



PATIENT

Sophie Osborne

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

23.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

94213

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Sophie was prev. dx with non specific Cholangiohepatitis, presumed to be inflammatory based on biopsy and AUS She was tx @ specialist with hospital care and abx almost a year ago and was d/c with home care on pre and abx. her symptoms resolved for a while but in recent months she's had periodic episodes of vomiting/anorexia of a few days duration. Minor lab changes were present during these episodes but not as high as initial onset . After the 2nd episode in our care a follow up abdominal u/s was ordered to look for changes from prev. AUS . She has since responded to symptomatic care with IVFT, Cerenia and Baytril
Abnormal PE/Chem/CBC/UA Results: 11/29/21--WBC 30.28 H---has been steady here for the last 2 months, no change after prev. ab therapy (Baytril) for 4 weeks ALT-633 H--steady here for about a month through ups and downs of episodes Tbili 0.8 H---this also has increased/decreased in and out of normal for the last month Prev. Follow Up u/s: 11-16-2020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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.

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 0.5 cm. The right adrenal gland measured 0.6 cm at the maximal width.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Vascular volume was normal. Small gallbladder sand was noted. The



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gallbladder wall was also thickened. The common bile duct was mildly dilated at the upper limits of normal measuring 0.4 cm and slightly thickened. Slight polypoid changes were noted at the cystic duct.

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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.

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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

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Subjectively benign vacuolar hepatopathy liver pattern with chronic cholangitis or history of cholangitis with slightly dilated common bile duct and gallbladder sand.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

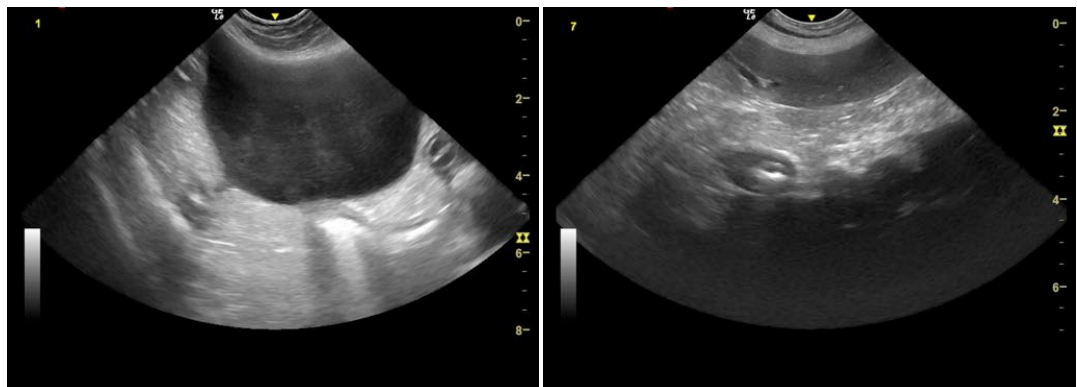
IMAGING PERFORMED BY

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This patient has likely undergoing cholangitis episodes and possible passage of biliary calculi periodically. However, no overt obstructive disease was noted at this time. I recommend maintenance with Ursodiol therapy long term. If bilirubin values elevate then a recheck sonogram is indicated. FNA of the liver can be considered for further definition of inflammatory cell type. Leptospirosis titers should be considered if not already obtained. There was no evidence of mucocele formation noted.

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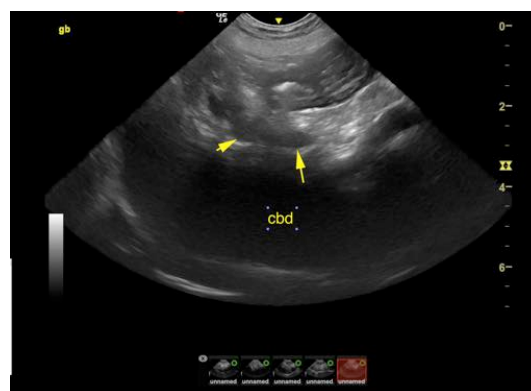
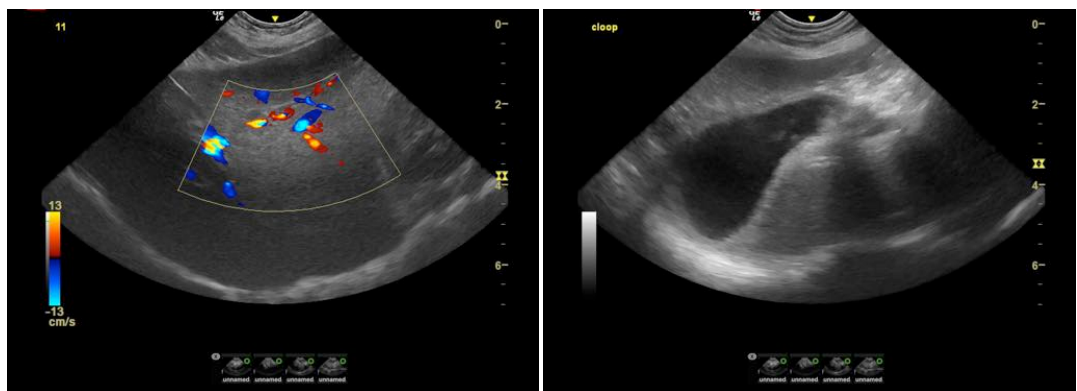
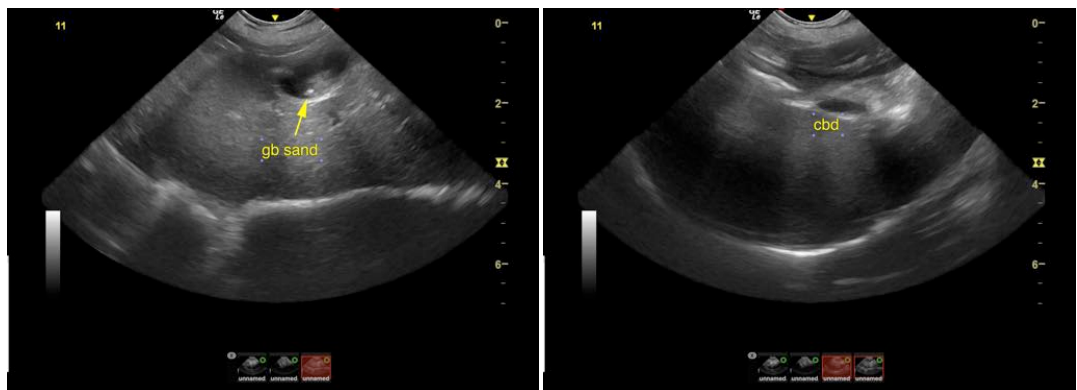
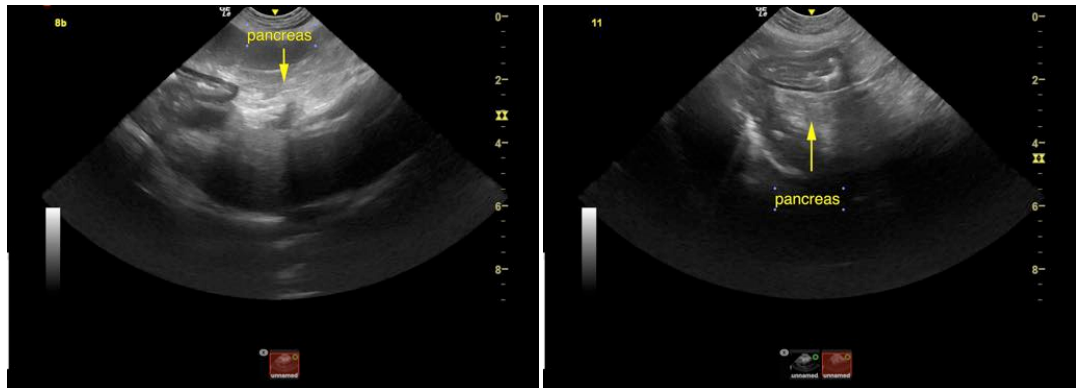
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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