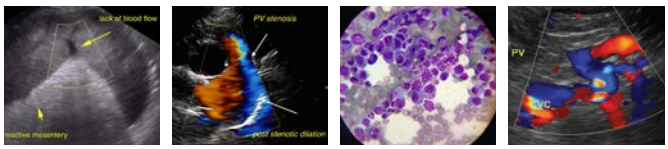
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Roxy Stewart

SPECIES
Canine

BREED
Pit Bull Terrier X

SEX
Intact Female

AGE
3 Years

WEIGHT
43.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Englewood Vet Center

REFERRING VET
Dr. Ezik

INVOICE
44742

DATE
2/3/23

PRESENTING CLINICAL SIGNS

Patient presents for weight loss, inappetence, and slightly icteric mucus membranes. Patient is UTD on Lepto vax.

Abnormal PE/Chem/CBC/UA Results: ALT 656, GGT 41, T. bili 2.1, serum icteric. Bile acids pending. U/A: bili 3+, USG 1.008.

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 **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.

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 right adrenal gland measured 2.5 cm x 0.47 cm at the caudal pole and 0.46 cm at the cranial 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. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

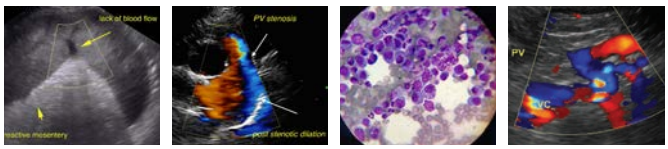
The **liver** presented diffuse increased portal markings and nodular changes. The gallbladder and common bile duct were unremarkable. Irregular contour present. The portal vein was enlarged and engorged with similar congestion pattern to the spleen. Ascites noted. Hepatic lymphadenopathy present.

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. 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



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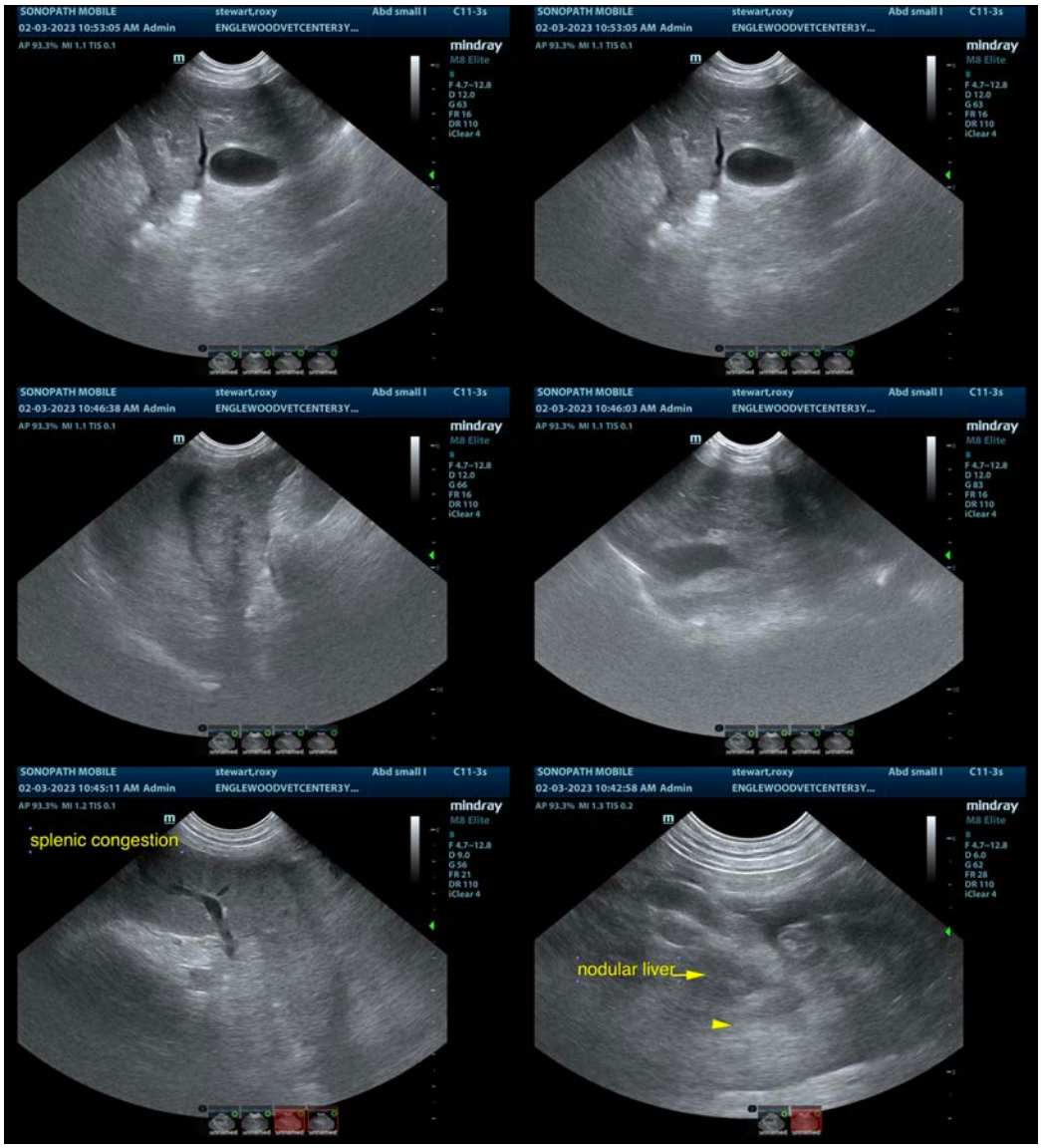
upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic fibrosis/cirrhosis pattern with secondary portal hypertension and splenic congestion – end stage and chronic inflammatory liver disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the age of the patient of the patient, underlying infectious agent such as Leptospirosis or primary copper storage are potentials. Surgical biopsy would be best in this patient, as core liver biopsy with ultrasound guidance would not allow for monitoring of bleeding complications, given the ascites. Otherwise, laparoscopy guided biopsy indicated. Prognosis is poor long-term.



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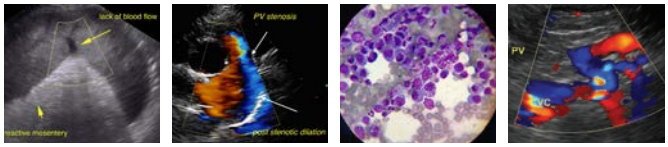

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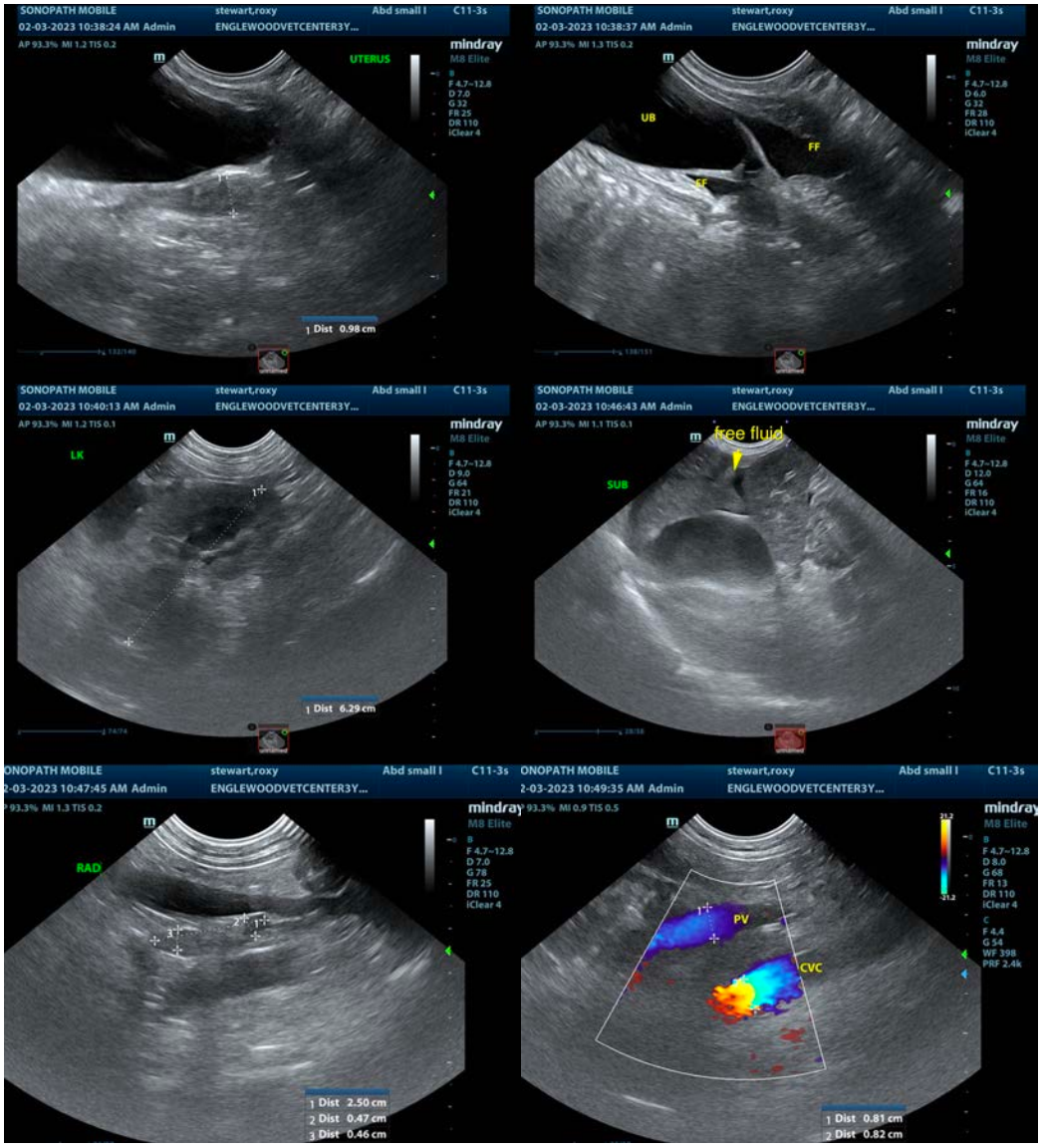

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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