



PATIENT

Bruiser Haney

SPECIES

Canine

BREED

Doxy

SEX

Neutered Male

AGE

9 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

21321

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Pet presented 1 week ago with clinical signs of : vomiting, mild decreased appetite. Exam noted: 4/5 murmur (chronic and is on Vetmedin), mild dehydration: blood work at that time showed mild elevations of liver enzymes: ALT 337, ALP 1547, GGT 56, Tbili 1.1 snap pli: normal Treated with amoxi po metro po , 1 injection of Cerenia, and sq fluids and Denamarin po Pet improved initially but last 3 days very poor appetite, 1 episode of vomiting this morning post medications, mild lethargy, moderate dehydration. Repeat blood today: alt: 931, alpkp: 1815 GGT: 51 t.bili 2 globulins elevated at 5.2 pet is still currently on metro and amoxi and Denamarin po admitted and placed on iv fluids (cautious doses with heart disease), Cerenia iv and famotidine iv.

Abnormal PE/Chem/CBC/UA Results: see above

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 4.0 cm. The right kidney measured 4.0 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 0.6 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

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.

Liver

The **liver** presented coarse architecture and minor irregular swelling. The gallbladder was edematous. A minor amount of debris was noted in the gallbladder. No evidence of surgical mucocele present. The common bile duct was normal (2.0 mm). No evidence of posthepatic obstruction.

Gastrointestinal



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The **upper gastrointestinal tract** revealed some pyloric hypertrophy and minor retention of chyme. The small intestine was unremarkable, other than minor hyperperistalsis.

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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Doxy

Free Abdomen

Pericapsular enhancement was noted suggestive for inflammation.

SEX

Neutered Male

- Nonspecific hepatitis presentation
- Concurrent minor gastroenteritis

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

Leptospirosis should be considered as a potential. Leptospirosis titers is indicated. FNA of the liver is indicated with cytology and culture. IV fluid support and ampicillin/metronidazole (or similar combination) is recommended. Further treatment would be based on FNA results. No evidence of neoplasia. Other toxins should also be considered as potentials.

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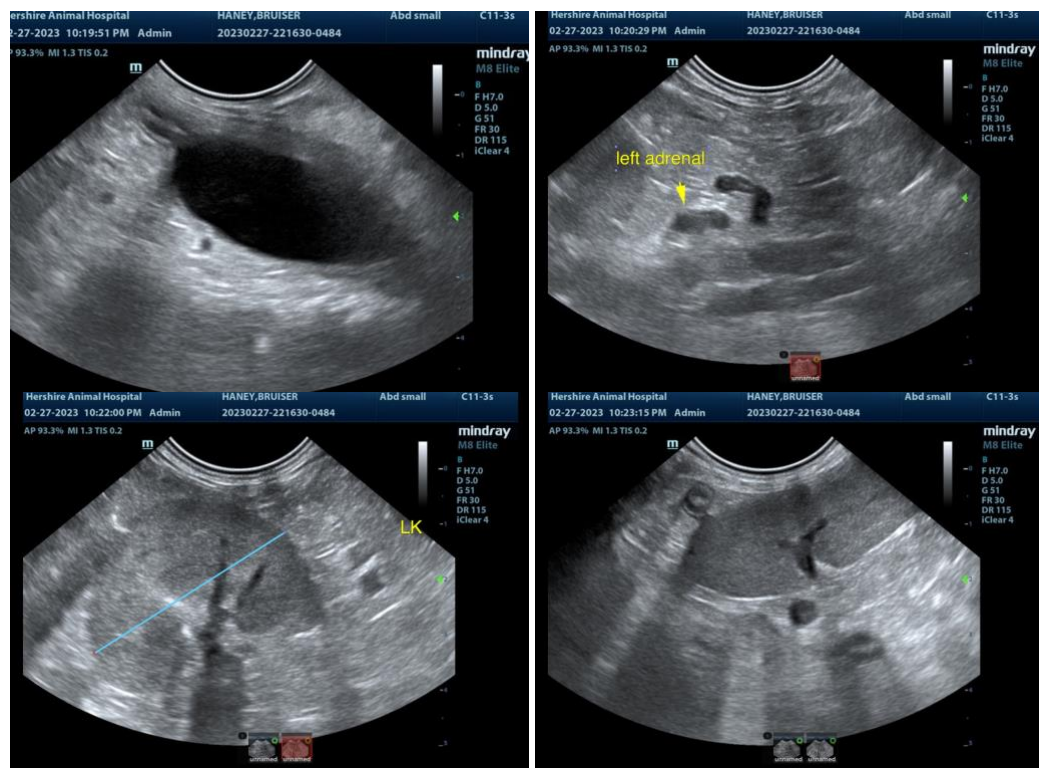
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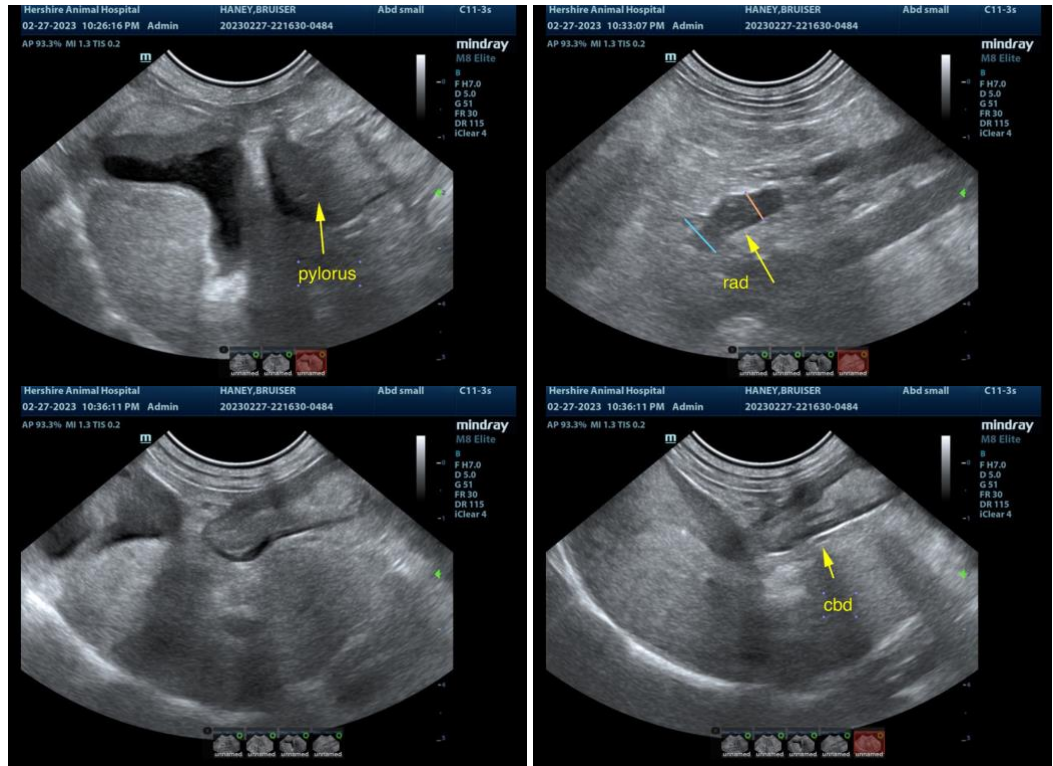
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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