



PATIENT

Lala Kymer

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

5 Years

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Evanna

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

26939

DATE

11/8/21

PRESENTING CLINICAL SIGNS

vomiting, lethargic, hepatomegaly ,anorexia, abd pain
Abnormal PE/Chem/CBC/UA Results: sig liver value elevations>ALT-2019 ALK PHOS>2000, GGT-49 T bili-1.2

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** presented mild to moderate chronic interstitial nephrosis pattern. The left kidney measured 4.0 cm with slight pyelectasia and loss of corticomedullary definition. The right kidney measured 4.83 cm. Degenerative changes were mild on the right and moderate on the left. Slight mineralization noted in both kidneys. Blood flow appeared adequate.

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.

Spleen

The **spleen** was folded upon itself cranially, unremarkable otherwise.

Liver

The **liver** was uniformly enlarged. The gallbladder was overdistended with striating bile and echogenic wall with biliary calculi, non-obstructive. Multifocal hypoechoic nodular changes noted in the liver. Hepatic parenchyma was diffusely hyperechoic to falciform fat. A 1.0 cm polyp was noted on the caudal aspect of the gallbladder wall.

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.

ULTRASONOGRAPHIC FINDINGS

- Immature gallbladder mucocele with vacuolar hepatopathy/nodular hyperplasia liver pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver warranted. Gallbladder motility study warranted. Assessment for endocrinopathy such



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as hypothyroidism would be appropriate. No evidence of neoplasia. However, significant hepatic disease appears to be present. The gallbladder may need to be removed in this patient. The common bile duct was normal at this time. However, passage of biliary calculi may have been an issue in this patient's recent past. Treatment should be based on FNA results. Ursodiol therapy warranted over the next 6-8 weeks. Leptospirosis titers warranted as well. Ampicillin/Metronidazole, hepatic support and Ursodiol all indicated. Recheck sonogram in 48-72 hours to assess if the gallbladder is worsening.

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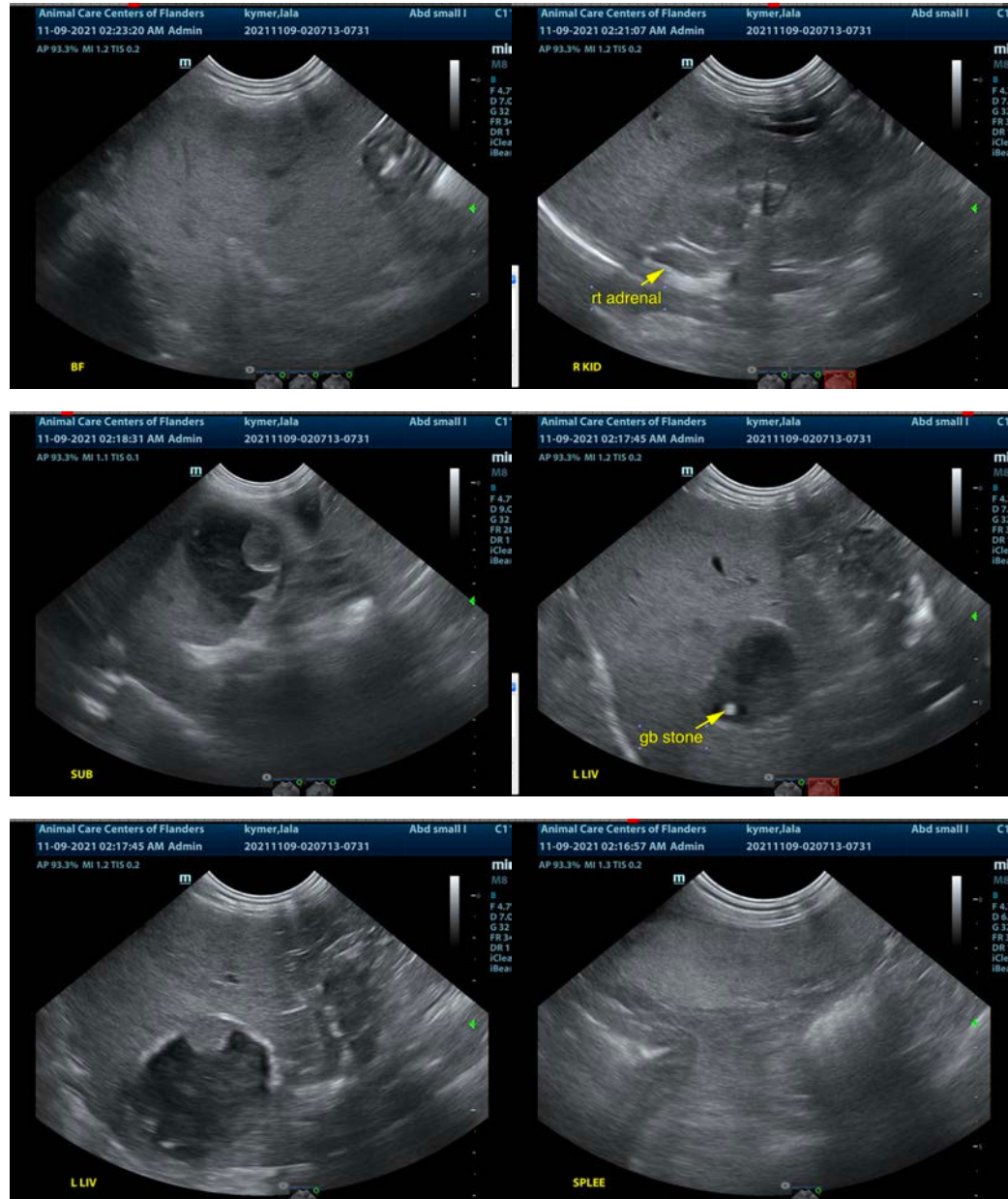
Dr. Casulli

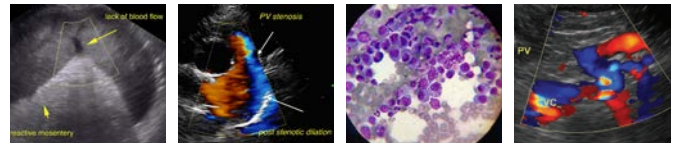
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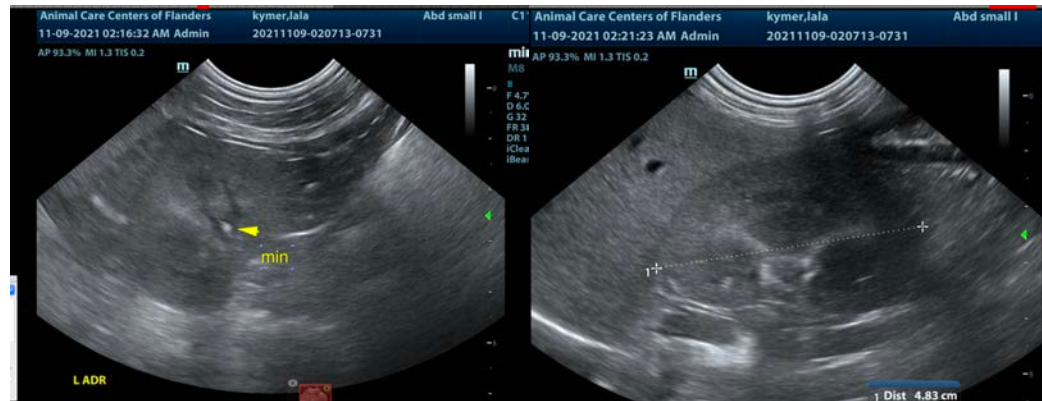
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Evanna

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info@SonoPath.com

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