

PATIENT PRESENTING CLINICAL SIGNS

Buttercup Evers

History: Presented for initial exam. Adopted as rescue, no know medical problems. Pre anesthesia blood panel prior to OVH showed elevated liver enzymes, progressive at recheck liver panel one week later. Lepto- Ab negative. Recent weight loss may be diet related, no other clinical signs of liver disease
 Abnormal PE/Chem/CBC/UA Results: PE: NAF chemistry 3/3/23: ALT (770 U/L) Liver panel 3/11/23 : ALT=1268 (18-121) U/L, AST=184 (16-55) U/L, post prandial bile acids =50.7 (0-29.9) umol/L

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

1 ½ years

WEIGHT

24.6 lbs

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 was 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. The left kidney measured 4.36 cm. The right adrenal gland measured 0.5 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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was mildly subnormal in size. Intrahepatic and extrahepatic vascularity appear slightly subnormal in size. The gallbladder was 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.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Green

INVOICE

43239

DATE

3/11/23



PATIENT

Pancreas

Buttercup Evers

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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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

French Bulldog

Structurally unremarkable abdomen.

SEX

Female

Portal hypoplasia/microvascular dysplasia may be present; however, this would necessitate core liver biopsy for further definition.

AGE

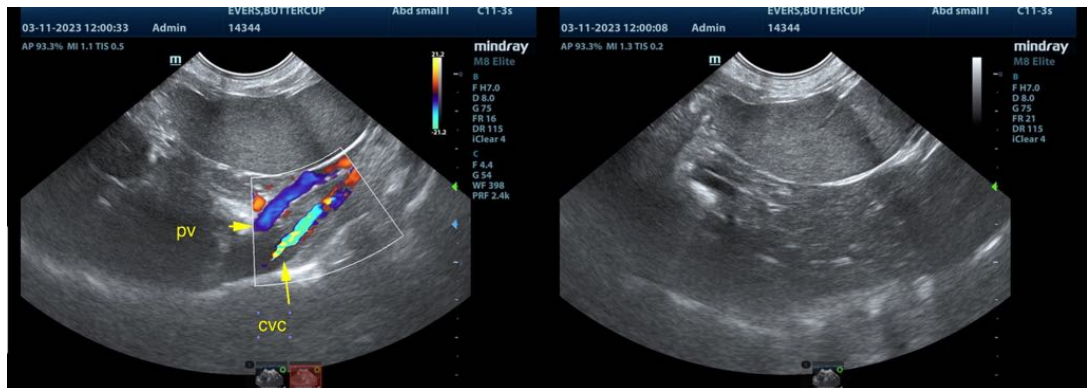
1 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of portosystemic shunts. Acute hepatic insult is suspected such as Leptospirosis or toxin exposure. FNA of the liver is indicated. Leptospirosis titers are recommended. Liver support is warranted followed by reassessment of the liver values.

WEIGHT

24.6 lbs



INTERPRETED BY

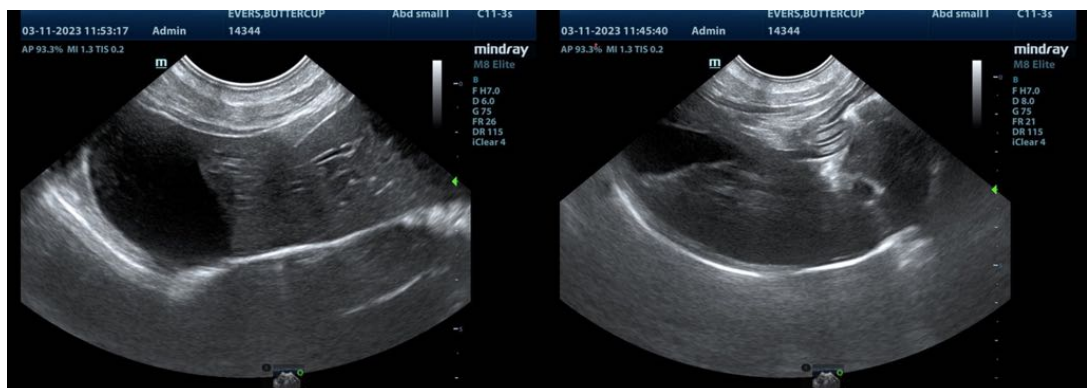
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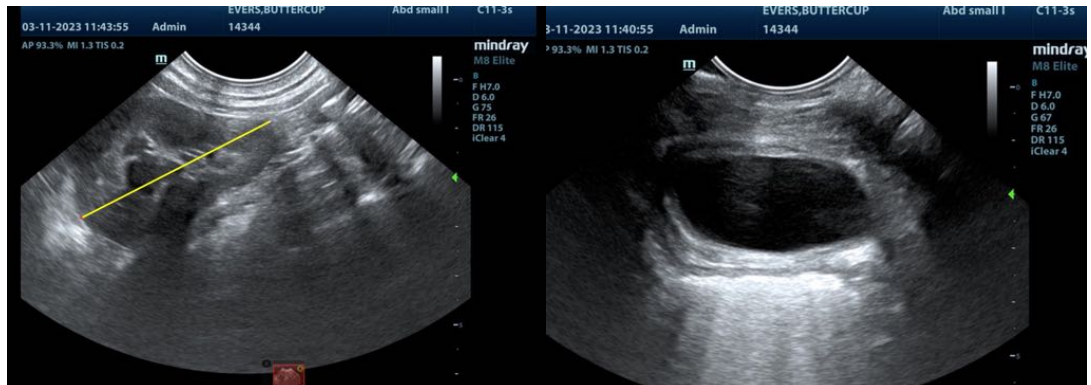
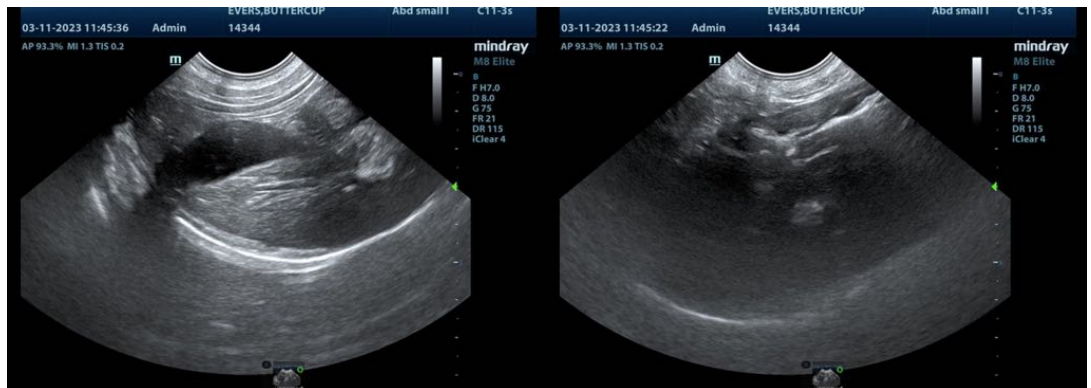
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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