



PATIENT

Charli Kemp

SPECIES

Canine

BREED

Canine

SEX

Spayed female

AGE

11 years

WEIGHT

12 lbs

PRESENTING CLINICAL SIGNS

History: P presented for dental cleaning today. Elevated liver values found on pre-anesthetic bloodwork.

Abnormal PE/Chem/CBC/UA Results: RBC 9.20 5.65 - 8.87 M/ μ L Hematocrit *62.9 37.3 - 61.7 % (historically about 54% on last 3 blood draws) Hemoglobin 22.3 13.1 - 20.5 g/dL WBC 3.89 5.05 - 16.76 K/ μ L Lymphocytes 0.51 1.05 - 5.10 K/ μ L ALT 548 10 - 125 U/L ALP 4,421 23 - 212 U/L GGT 19 0 - 11 U/L Bilirubin - Total 0.4 0.0 - 0.9 mg/dL Cholesterol 426 110 - 320 mg/dL

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. Calculi were non-obstructive at the time of the sonogram, yet corticomedullary calculi and pelvic calculi were present. Both kidneys measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fowler

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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 0.4 cm. The right adrenal gland measured 0.5 cm.

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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

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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

WEIGHT

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Benign hepatopathy.

Moderate degenerative renal changes with mineralization.

Emerging gallbladder mucocele.

Age related pancreatic changes.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is warranted over the next 6-8 weeks with a recheck sonogram at that time. There is no overt contraindication to anesthetic procedure if necessary. However, renal and liver values should be monitored carefully given the ALT elevation history. FNA of the liver can be considered at the time of anesthesia.

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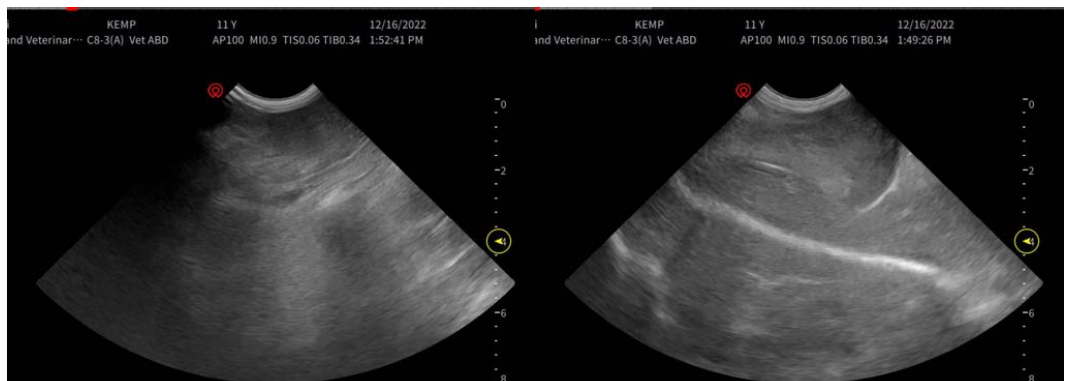
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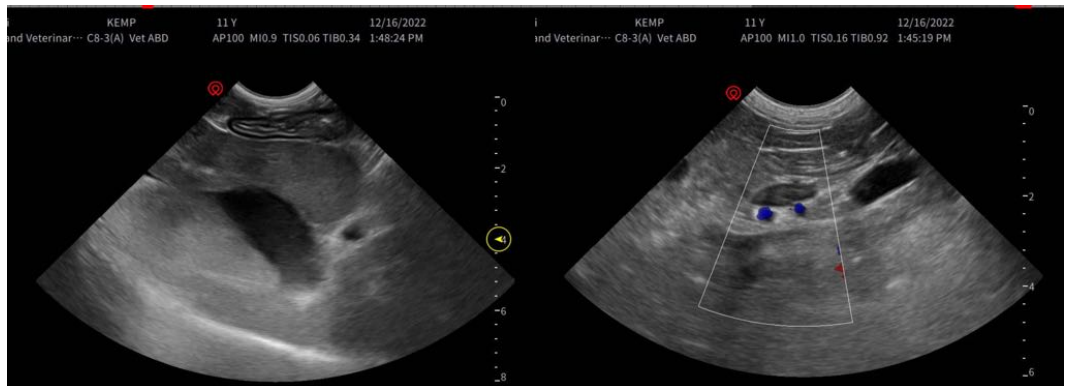
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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