



PATIENT

Rosie Reed

SPECIES

Canine

BREED

Heeler

SEX

Spayed Female

PRESENTING CLINICAL SIGNS

History: Vomited up pieces of a tennis ball 5 days prior to presentation. Was seen at primary care physician the following day. No evidence of GI obstruction. Patient was sent home with Metronidazole and Famotidine but did not have any improvement and had not eaten for the past 5 days. Presented through ER for acute icterus Bloodwork on presentation (2/19/23): ALP 1596 HIGH 20-150 U/L ALT 1655 HIGH 10-118 U/L AMY 303 200-1200 U/L TBIL 14.9 HIGH 0.1-0.6 mg/dL Liver Chemistry from 2/20/23 ALP 1092 HIGH 20-150 U/L ALT 1042 HIGH 10-118 U/L GGT 17 HIGH 0-7 U/L BA 104 HIGH 0-25 umol/L TBIL 13.9 HIGH 0.1-0.6 mg/dL

Abnormal PE/Chem/CBC/UA Results: Bloodwork on presentation (2/19/23): ALP 1596 HIGH 20-150 U/L ALT 1655 HIGH 10-118 U/L AMY 303 200-1200 U/L TBIL 14.9 HIGH 0.1-0.6 mg/dL Liver Chemistry from 2/20/23 ALP 1092 HIGH 20-150 U/L ALT 1042 HIGH 10-118 U/L GGT 17 HIGH 0-7 U/L BA 104 HIGH 0-25 umol/L TBIL 13.9 HIGH 0.1-0.6 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

6

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. A minimal amount of urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

WEIGHT

63

The **left kidney** 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 7.64 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **right kidney** revealed pericapsular fluid accumulation. The right kidney was normal in size, measuring 7.7 cm. Corticomedullary definition was maintained.

IMAGING PERFORMED BY

Ukachi Ugorji, DVM

HOSPITAL NAME

Craig Road AH

Adrenal Glands

The **left 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 left adrenal gland measured 0.63 cm at the cranial pole and 0.5 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable.

REFERRING VET

Ukachi Ugorji, DVM

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.

INVOICE

21206

DATE

2/20/23

Liver



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The **liver** was mildly subnormal in size. The hepatic parenchyma was fairly uniform with increased portal markings. Isoechoic nodular changes were noted. Nonspecific cholangitis pattern was noted.

Gastrointestinal

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The **gastric** wall was thickened (1.3 cm). Enhanced mesentery was noted around the gastric wall. The small intestine and colon were unremarkable.

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

- Cholangitis/cholangiohepatitis liver pattern with nodular changes
- Retroperitoneal fluid accumulation
- Minimal amount of urine was present in the urinary bladder
- Concurrent gastritis pattern

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The retroperitoneal fluid accumulation would be consistent with acute insult, such as Leptospirosis. Full urinary work up is warranted, as well as liver biopsy. FNA may be valid to assess inflammatory cell type. Leptospirosis titers is indicated. Mild potential for underlying neoplasia. Further treatment based on hepatic pathology is recommended.

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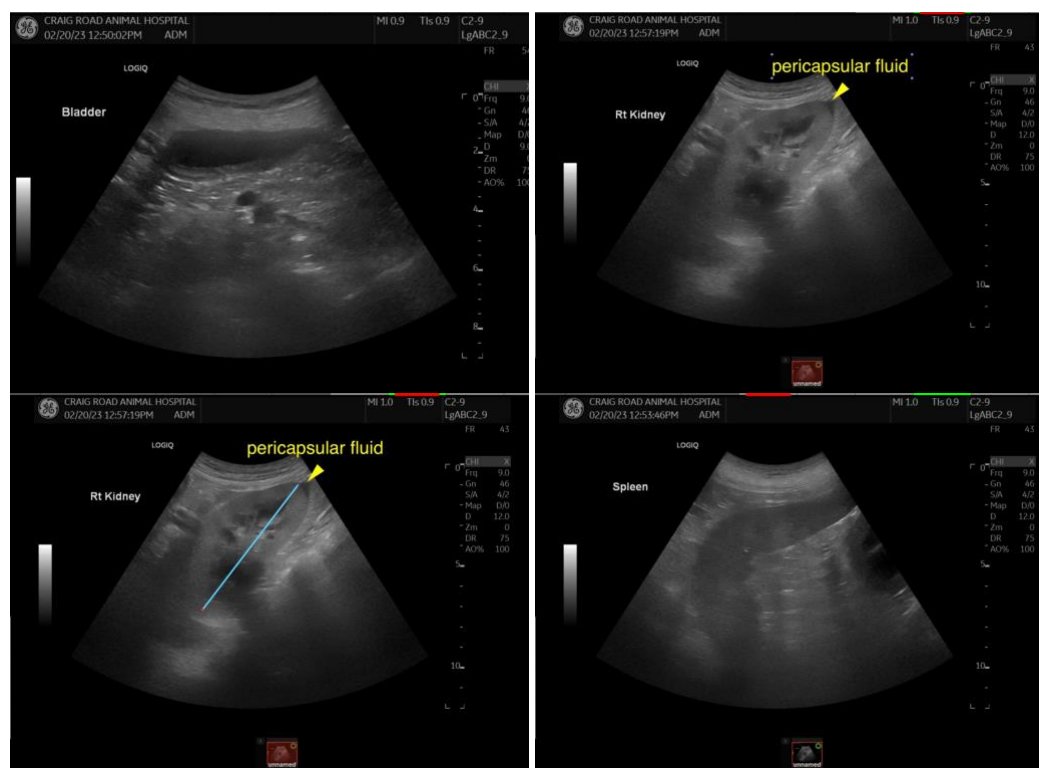
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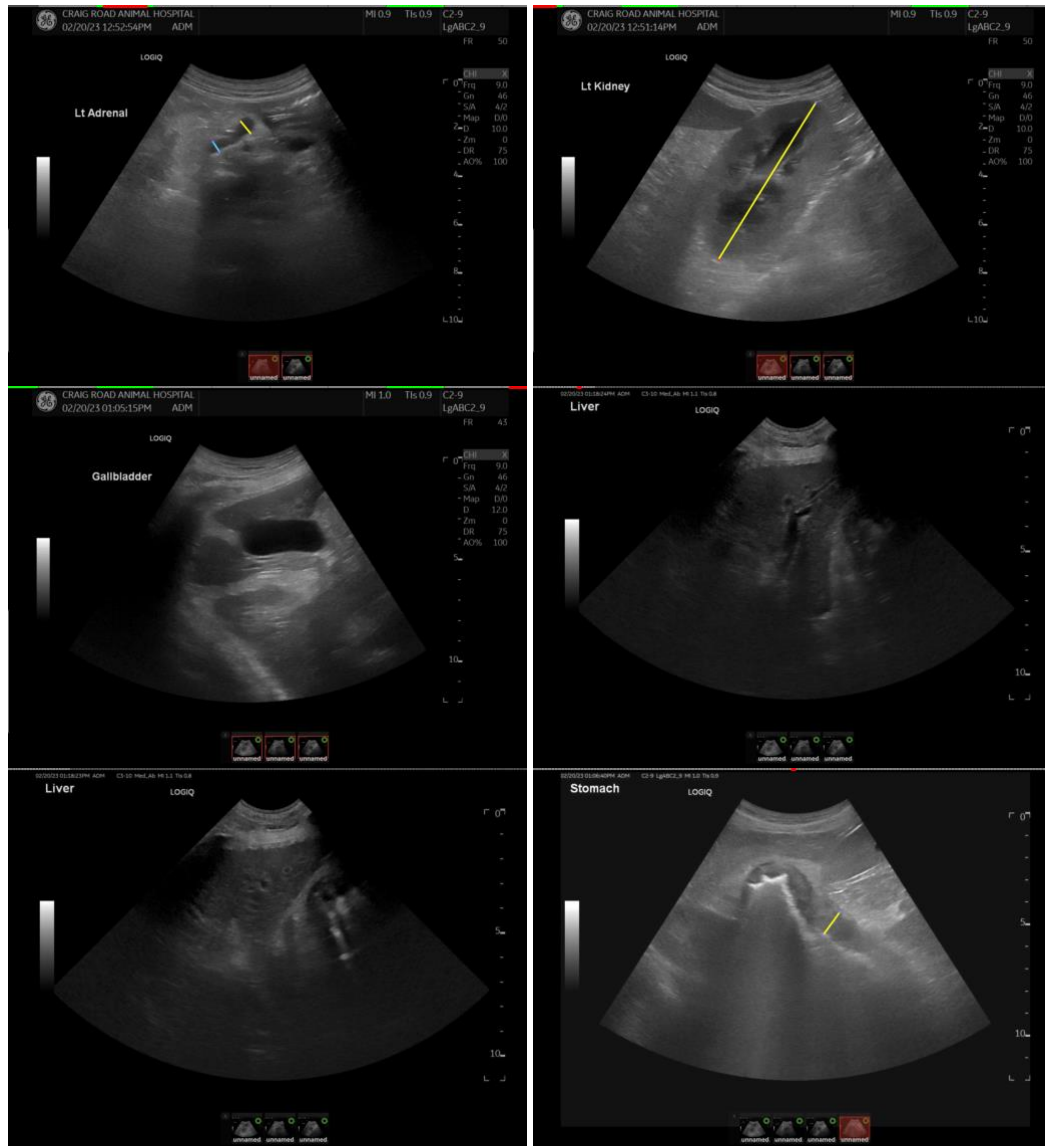
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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