



**PATIENT**

Nacho Ostrowski

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

89 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

**INVOICE**

42785

**DATE**

11/29/22

**PRESENTING CLINICAL SIGNS**

History: Adopted 4 months ago from shelter. On daily Clonidine and Trazodone for anxiety. History of variable appetite. 2 days ago vomited multiple times and seemed uncomfortable in abdomen. Improved on own, and seemed fine yesterday. This morning acutely vomiting multiple times, including gagging with production of white phlegm.  
Abnormal PE/Chem/CBC/UA Results: Bloodwork reveals increased liver enzymes- ALT 975, ALKP 328, Tbili 1.7, GGT 15

**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 right kidney measured 7.44 cm. The left kidney measured 7.52 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 1.84 x 0.41 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 2.11 x 0.65 cm at the cranial pole and 0.54 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. Subtle, micronodular changes were noted. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** revealed mildly increased portal markings. There was no evidence of intrahepatic or extrahepatic shunting. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



**PATIENT**

**Gastrointestinal**

Nacho Ostrowski

The **stomach** revealed a minor amount of fluid filled gastric stasis. The small intestines and colon were unremarkable.

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**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.

**BREED**

Shepherd Mix

**SEX**

**Free Abdomen**

Neutered male

The iliac trifurcation was unremarkable.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

2 years

Non-specific cholangiohepatitis liver pattern.

Reactive spleen.

**WEIGHT**

89 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

I recommend ultrasound-guided FNA of the liver and spleen. Leptospirosis titers and assessment for history of hepatotoxin or infectious agents are recommended. Core liver biopsy would be ideal with copper assessment for primary copper storage disease. The prognosis is guarded depending on inciting cause and the ability to control inflammation.

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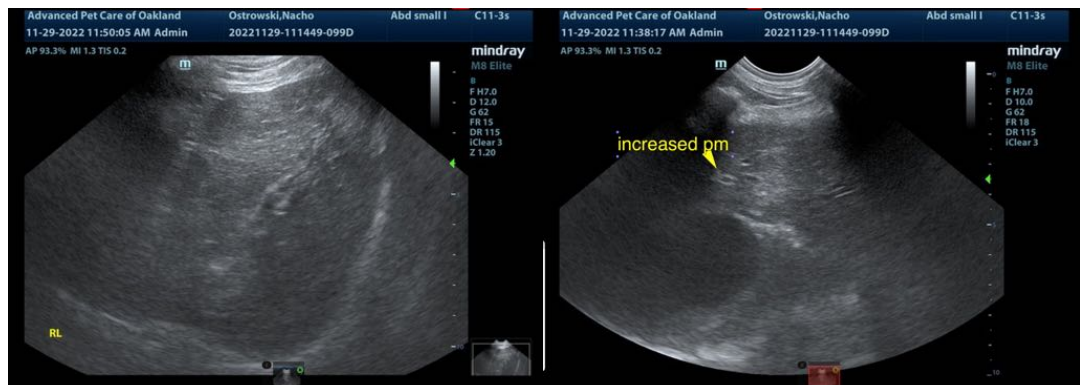
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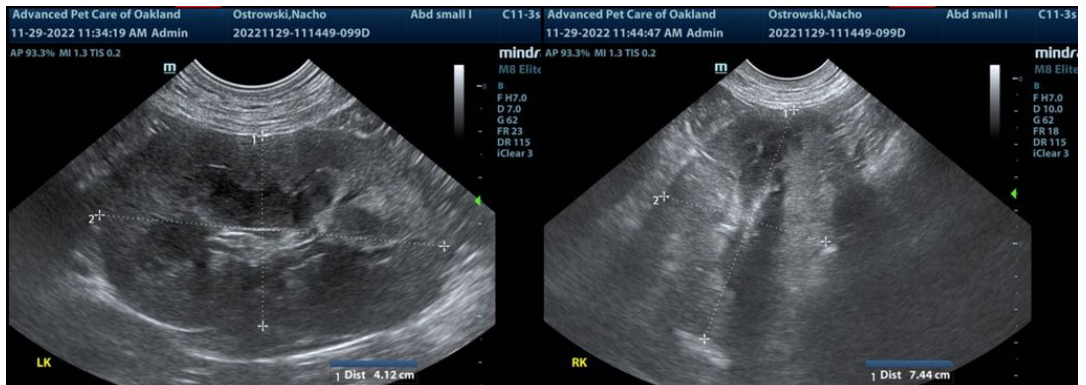
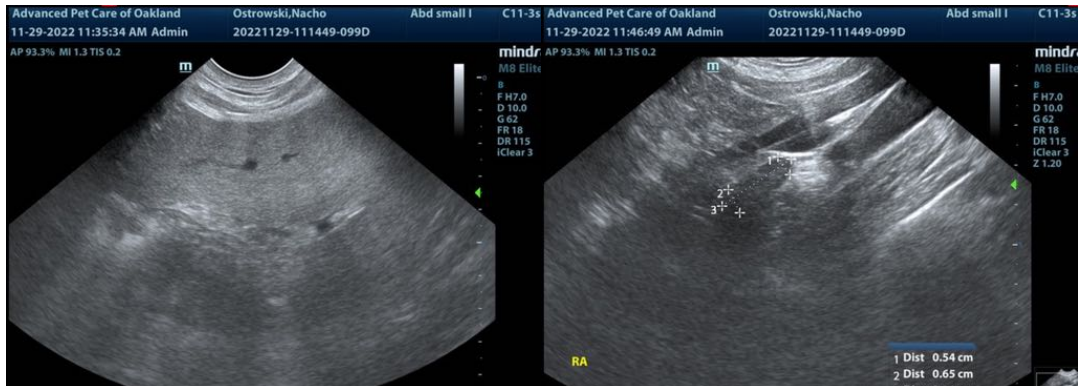
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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