



**PATIENT**

Mittsie Woodbury

**SPECIES**

Canine

**BREED**

Cattle Dog Mix

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

40.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

M Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Binor

**INVOICE**

96323

**DATE**

2/24/22

**PRESENTING CLINICAL SIGNS**

History of elevated total bilirubin (=1.6 with ref range 0-0.9) on 2/10/22. History of atopic pododermatitis but otherwise unremarkable exam. Imaging to check for cause of elevated total bilirubin. Check status of liver and gallbladder. Check CBD, choleliths, etc. Rest of the chemistry was unremarkable. Has a history of hypoproteinuria that resolved with a hydrolyzed diet. Perhaps total bilirubin elevation is related to GI issue?

**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 5.52 cm. The right kidney measured 6.04 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 1.54 x 0.36 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

**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.

**Liver**

The **liver** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act. Reactive



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mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopic-guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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**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.

**BREED**

Cattle Dog Mix

**Free Abdomen**

**SEX**

Spayed Female

Trace amount of free fluid were noted.

**AGE**

3 years

**ULTRASONOGRAPHIC FINDINGS**

Increase portal markings.  
Mucosal striations noted in the intestinal tract.

**WEIGHT**

40.1 lbs

Free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend Leptospirosis titers. FNA of the liver is recommended for further definition.

**INTERPRETED BY**

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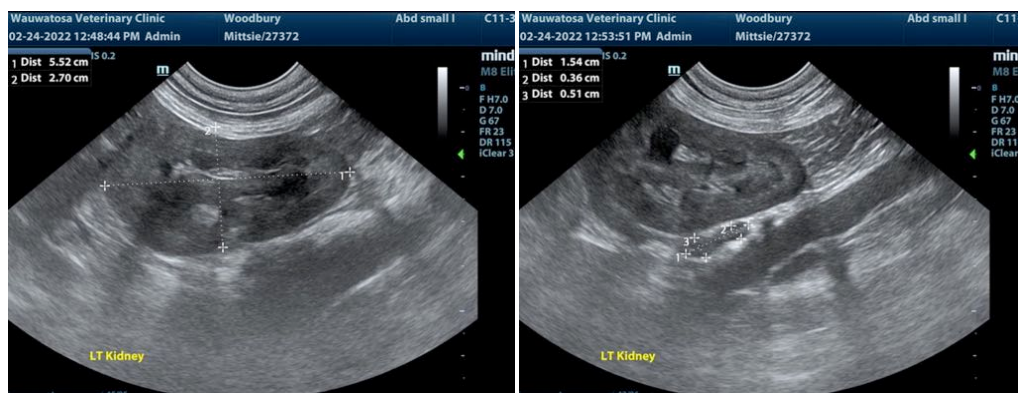
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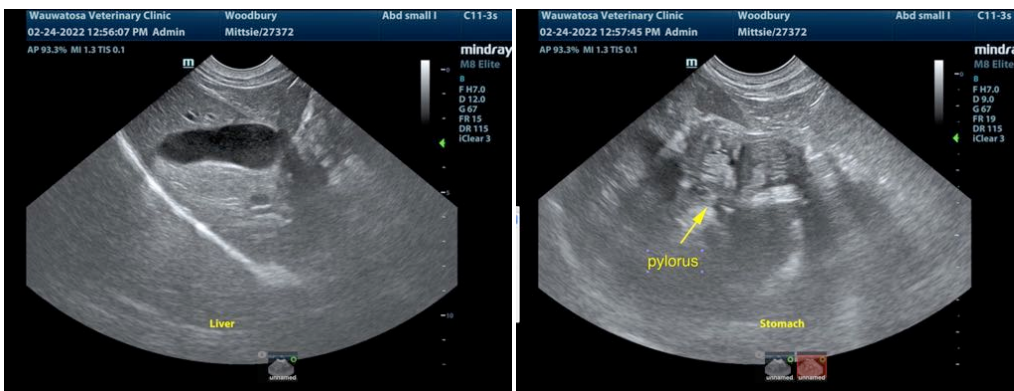
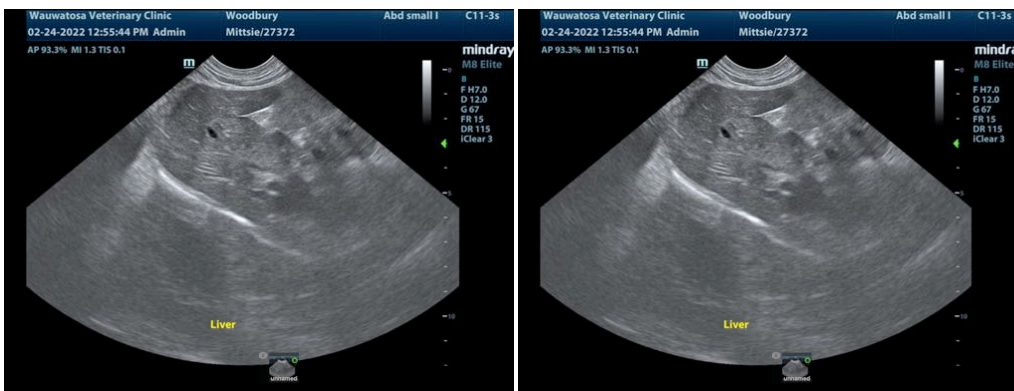
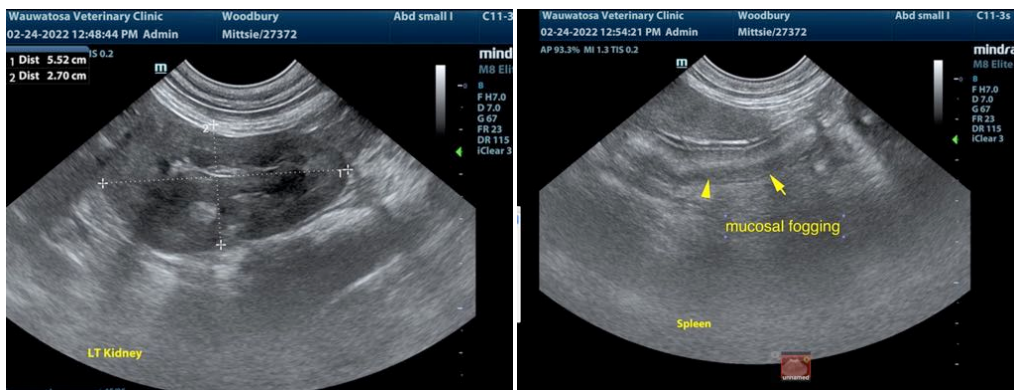
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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