



**PATIENT PRESENTING CLINICAL SIGNS**

Lola Cruz vomiting, not able to keep anything down, sudden weight loss (1.5-2lbs)  
Abnormal PE/Chem/CBC/UA Results: VERY elevated liver enzymes, slight inc in WBC

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Pomeranian X

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 2.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

The **kidneys** presented an interstitial nephrosis pattern. The left kidney measured 4.22 cm with corticomedullary mineralization noted. The right kidney measured 4.33 cm.

**Adrenal Glands**

**AGE**

4 Years

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 0.40 cm. The right adrenal gland measured 0.80 cm at the cranial pole and 0.40 cm at the caudal pole.

**WEIGHT**

15.7 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Liver**

**IMAGING PERFORMED BY**

Adrienne Ligenza

The **liver** was subnormal in size. Slight increased portal markings noted. Coarse architecture. No evidence of masses or post-hepatic disease. The gallbladder was unremarkable. Portal vein/vena cava ratio was 1:1. No evidence of intrahepatic or extrahepatic shunting.

**HOSPITAL NAME**

Rush Vet Urgent Care

**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.

**REFERRING VET**

Dr. Lori Milot

**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.

**INVOICE**

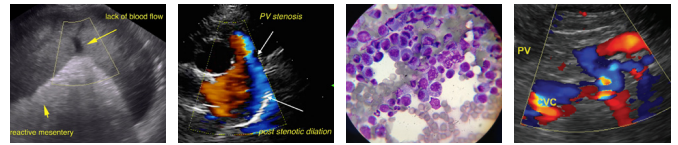
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**ULTRASONOGRAPHIC FINDINGS**

**DATE**

3/12/22

- Microhepatica, acute inflammatory hepatopathy – Leptospirosis or similar insult suspected.
- Mild degenerative renal changes with slight pinpoint mineralizations



**PATIENT**

Lola Cruz

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**SEX**

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**HOSPITAL NAME**

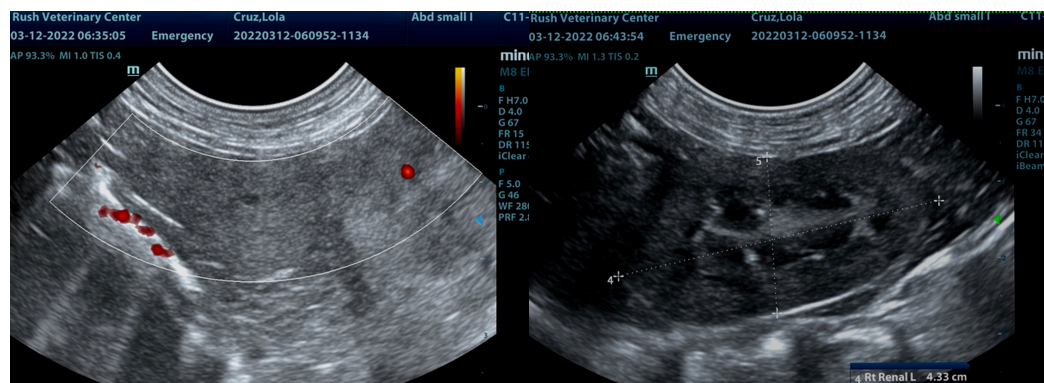
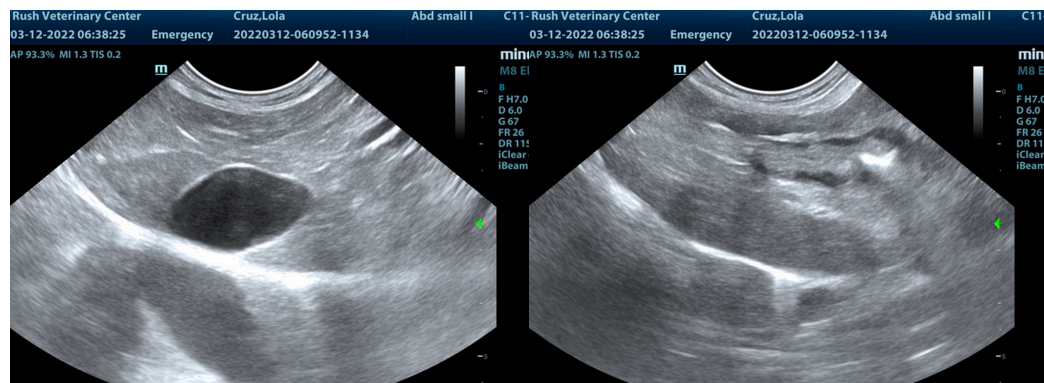
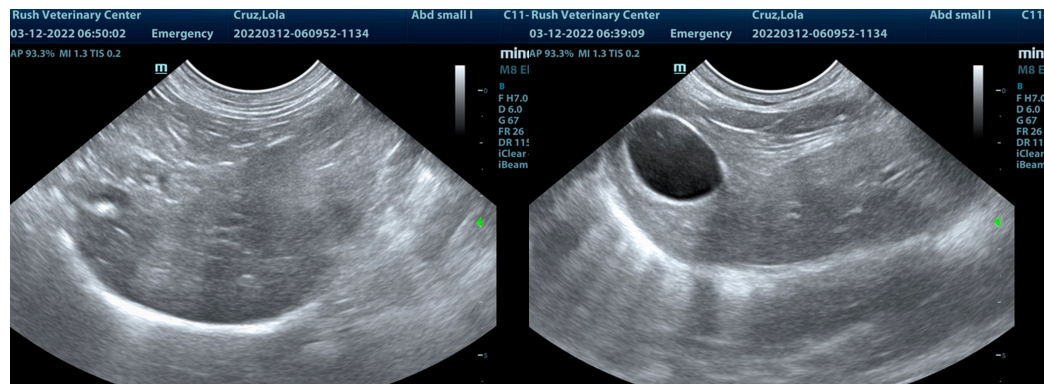
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**REFERRING VET**

Dr. Lori Milot

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concurrent microvascular dysplasia may be present. IV fluid support, Ampicillin/Metronidazole, nutraceuticals all indicated. FNA of the liver recommended to assess inflammatory cell type. Core liver biopsy may be necessary for definitive diagnosis, as well as copper assessment.



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**PATIENT**

Lola Cruz

**SPECIES**

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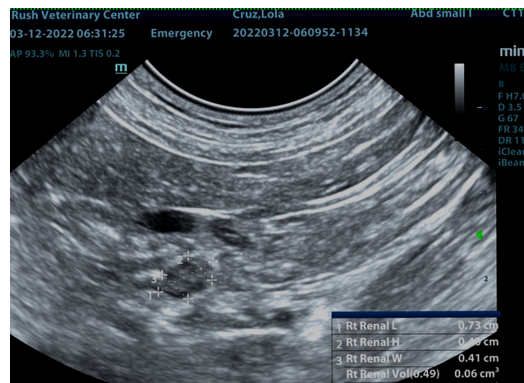
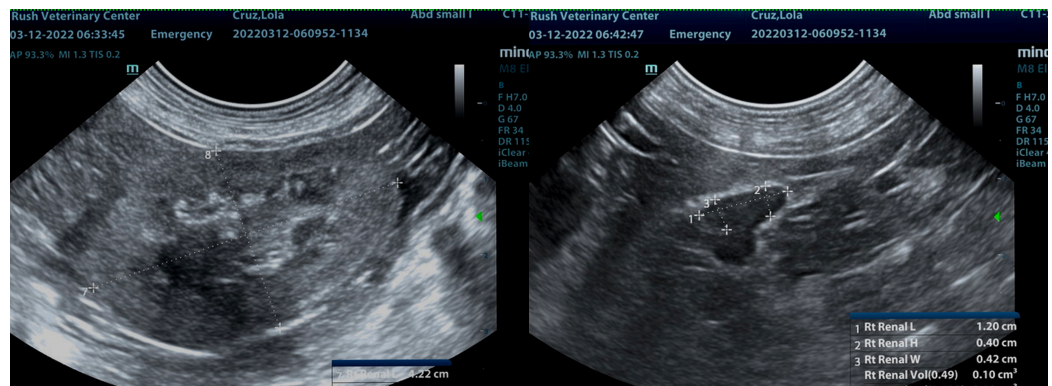
Spayed Female

**AGE**

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**DATE**

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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](mailto:info@SonoPath.com)