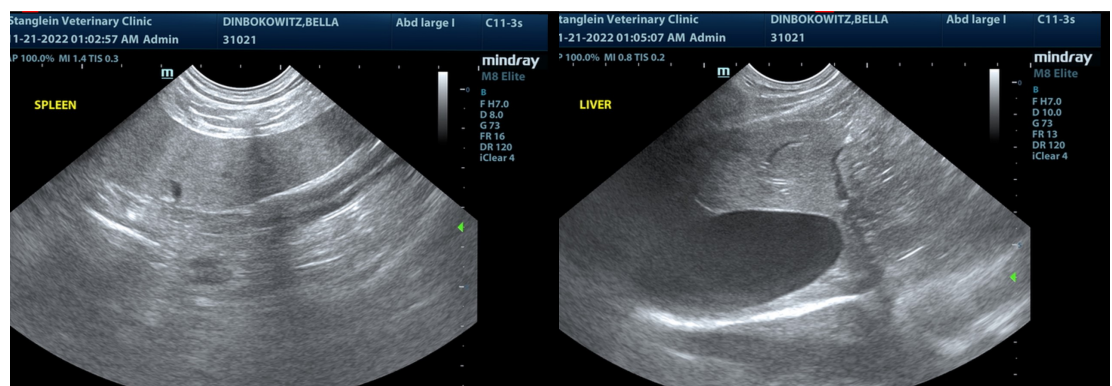
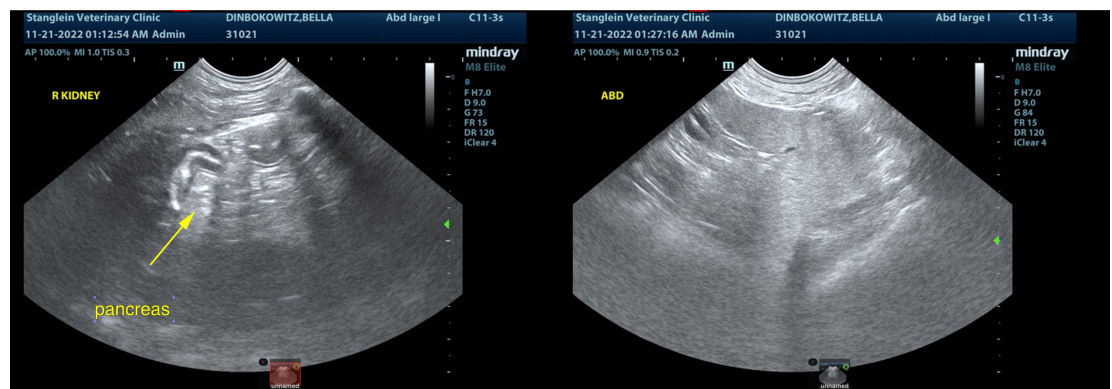
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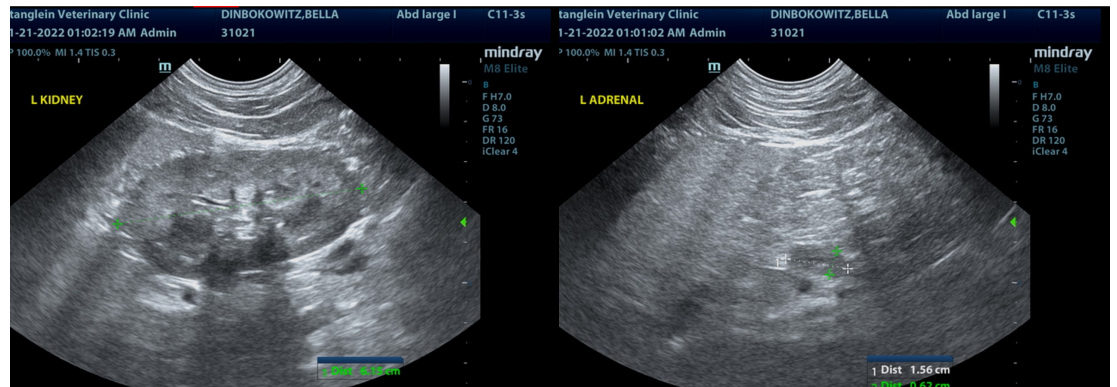
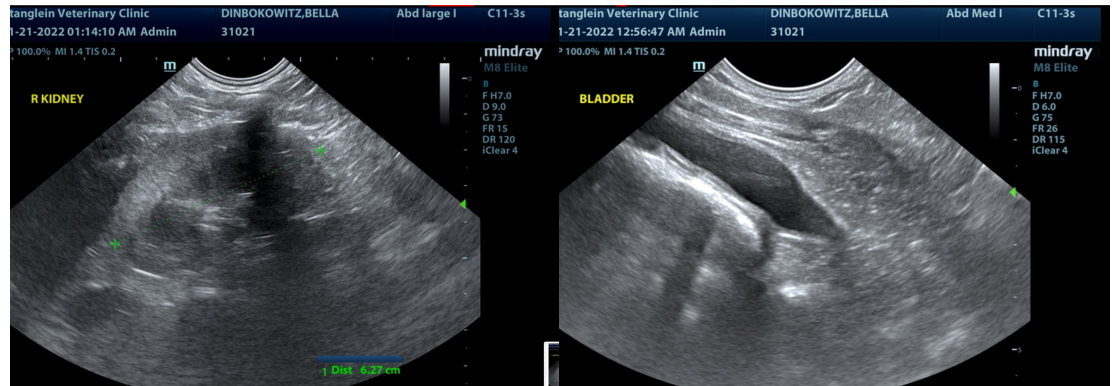
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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