



**PATIENT**

Ebony VanRavensway

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

Female

**AGE**

4.5 Years

**WEIGHT**

16.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. John Davis

**INVOICE**

33335

**DATE**

12/7/21

**PRESENTING CLINICAL SIGNS**

Had puppies delivered by C-section on 10/4/21; since then her health has declined. The patient is jaundiced and does not want to eat. Vomits and occasionally has diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC reveals a hemoconcentration, a neutrophilia and low platelet count. Chemistry reveals decrease in BUN and Creatinine, increase in ALT, SAP, GGT, TBili and Cholesterol is low.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented some debris, unremarkable otherwise. The iliac trifurcation was unremarkable.

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 4.0 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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

**Spleen**

The **spleen** was hypoechoic and mildly irregular with enhanced surrounding mesentery.

**Liver**

The **liver** presented coarse architecture and increased portal markings, consistent with chronic cholangitis. The gallbladder wall was echogenic and thickened. No evidence of post-hepatic obstruction. The portal vein was prominent, likely owing to emerging portal hypertension.

**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 **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

**Other**

The uterus was empty and unremarkable, measuring approximately 1.0 cm.

Slight free fluid noted in the abdomen, likely owing to portal hypertension.



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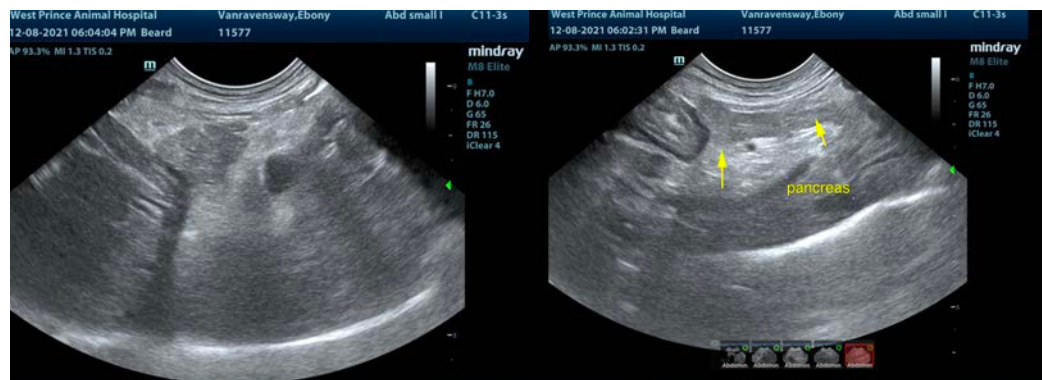
12/7/21

**ULTRASONOGRAPHIC FINDINGS**

- Chronic pancreatitis/cholangiohepatitis with likely concurrent splenitis
- Urinary bladder debris
- Slight free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers warranted. Core liver biopsy warranted with culture. Coagulation panel and core liver biopsy would be ideal in this patient. Ultrasound guided FNA could allow for inflammatory cell type. Enrofloxacin/Metronidazole combination and liver support recommended. Prognosis is guarded.





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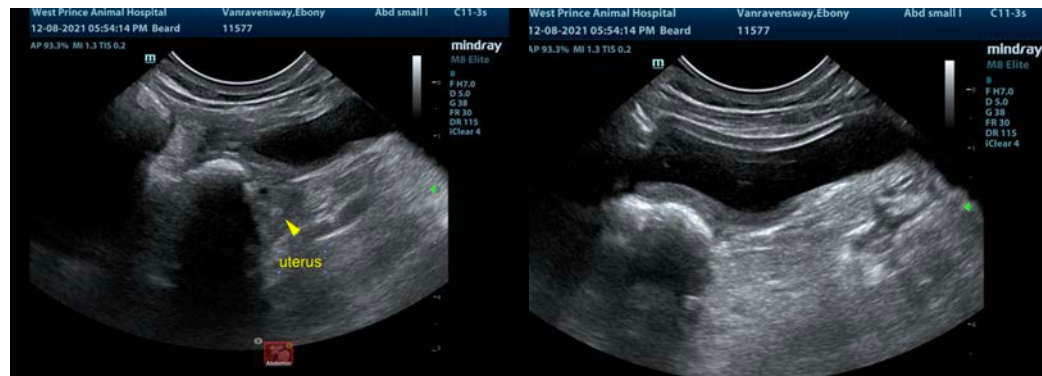
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)