



DATE PRESENTING CLINICAL SIGNS

2/27/26 Patient History: Not eating, was vomiting, orange colored urine, jaundice.

PATIENT Current Medications: just started Ursodiol, Doxy and Denamarin today.

Moose Willnecker

Labwork Results: Labwork not attached, reported as: increased liver enzymes. Xray- NSF

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A trace amount of bladder sand is noted. A grouping measured 1.16 cm. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Neutered Male

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 8.23 cm. The right kidney measured 7.28 cm.

AGE

11/25/19

WEIGHT

106.8 Pounds

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 3.0 cm x 0.96 cm at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland measured 2.74 cm x 0.99 cm at the cranial pole and 0.81 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV,
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IVUSS

Spleen

HOSPITAL NAME

Honeygo AH

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.

REFERRING VET

Dr. Weichart

Liver

INVOICE

35996

The **liver** revealed slight increased portal markings. The liver was subnormal in size. The gallbladder and common bile duct were unremarkable.

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.

Pancreas

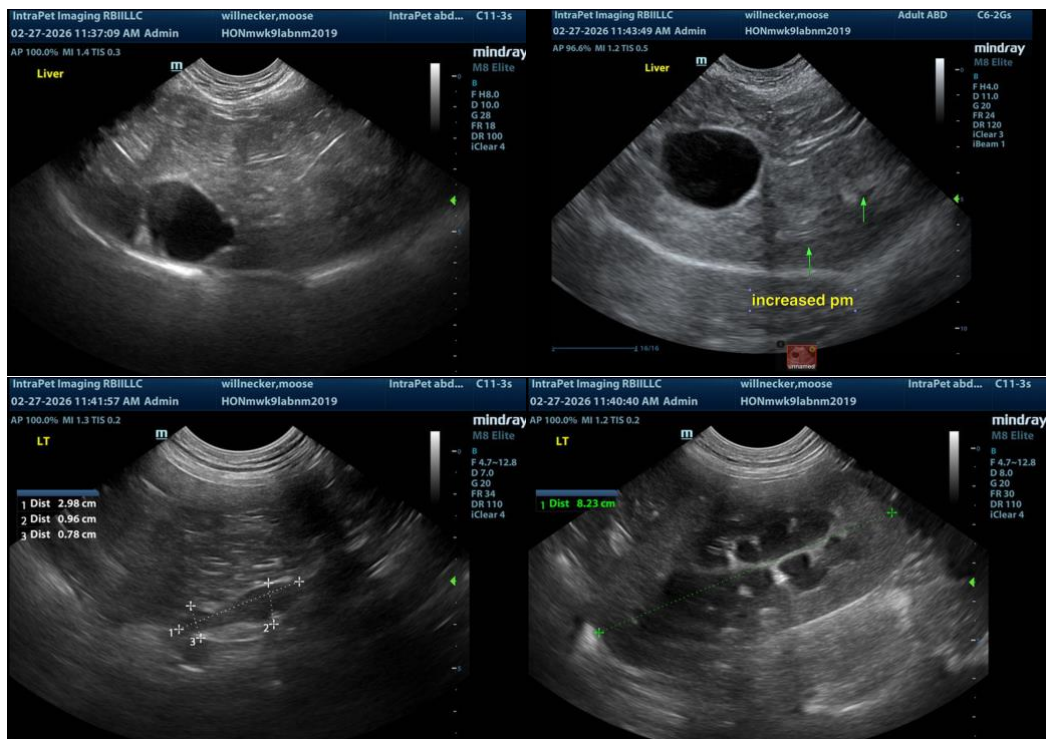
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

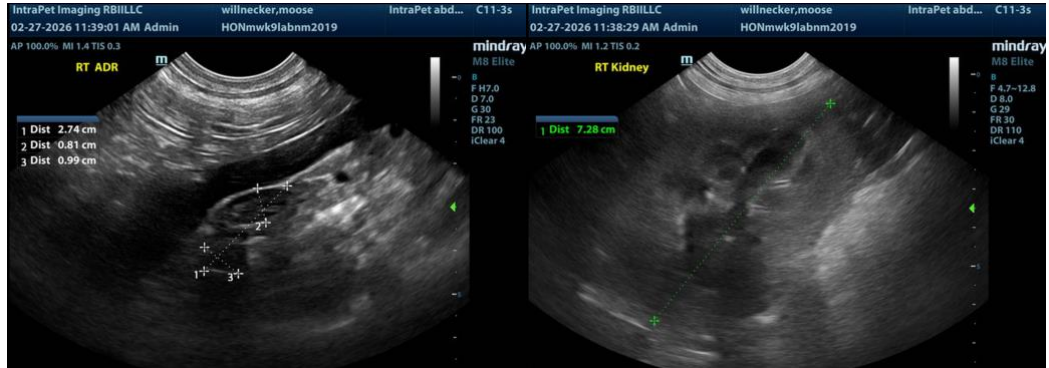
ULTRASONOGRAPHIC FINDINGS

- Chronic fibrosing cholangiohepatitis
- Trace bladder sand, likely causing periodic hematuria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers is indicated. Core liver biopsy and bile acid profile is indicated, unless bilirubin elevation is an issue, then bile acids are not necessary. Underlying primary copper storage is a potential in this patient. Surgical ultrasound guided or laparoscopy liver biopsies are indicated. Prognosis is guarded long term. The bladder sand should be dissolvable with medical management.





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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