

**DATE PRESENTING CLINICAL SIGNS**

3/10/23 History: Decreased appetite, vomiting, icteric, no known toxins.

PATIENT

Hershey Carr Current Medications: Clavacillin 375mg 2 BID.

Lab Results: ALT 2166, ALKP 252, Tbil 12.6.

Radiographs: No obvious masses.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Labrador

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.

AGE

10/27/15

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 8.15 cm. Slight pinpoint mineralizations were noted, nonobstructive. The right kidney measured 7.1 cm.

WEIGHT

105 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 2.69 cm x 0.69 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 2.87 cm x 0.85 cm at the caudal pole and 0.69 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

Liver

The **liver** revealed increased portal markings and coarse architecture, consistent with fibrosing cholangitis/cholangiohepatitis pattern. The liver was essentially normal in size. The gallbladder wall was slightly echogenic without overdistention.

INVOICE

21564

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

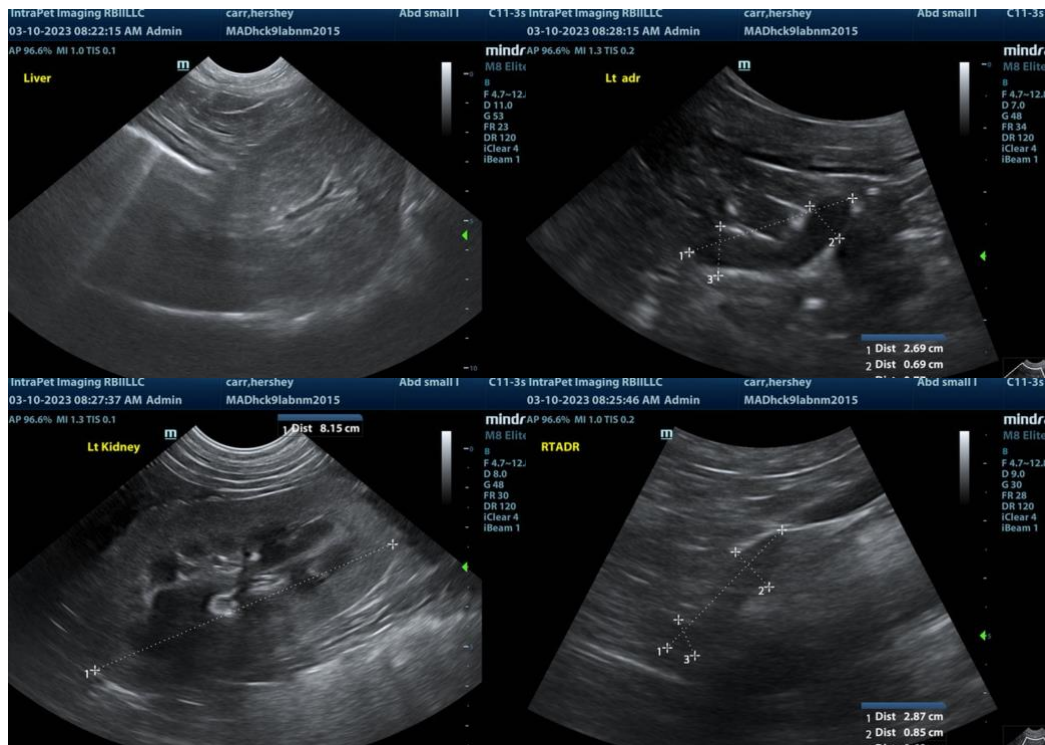
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

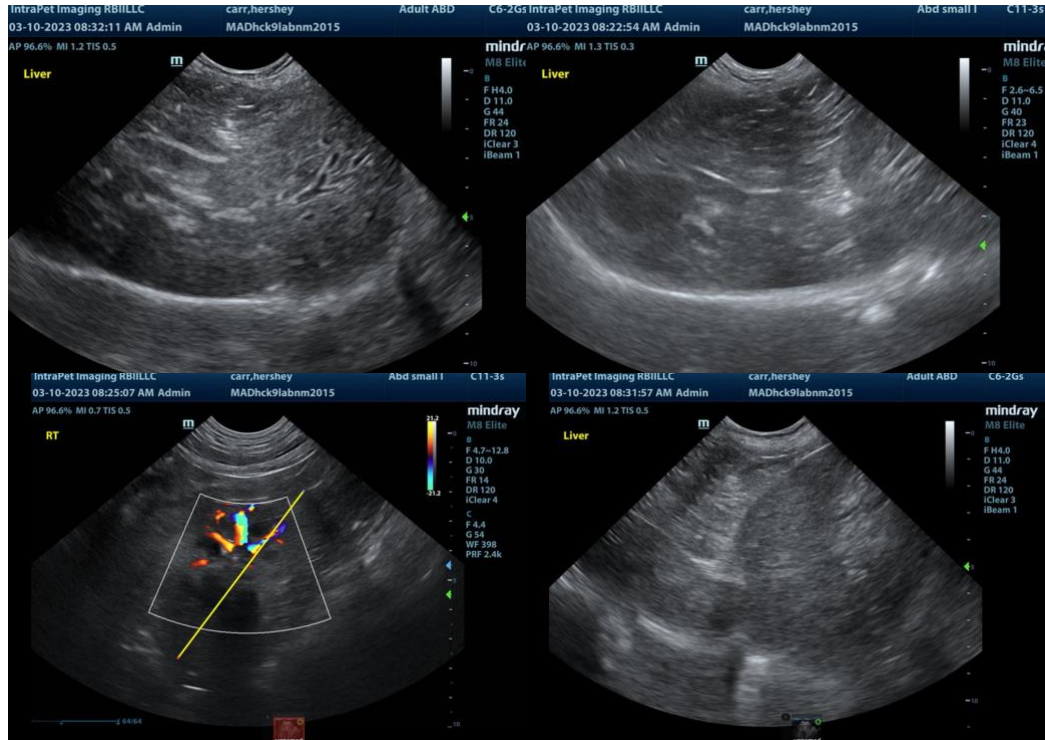
ULTRASONOGRAPHIC FINDINGS

- Chronic moderate cholangiohepatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying causes of the cholangiohepatitis could be copper storage disease, Leptospirosis, or other inciting causes. Coagulation panel with core liver biopsy is recommended with quantitative copper analysis. Leptospirosis titers is indicated. IV ampicillin, metronidazole, hepatic nutraceuticals and IV fluid support are all indicated. Prognosis is guarded long term.





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.

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