



PATIENT

Peanut Ellis

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed female

AGE

8 years

WEIGHT

3.73 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Ramberg

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Gowda

INVOICE

42434

DATE

12/30/22

PRESENTING CLINICAL SIGNS

History: P presented for 2 day inappetence and 2 episodes of vomiting. Is on k/d food for kidney disease diagnosed earlier this year at another hospital. P has also been very quiet and painful on being picked up under belly
Abnormal PE/Chem/CBC/UA Results: ALT 1834 ALP 387 TBIL 4.8 PHOS 8.6

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. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The right **adrenal gland** was 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 right adrenal gland measured 0.74 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland was not visualized.

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** images submitted revealed subjectively normal liver size, contour, and structure. Increased portal markings were noted in the liver, yet the parenchyma was otherwise fairly uniform. Lobar biliary calculi were noted in the right liver in the intraparenchymal space. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was over distended with striating bile. A distorted kiwi type appearance was noted. The gallbladder measured 5.0 x 4.0 cm from cystic duct to apex. Mild enhanced mesentery was noted around the cystic duct. The region of the common bile duct was unremarkable.



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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

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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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

8 years

Gallbladder mucocele with mild inflammation.

Lobar biliary calculi. Otherwise, cholangitis liver pattern.

Age related renal changes.

WEIGHT

3.73 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholecystectomy, common bile duct lavage and liver biopsy is indicated in this patient.

INTERPRETED BY

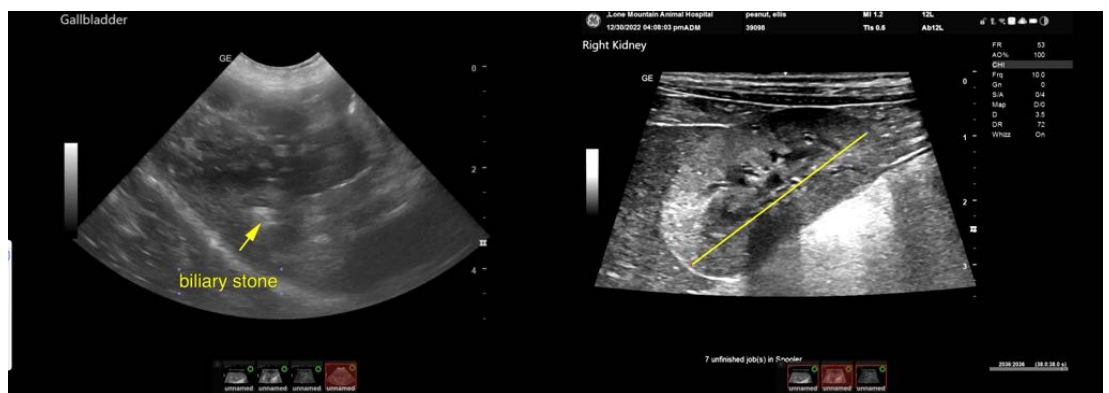
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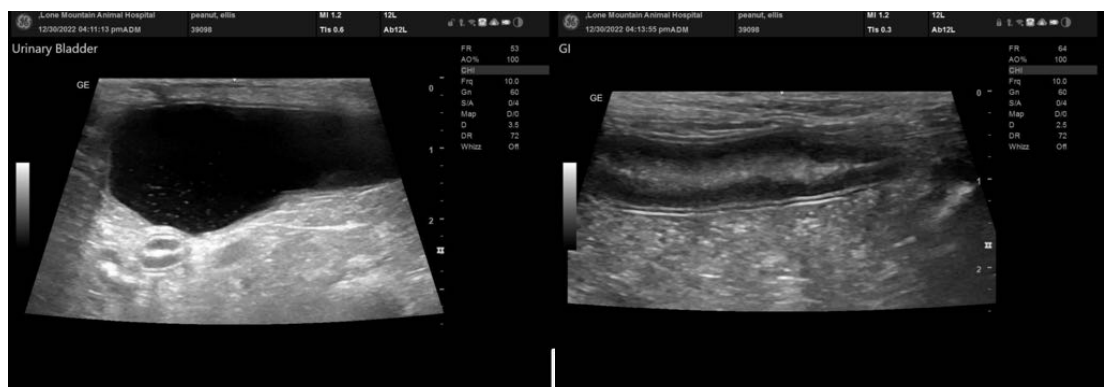
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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