



PATIENT

PRESENTING CLINICAL SIGNS

Apricot FFF

History: D+ small intestinal, 2 wks duration. One day of melena, 4 days prior, resolved. Unresponsive to symptomatic treatment (metronidazole, proviable, bland diet, endosorb, sucralfate, omeprazole) Anorexia last 2 days, and weight loss. Labs and DDx pre AUS: - BUN 51 (creat 1.2) - ALT 867 - ALP 640 - GGT 39 CBC and UA wnl - r/o cholangiohep vs neo vs hepatopathy vs biliary vs pancreatitis vs infectious++

SPECIES

Canine

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

BREED

Cocker Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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.

AGE

12 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional anechoic cortical cyst was noted and measured up to 0.5 cm. The right kidney measured 3.43 cm with slight pinpoint mineralization.

WEIGHT

8 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.57 cm at the caudal pole and 0.51 cm at the cranial pole. The left adrenal gland measured 0.53 cm at the cranial pole and 0.56 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Russell

Spleen

HOSPITAL NAME

Frosted Faces
Foundation

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 was noted.

REFERRING VET

Dr. Russell

Liver

INVOICE

42685

The **liver** itself was unremarkable with slightly increased portal markings. The gallbladder was over distended with suspended, striating bile and was rounded. This is consistent with emerging mucocele. The gallbladder measured 4.0 x 3.0 cm.

DATE

2/9/23



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Gastrointestinal

Apricot FFF

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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Canine

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Cocker Spaniel

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Immature gallbladder mucocele.

AGE

12 years

Non-specific enteritis pattern.

WEIGHT

8 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend gallbladder motility study in this patient. Ursodiol over the next 6-8 weeks and recheck of the gallbladder is recommended. FNA of the liver is warranted. If there is a rapid rise in ALKP and bilirubin occur then cholecystectomy may be necessary. Leptospiriosis titers are warranted. The anorexia may be owing to underlying GI disease as well as emerging gallbladder mucocele as the gallbladder has low-grade clinical signs.

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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.

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