



PATIENT

Louie Wallace

SPECIES

Canine

BREED

Bichon Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

17 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

18161

DATE

11/21/22

PRESENTING CLINICAL SIGNS

History: Weight loss, jaundice, intermittent vomiting, decreased appetite

Abnormal PE/Chem/CBC/UA Results: SGOJ= 92, SGPT= 1,182, SAP= 9,920, T-Bili = 3.7, PSL= 192

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 residual prostate measured 0.78 cm.

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 3.92 cm. The left kidney measured 3.88 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 left adrenal gland measured 1.15 cm x 0.38 cm at the caudal pole and 0.28 cm at the cranial pole. The right adrenal gland measured 2.11 cm x 0.53 cm at the caudal pole and 0.4 cm at the cranial 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 subnormal in size with increased portal markings. The gallbladder and common bile duct were unremarkable. This change is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

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.



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ULTRASONOGRAPHIC FINDINGS

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- Microhepatica with fibrosing cholangitis liver pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying inciting causes, such as Leptospirosis should be ruled out. No evidence or suspicion of neoplasia. Ampicillin, metronidazole and nutraceuticals are all indicated. Core liver biopsy is necessary for further definition and potential refinement of therapy. Prognosis is guarded depending on response to therapy.

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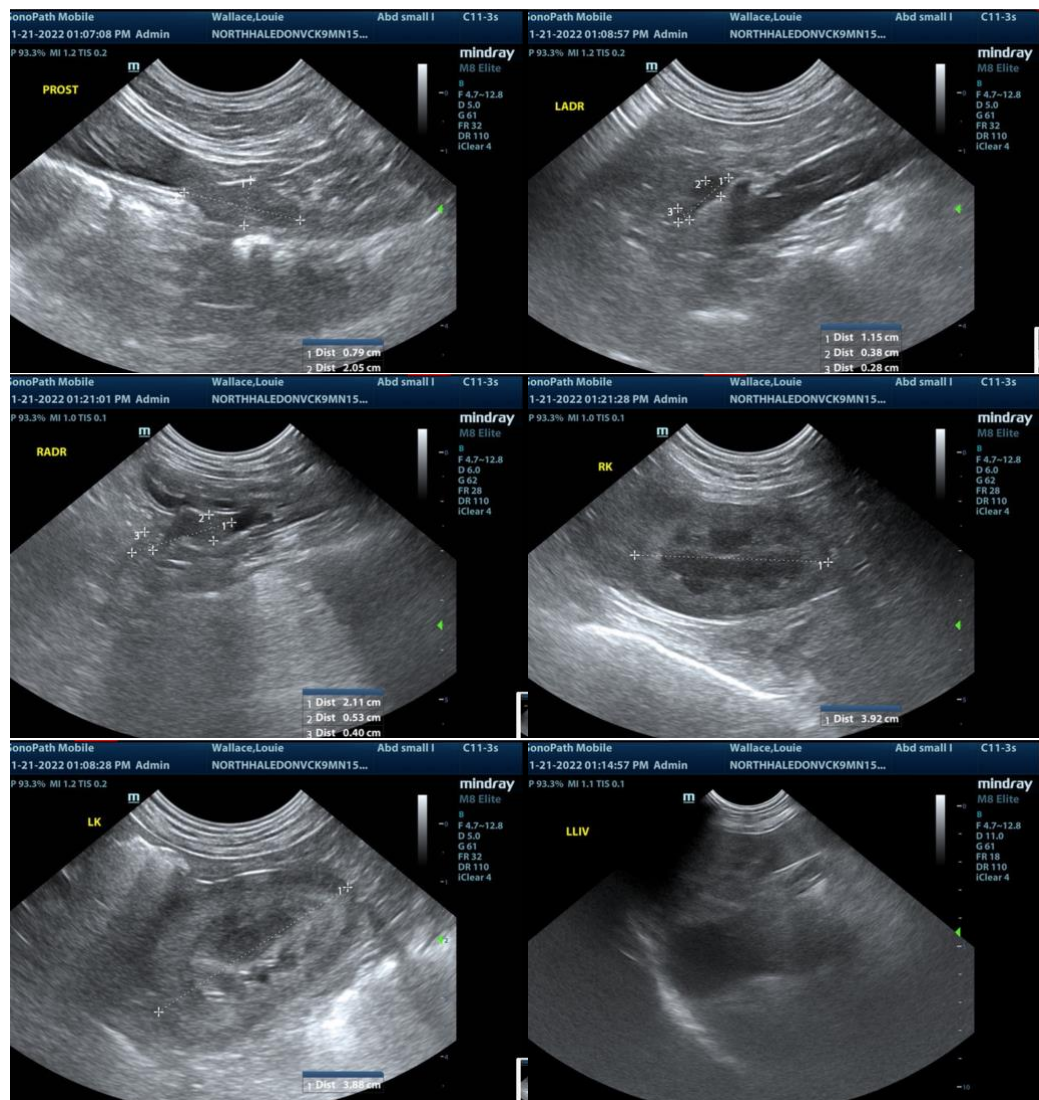
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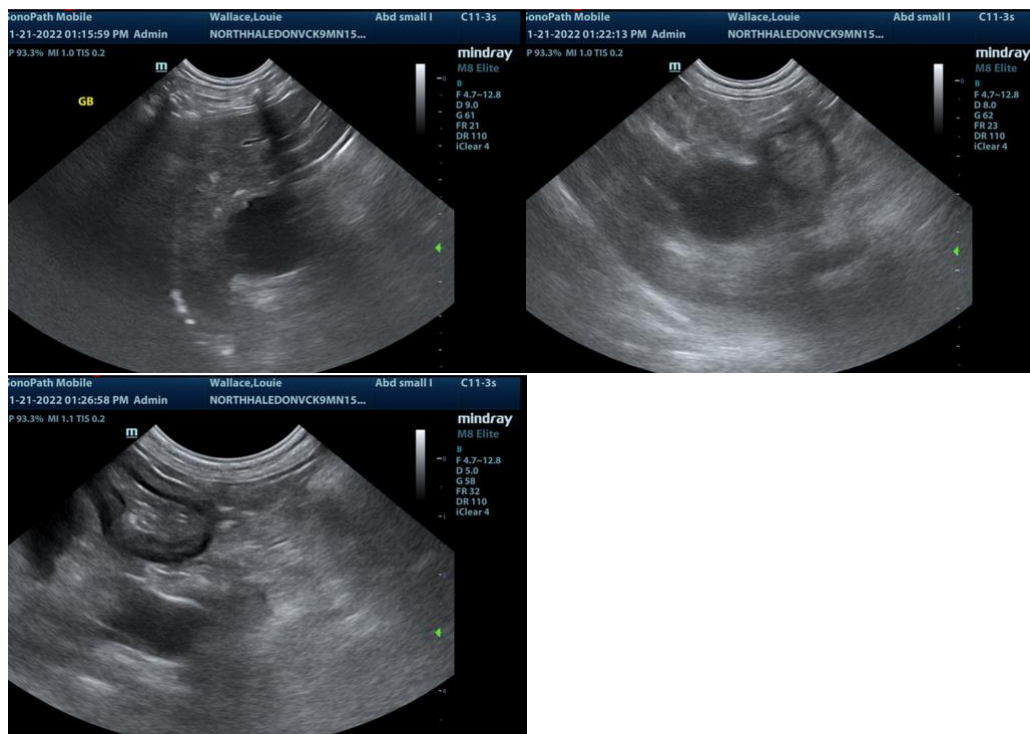
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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