



**PATIENT**

Shey Thompson

**SPECIES**

Canine

**BREED**

Black Mouth Cur Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

48.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Fowler

**HOSPITAL NAME**

Portland Veterinary  
Wellness Center

**REFERRING VET**

Dr. Wood

**INVOICE**

43176

**DATE**

12/16/22

**PRESENTING CLINICAL SIGNS**

History: Present Complaint( the complaint, how long it been going on): increased drinking, urinary incontinence, started a month and a half ago, has had accidents a couple times in the house only happens at night, going to bathroom more often, stopped eating normal food, was only eating toppings on dry food and not actual dry kibble, then stopped eating food altogether recently Diet:(Brand/type) hills science sensitive stomach (original diet), been switching foods a couple times to try to increase appetite, toppings: rice, pb Amount of food given: trying to feed when p will eat Flea Prevention type and last given: Trifexis, given 11/10 Heartworm Prevention type and last given: Trifexis, given 11/10 Medication name, dose and last given: none Supplements name, dose and last given: none Lifestyle (dogs): plays ball with o Boarding/Daycare? n Behavior changes: normal Any housemates: n  
Abnormal PE/Chem/CBC/UA Results: Platelets 113 (143 - 448 K/ $\mu$ L) Scanning of the blood film revealed adequate platelet numbers. ALT 2,268 18 - 121 U/L AST 362 16 - 55 U/L ALP 1,759 5 - 160 U/L GGT 16 0 - 13 U/L Bilirubin - Total 2.5 0.0 - 0.3 mg/dL Bilirubin - Unconjugated 0.9 0.0 - 0.2 mg/dL Bilirubin - Conjugated 1.6 0.0 - 0.1 mg/dL Cholesterol 363 131 - 345 mg/dL Lepto pending, cortisol WNL Specific Gravity 1.019 Blood / Hemoglobin 3+ Bilirubin 3+ Red Blood Cells >100 HPF Crystals OCCASIONAL BILIRUBIN (0-1)/HPF

**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.

**Adrenal Glands**

The left **adrenal gland** was visualized obliquely and subjectively subnormal in size. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** revealed increased portal markings with coarse architecture. The gallbladder and common bile duct were unremarkable.



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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.

**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**

Non-specific chronic inflammatory hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted as well as core liver biopsy with copper quantification. Ampicillin, Metronidazole and nutraceuticals are all indicated. Liver oriented diet is recommended. The prognosis is guarded.

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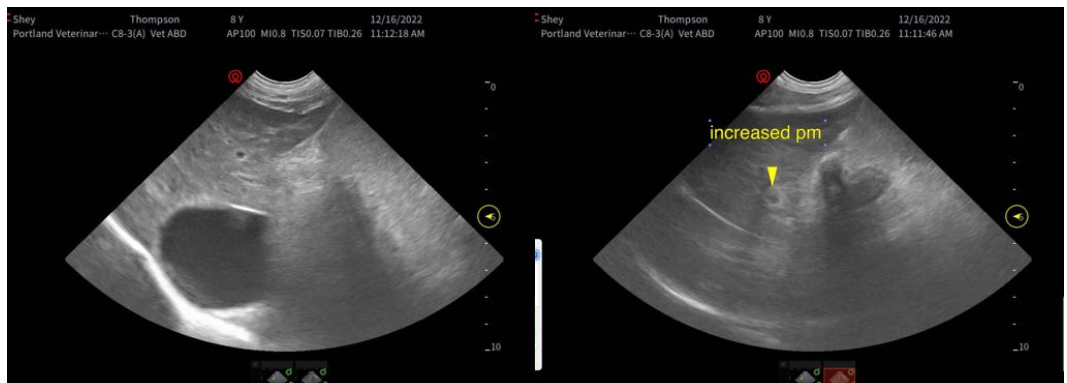
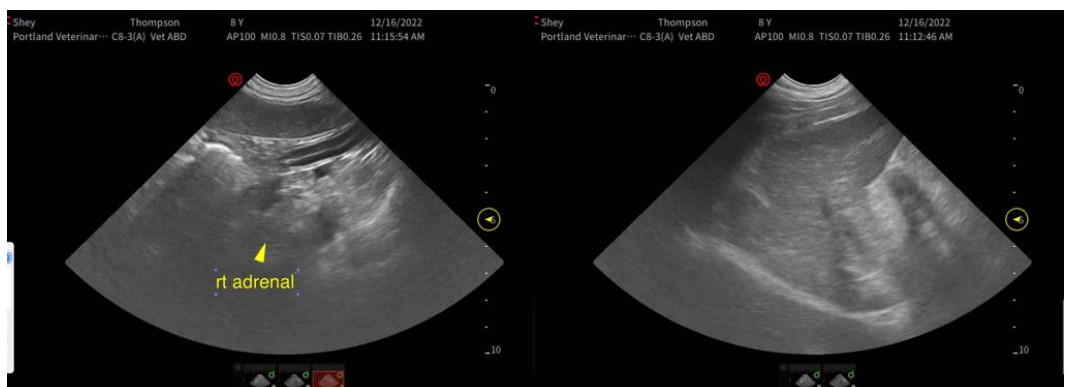
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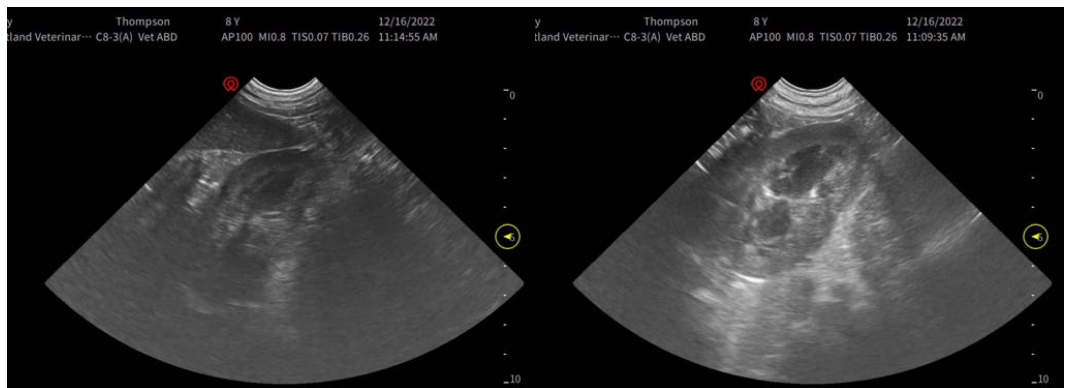
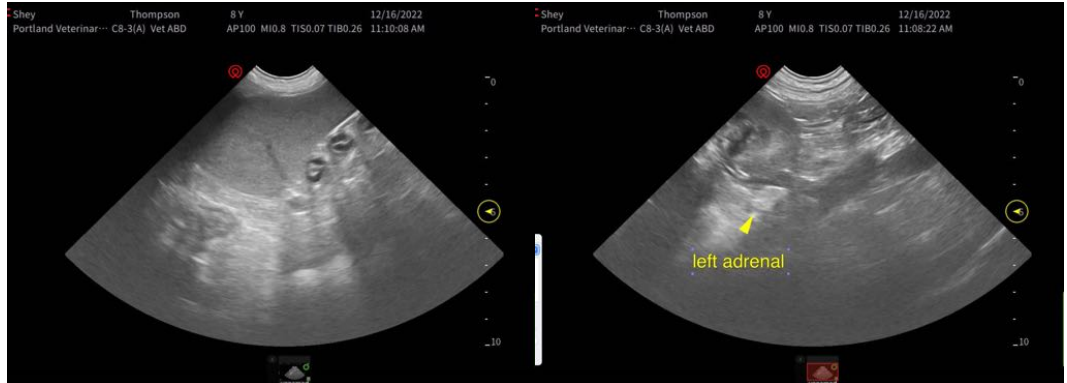
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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