



PATIENT PRESENTING CLINICAL SIGNS

Gabby Brattain

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

9 years

WEIGHT

27.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Logas

INVOICE

96258

DATE

2/22/22

Pet started having frequent seizures last fall when owners were up north. Blood work, profile, CBC was normal. She was started on phenobarbital at 16 mg twice a day for a 29 pound dog. She did not have many seizures until coming to Florida. She was seen for cluster seizures at the ER and keppra was added to the pheno. She was seen several days later at our hospital (1/11/22) as she was still having trouble with seizures. She was taken off of the keppra and the phenobarbital dose was increased to 30mg BID. She stopped having seizures. She presented 2/21/22 for sudden anorexia. She was trying to chew a treat and would just drop it out of her mouth. A firm swelling was noted under her chin 4x4x3cm. Thick, bloody, fluid was aspirated with many degenerated WBCs on Cyt. CBC and chem profile were submitted to the reference lab and a procedure scheduled for the next day.

Abnormal PE/Chem/CBC/UA Results: The blood work the next day CBC WBC 21.4, Neuts 17,548, monos 1,498 chem profile: globulin 4.0, AST 184, alk phos 3360, GGTP 34, tBili 1.7, Ct, 0.4, P 6.3, cholesterol 761 She was afebrile, lethargic. normal physical exam except for the swelling under the chin and grade 3 dental disease. Abdominal ultrasound performed to investigate the liver enzymes. I suspect toxicity from unusual reaction to increased dose of phenobarb. Dental rads revealed no tooth root abscesses or dental cysts. A culture of the fluid has been submitted. It was not lanced as it is deeper in the neck tissues. Pet was discharged on Keppra , Denamarin and metronidazole and a convenia injection given.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 5.0 cm. The right kidney measured 4.5 cm.

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 0.4 cm. The right adrenal gland was mildly heterogenous and measured 0.8 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



PATIENT

Liver

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The **liver** revealed increased portal markings with coarse architecture. This is consistent with chronic inflammatory hepatopathy. There was no evidence of neoplasia. The liver size is subnormal. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

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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.

SEX

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Chronic inflammatory hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are warranted. Core liver biopsy would be ideal. The prognosis long term is guarded. There is no evidence of neoplasia.

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Liver support protocol for this case

Royal Canin Hepatic Support diet or Hills L/D, Metronidazole (7.5 mg/kg PO bid) over the next 14 days, **Lactulose** (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a **high-quality protein supplement** of minor amount of **yogurt or cheddar cheese**. Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. **SAME** and nutraceuticals as needed. **Ursodiol** (10-15 mg/kg p.o. q24h) can be considered as hepatoprotectant and to enhance bile flow. **Zinc** serum level keep between 200–500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day. Gastrointestinal protectants are recommended if the patient is anorexic.

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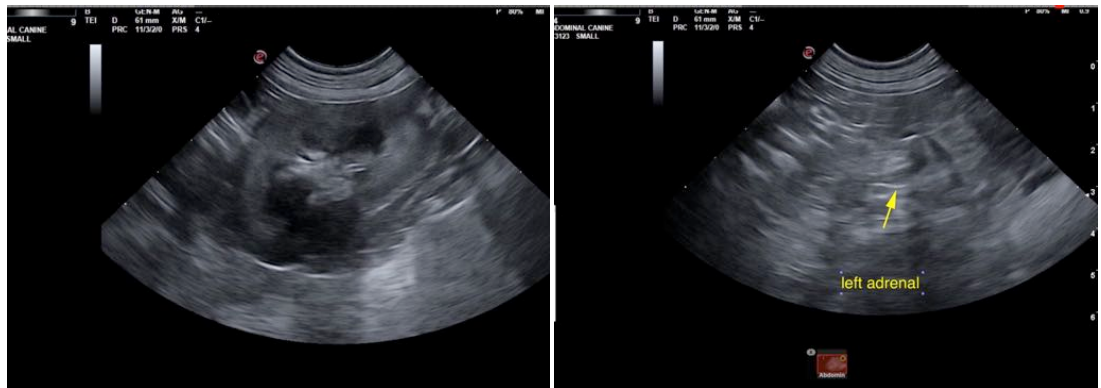
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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