



PATIENT

Nyx Draper

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

10 Years

WEIGHT

60 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cohen/Dr. Golden

INVOICE

43724

DATE

12/23/22

PRESENTING CLINICAL SIGNS

Mild increase ALP. Rx Carprofen x 2 weeks for CCL rupture. Pre-op BW for TPLO showed increase LE,, Rx Denamarin and D/C Carprofen. Recheck BW yesterday ALT much improved but ALP still elevated. She has had a pickier appetite. On Incurin for incontinence.

Abnormal PE/Chem/CBC/UA Results: Pre-op BW: ALP 1,299, ALT 1,567. Recheck BW (yesterday): ALP 1,115, ALT 283.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 left kidney measured 6.26 cm. The right kidney measured 6.26 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 2.48 cm x 0.63 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 2.7 cm x 1.96 cm at the cranial pole and 0.63 cm at the caudal pole.

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 were noted.

Liver

The **liver** presented coarse architecture and increased portal markings. The liver was subnormal in size. Consistent with chronic inflammatory hepatopathy. Underlying inciting causes such as Leptospirosis should be investigated. Chronic active infection may be an issue. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. 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.

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Canine

ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic inflammatory hepatopathy

BREED

Husky

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or other inciting causes should be considered. FNA or core biopsy recommended. No suspicion of neoplasia. Bile acid profile indicated if not already performed. I'm concerned for long-term viability of the liver in this patient.

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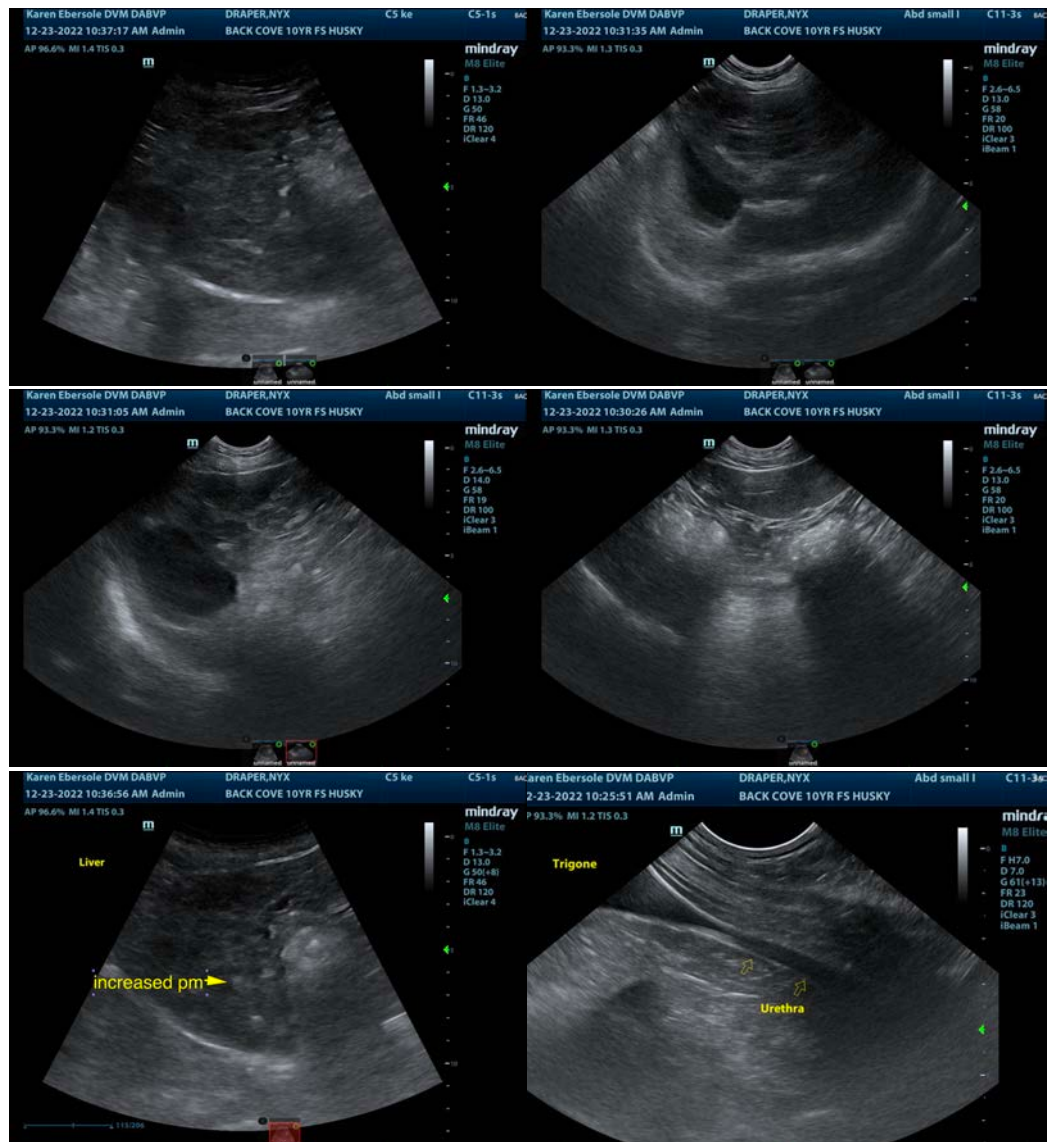
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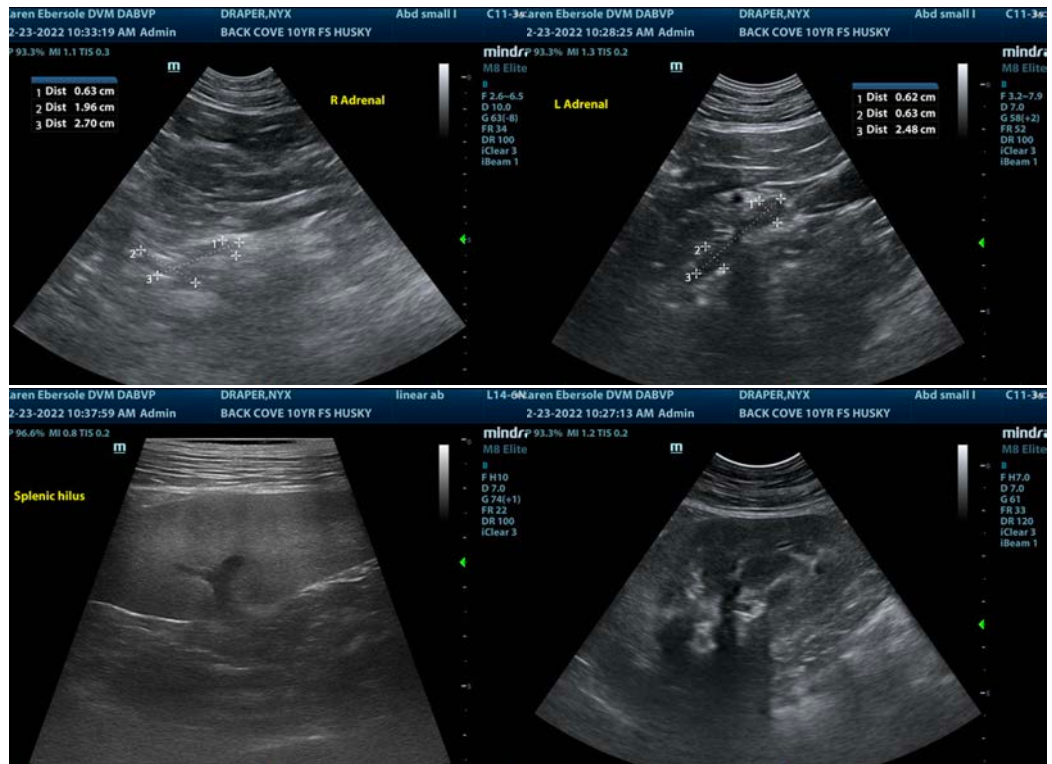
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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