



PATIENT

Ryuko Wilkinds

SPECIES

Canine

BREED

Australian Shepherd

SEX

Female

AGE

1 year

WEIGHT

45.2 lbs

PRESENTING CLINICAL SIGNS

History: Ryuko presented for spay on 2/10/23, preanesthetic labwork revealed ALT elevation of 834 (confirmed with repeat testing). P has been acting normal aside from slightly decreased appetite off and on which seemed to improve with switching up flavor of diet. No v/d, no neurologic signs, no lethargy. No exposure to toxic plants/mushrooms/medication in hx. Temp and PE WNL
Abnormal PE/Chem/CBC/UA Results: 5/26/22: ALT and remainder of mini-chem normal pre-op for deciduous tooth extraction. 2/10/23: ALT 834 on in house testing, Chem 27 and UA, CBC performed as well as Pre and post-prandial bile acids and a Lepto PCR (negative). See attached documents for lab results.

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 6.4 cm. The right kidney measured 6.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rudie

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

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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.

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 was noted.

Liver

The **liver** revealed increased portal markings. The portal vein was normal at the portal hilus measuring 0.9 cm. Intrahepatic and extrahepatic vascularity appeared normal. Non-specific cholangitis liver pattern. The gallbladder and common bile duct were unremarkable.



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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.

Pancreas

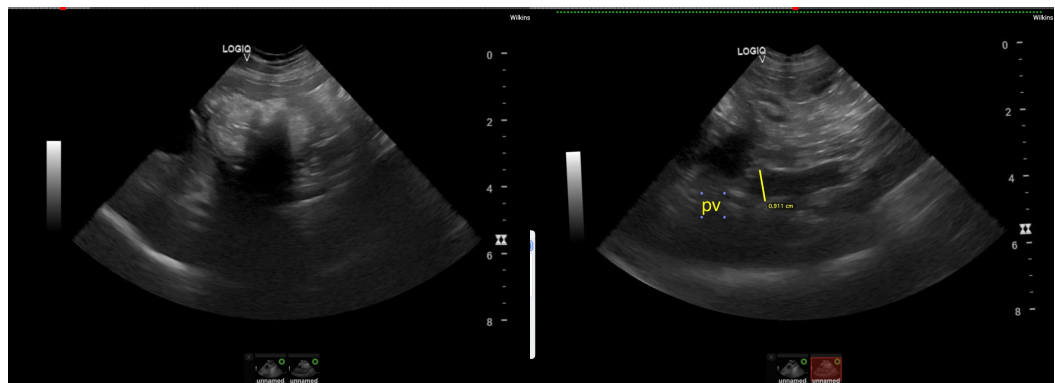
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with minor chyme in the stomach and minor cholangitis liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or similar infection or insult should be considered. FNA of the liver is warranted. Liver biopsy can be performed at the time of desired surgery, yet I recommend Propofol induction and Isoflurane maintenance to avoid hepatic metabolic strain or similar protocol.





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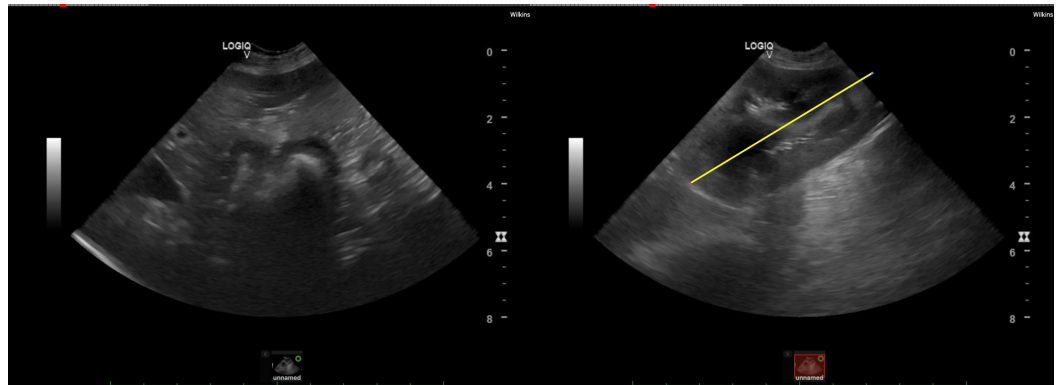
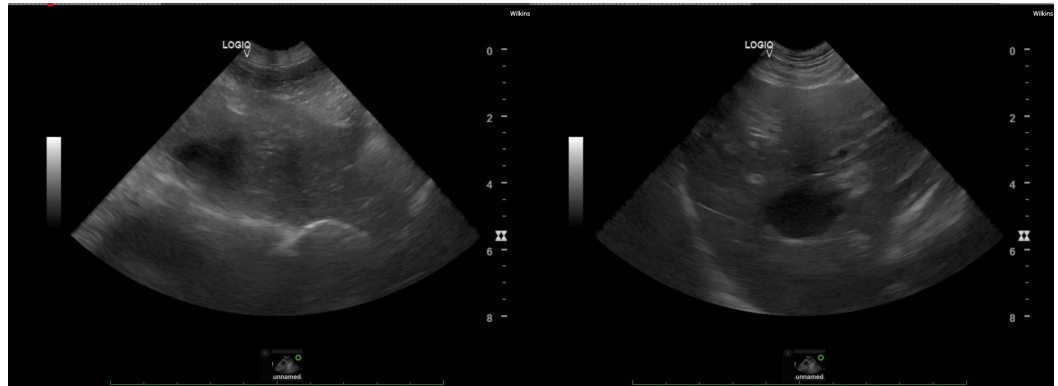
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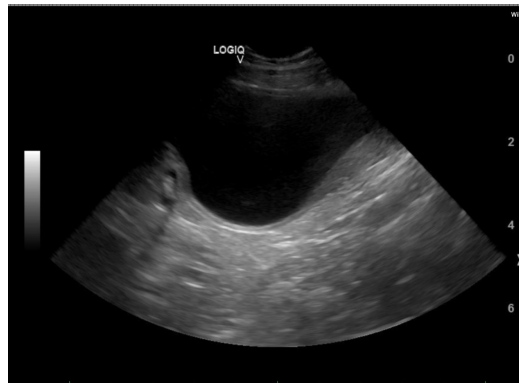
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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