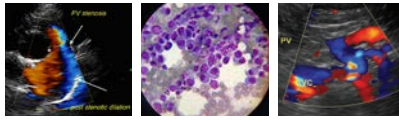


IMAGING PERFORMED BY

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**SonoPath**

Clinical Sonography & Telecytology

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

**DATE**

3/31/23

**PATIENT**

Fezziwig Borst

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Neutered Male

**AGE**

4/27/12

**WEIGHT**

18.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

46350

**PRESENTING CLINICAL SIGNS**

Started vomiting around the 10th of march - vomit bile one episode but a few piles during the night - was at rdvm on 3/17, started omeprazole - was ok until tuesday then vomiting again No changes to his stool and appetite has been fine. No dietary indiscretion, owner noted that SO has been giving treats, verious dry kibble chicken and rice or royal canin SO urinary - before Dec was known to get people food - have been cleaning teeth with tooth paste recommended from dental specialist - also gave TDC to rub on gums Known to eat deer feces Presented to rdvm 3/17: - Vomiting clear liquid since sunday - one episode had small piece of aluminum. Presented to rdvm 3/23: - Presented for labwork - cpl abnormal - Bw: Alt 127 (10-125) - Recommended continuing omeprazole and added on cerenia - owner noted that did not given cerenia because he did not vomit Presented to rdvm 3/29: - vomiting over the weekend - owner gave cerenia after the vomiting - Rads: distended stomach +/- ingesta vs ruggal folds, decreased serosal detail mid cranial abdomen - Bw: -Concerns for pancreatitis - Recommended starting on gabapentin Off amlodipine since 2/2023 Current medications: - Cerenia 16 mg 1 tab q24 - last given yesterday 530p, first time given - Omeprazole 10 mg 1 tab q12 - last given 630a - Gabapentin 100 mg q12 - last given 6a

Current Medications: Protonix, Cerenia, Buprenorphine.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed bladder and urethral sand. Sand grouping up to 1.84 cm noted.

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 4.83 cm. The right kidney measured 5.37 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. The left adrenal gland measured 2.39 cm x 0.60 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 1.84 cm x 0.63 cm at the caudal pole and 0.69 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. 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.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present and minor striating bile. The liver presented coarse architecture with mildly increased portal markings and

subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

### ***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***

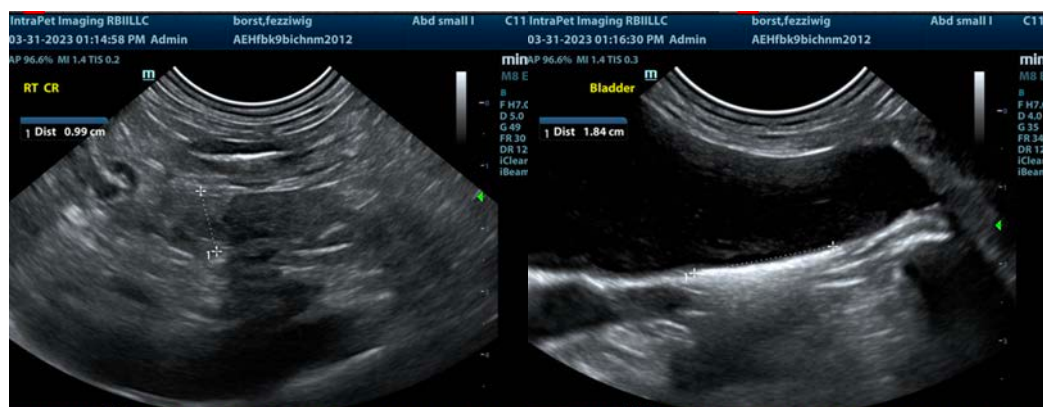
The **pancreas** was hypoechoic and mildly irregular in the right and left limbs, up to 1.0 cm on the right. Coarse architecture noted. History of pancreatitis likely.

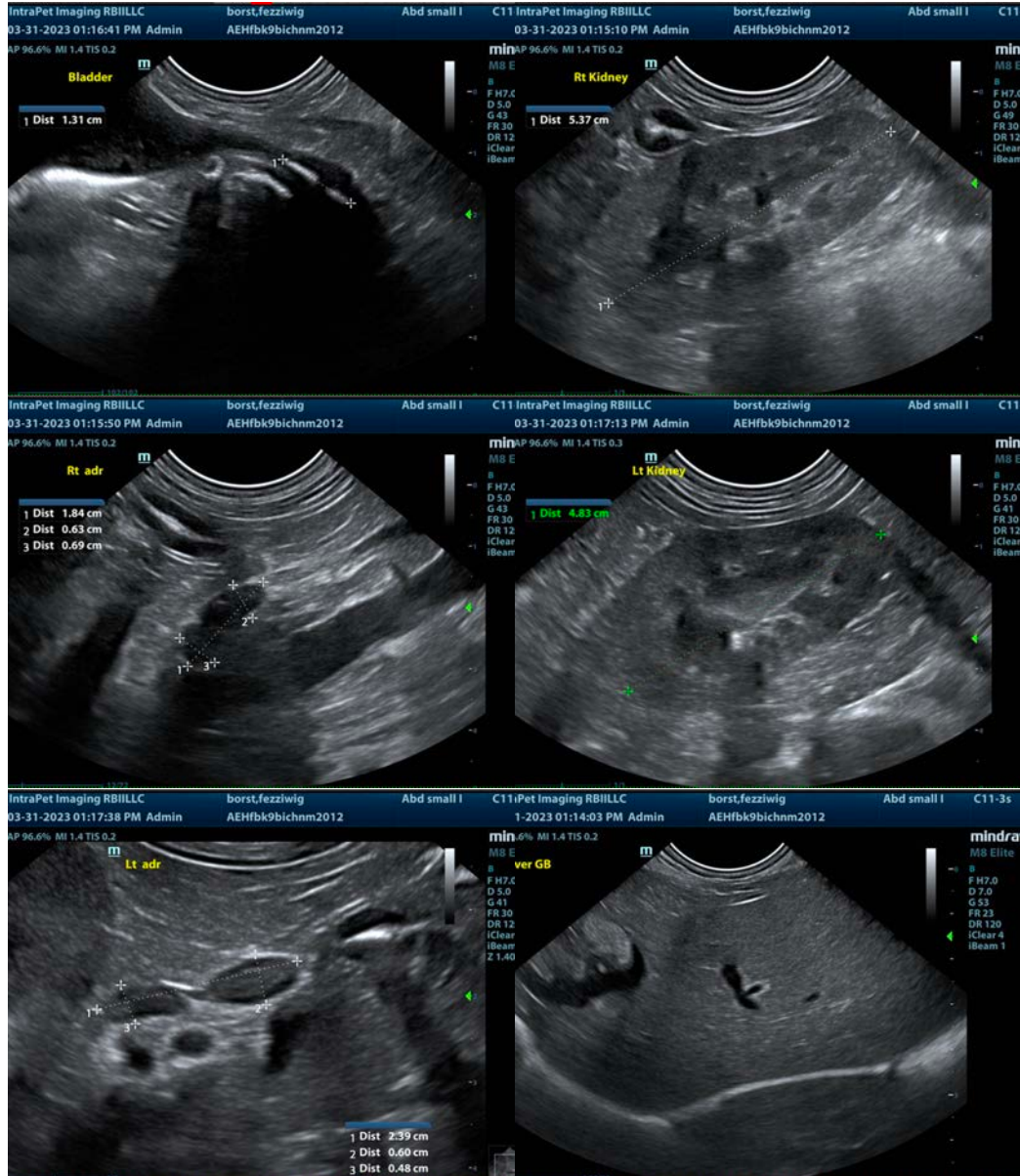
## **ULTRASONOGRAPHIC FINDINGS**

- Inflammatory hepatopathy with emerging mucocele
- Bladder and urethral sand
- Minor heterogeneous pancreas, possible low-grade pancreatitis

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend reassessment of the bilirubin value to ensure this is not artifactual, as the gallbladder presentation is subjectively not adequate to cause bilirubin elevation on its own. If elevated bilirubin is confirmed, then FNA of the liver indicated. Eventual cystotomy with sand analysis and culture indicated. Ursodiol therapy warranted over the next 6-8 weeks. If the patient is stable, then recheck sonogram at that time.





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)