



PATIENT

Lucy Wyllatt

SPECIES

Canine

BREED

Boston Terriere

SEX

Spayed Female

AGE

8 Years

WEIGHT

23.8

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kristen Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kristen Peterson

INVOICE

44656

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Last Friday p stopped eating, Saturday O noticed yellow eyes, then that night ears and abdomen were yellow as well. Went to Liberty animal hospital yesterday, they sent blood to the lab, no results yet, given antibiotics to go home (zeniquin and metronidazole). Today was lethargic and shallow breathing, which prompted coming here. Has had diarrhea since Monday, O said urine looks orange. Hx of decreased appetite for over a month. Hx arthritis, carprofen and gabapentin for years to manage pain.

Abnormal PE/Chem/CBC/UA Results: 1. CBC - HCT 29%, significant regen anemia, leukocytosis 2. CHEM 17 with ePoc - hyperglycemia (175mg/dL), elevated BUN 30mg/dL, ALT 255U/L, GGTTTTTTTT 16U/L, TBIL - 27.9mg/dL, 3.1K+ 3. cpl, PT/PTT - normal cpl, increased clotting times PT/PTT - slightly extended ***slide agglutination test ***rDVM Bile Acid 155 - very elevated 5. +/- AB US - fast scan - biliary mucocele evident

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 **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 kidneys measured 5.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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 increased portal markings. Mild subnormal size. The gallbladder was mildly overdistended with a minor amount of debris present, normal if this patient as NPO. No evidence of mucocele formation.

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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ULTRASONOGRAPHIC FINDINGS

BREED

- Mild hepatic remodeling, unremarkable abdomen otherwise
- Mild gallbladder debris, not to the level of mucocele formation

Boston Terriere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Given the history, chronic inflammatory hepatopathy is likely, yet is not the overt cause of anemia and leukocytosis. Inflammatory hepatopathy with acute on chronic causes such as Leptospirosis or hemolytic disease may be playing a role. CBC path review warranted. Hepatic FNA warranted. Leptospirosis titers warranted. The liver subjectively does not appear end stage, yet some chronic changes are present.

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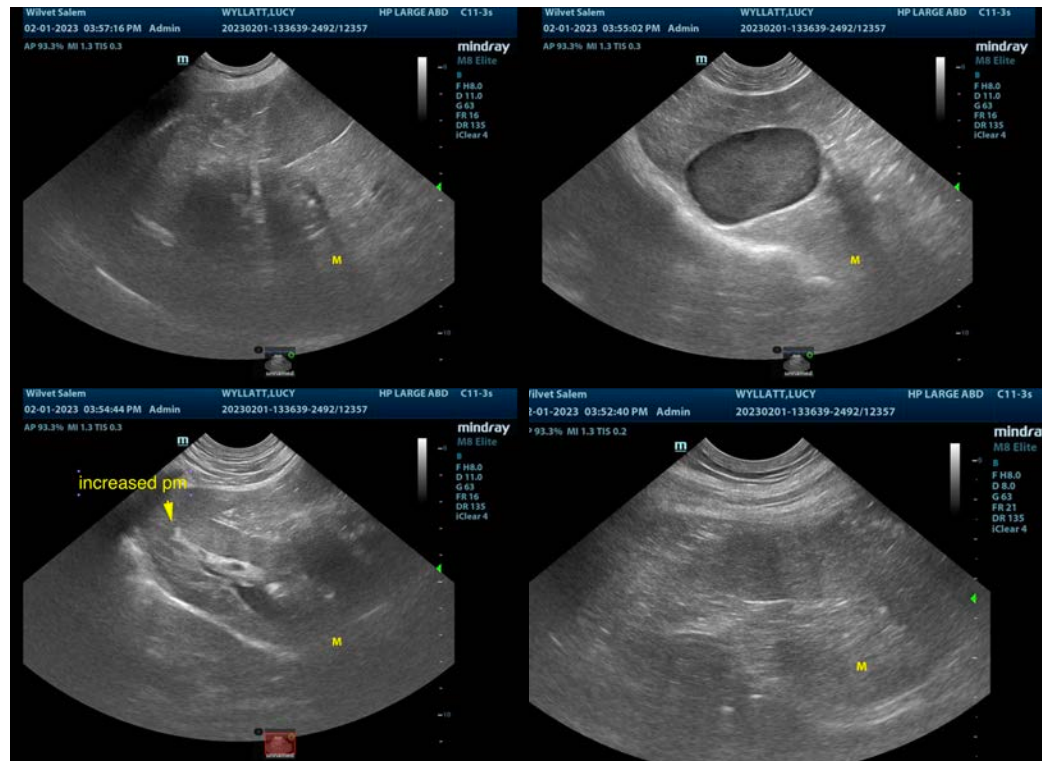
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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