

IMAGING PERFORMED BY

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**SonoPath**

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE PRESENTING CLINICAL SIGNS**

12/24/21

History: Presenting Complaint: Referral - Icterus (Jaundice). Date: 12-23-2021 Notes: started over the weekend- lethargy and vomiting after eating; has not been eating for the past 2-3 days-went to RDVM- noticed the yellow coloration and referred here. No known ingestion, no change in diet, no people food given. Owner does live in Baltimore City- but does not tend to drink for contaminate water or go after the rats -has been vaccinated for leptospirosis in the past- but is not current; no c/s; no past medical problems.

**PATIENT**

Rufus Calabretta

**SPECIES**

Canine

Current Medications: Protonix, Ampicillin, Maropitant, Denamarin.

Lab Results: Attached separately in request.

Radiographs: small liver; no obvious obstruction or FB possible mineralization in the liver stomach looks empty.

**BREED**

Husky X

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

12/23/10

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.

**WEIGHT**

42.3 Pounds

The **kidneys** were swollen with minor coarse architecture. Pericapsular fluid accumulation noted, common with Leptospirosis. The right kidney measured 5.9 cm. The left kidney measured 6.61 cm.

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.75 cm x 1.12 cm at the caudal pole and 0.79 cm at the cranial pole. The right adrenal gland measured 2.75 cm x 0.79 cm at the cranial pole and 0.76 cm at the caudal pole.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Spleen**

**HOSPITAL NAME**

Animal Emergency  
Hospital

The **spleen** was slightly enlarged with scalloping contour and uniform parenchyma. Presentation is most consistent with reactive spleen.

**Liver**

**REFERRING VET**

Dr. Willer

The **liver** presented coarse architecture and increased portal markings. The gallbladder was double layered and edematous. The gallbladder was mild to moderately overdistended with immobile bile, consistent with cholecystitis and emerging mucocele formation.

**Gastrointestinal**

**INVOICE**

33729

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

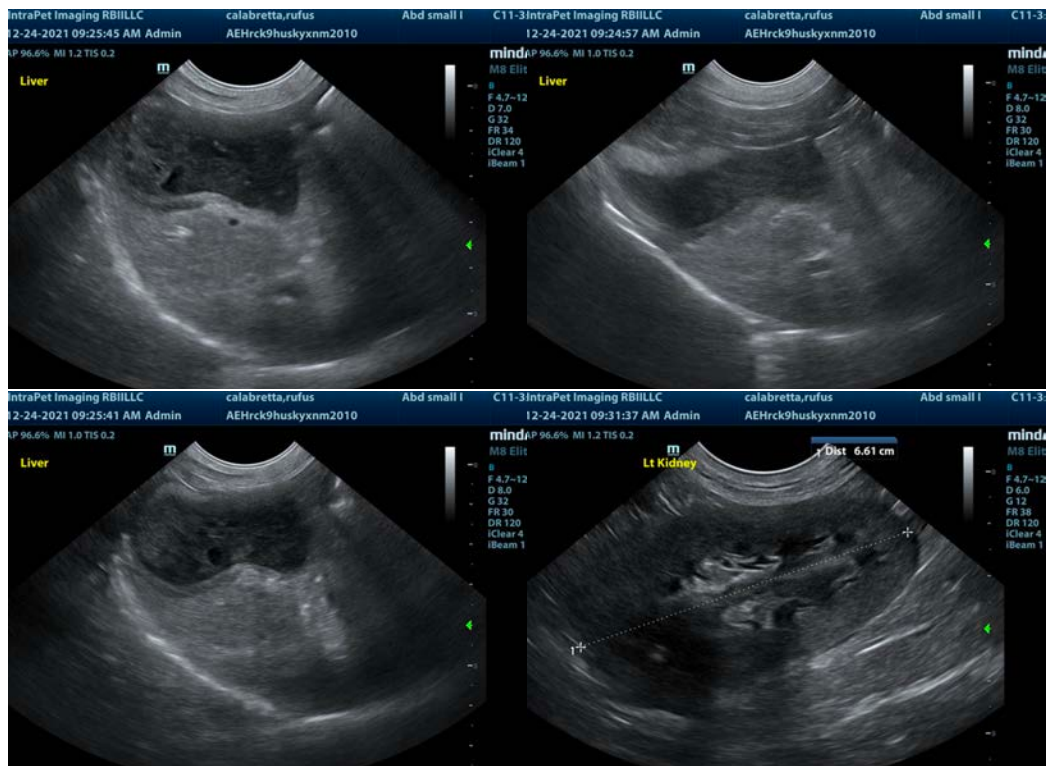
The **pancreas** was hypoechoic with undulating contour with hyperechoic surrounding fat.

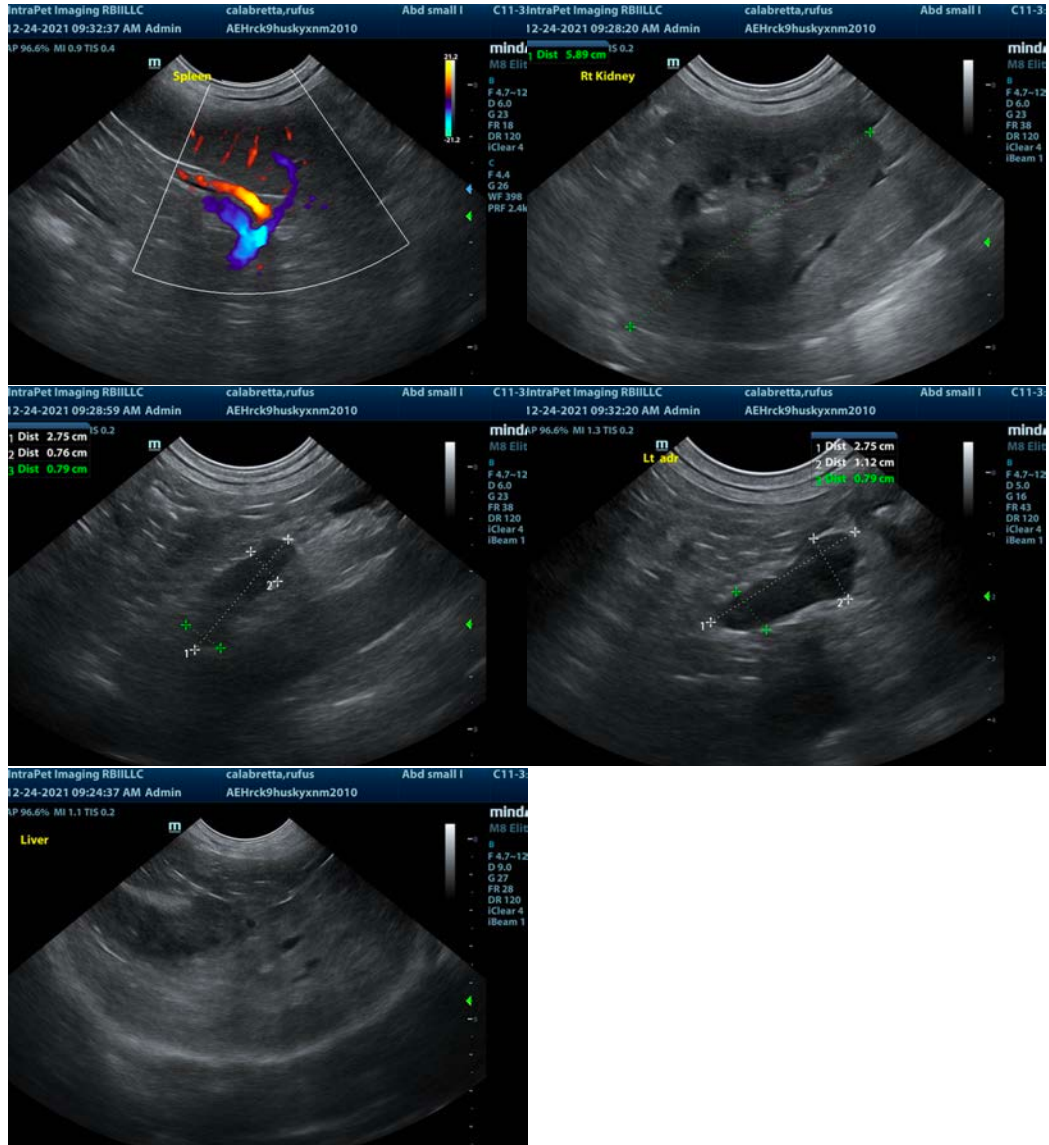
### ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy with edematous gallbladder/cholangitis/cholangiohepatitis presentation
- Reactive spleen
- Bilateral adrenal hypertrophy – potential concurrent emerging Cushing's/PDH
- Nephritis pattern
- Hypoechoic pancreas

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic Leptospirosis suspected in this patient. Otherwise, cholangiohepatitis and nephritis pattern. Plasma transfusion, plasma expanders, IV Ampicillin/Metronidazole all indicated. Leptospirosis titers warranted. Core liver biopsy warranted. The gallbladder should be monitored carefully. Recheck sonogram in 48-72 hours after initiating treatment to ensure adequate resolution. No suspicion of neoplasia.





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.

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