

**DATE PRESENTING CLINICAL SIGNS**

12/26/21 History: Vomiting, facial swelling- improved. Dietary indiscretion- possible mushroom ingestion 1.5-week history of PU/ PD- UA at rDVM.

PATIENT

Bryce Swift

Current Medications: No medications.

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested

Imaging Performed By: Andi Parkinson, RDMS

BREED

Bernese Mtn. Dog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

80.3 Lbs.

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 7.96 cm. The right kidney measured 7.96 cm.

WEIGHT

4/5/18

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 3.12 cm x 0.79 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measured 3.51 cm x 0.91 cm at the caudal pole and 1.8 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

Liver

The **liver** was normal in size and contour and revealed slight coarse architecture and minor increased portal markings. The gallbladder was double layered and edematous consistent with cholangitis.

INVOICE

13151

Gastrointestinal

The **stomach** was overdistended with chyme. The pylorus revealed slight shadowing material likely medications (1 cm), non-obstructive. The colon was thickened yet empty. Curvilinear patterns were maintained.

Pancreas

The **pancreas** was hypoechoic and irregular with slight pericapsular fatty enhancement, suggestive for concurrent pancreatitis.

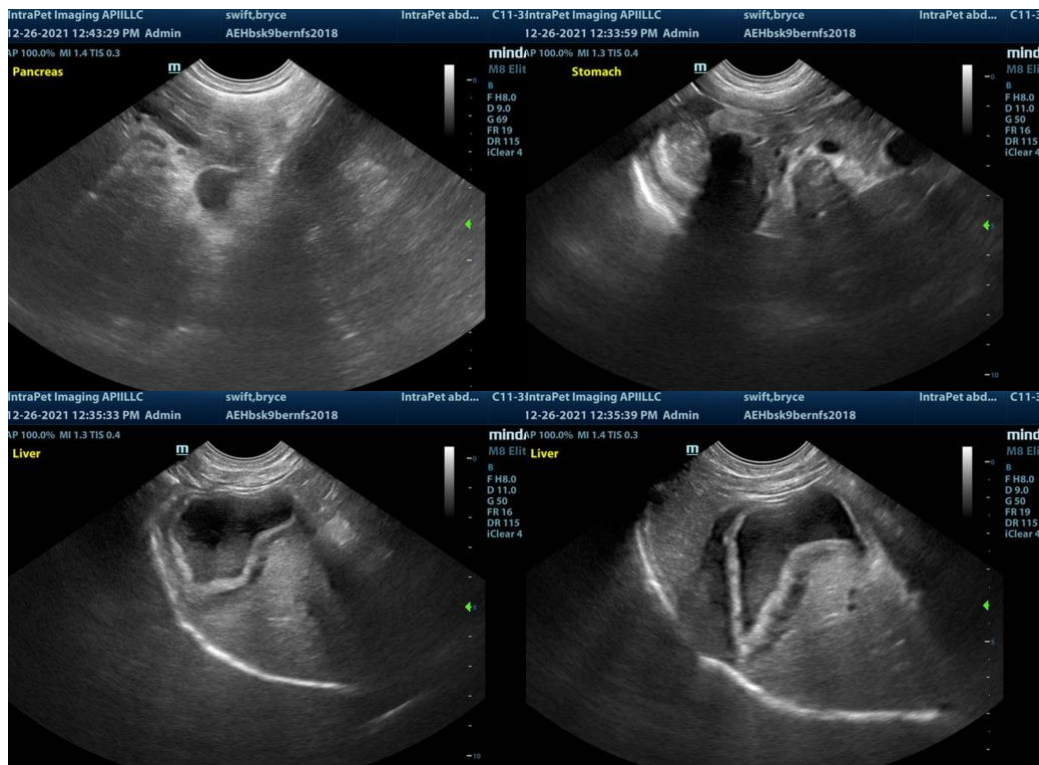
The sublumbar **lymph node** (2.85 cm x 0.94 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

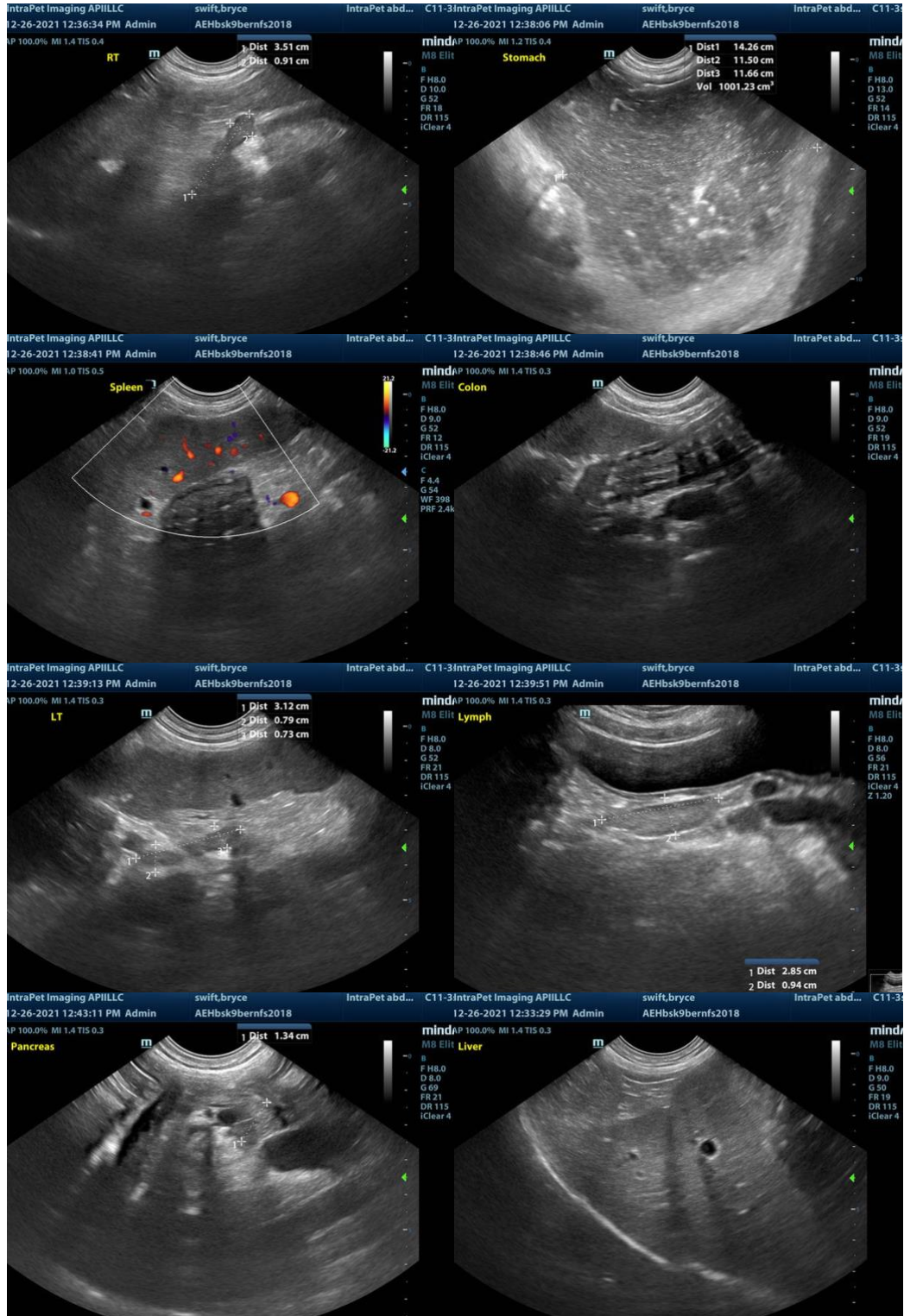
ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangiohepatitis pattern. Cholangitis, cholangiohepatitis, leptospirosis, or toxic event possible. Minimal potential for neoplasia.
- Concurrent gastritis likely and/or metabolic ileus
- Reactive sublumbar lymph node
- Hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive treatment for cholangiohepatitis with liver support protocol. Ampicillin, metronidazole, nutraceuticals, vitamin K support and plasma transfusion would be ideal. When the coagulation panels have near normalized, then FNA of the liver +/- cholecystocentesis and culture would be appropriate. GI protectants would also be appropriate. Recheck sonogram in 48-72 hours. Prognosis is guarded.





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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