



**PATIENT**

Robbie Darney

**SPECIES**

Canine

**BREED**

Shetland Sheepdog

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

13.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Zippay

**INVOICE**

14190

**DATE**

3/6/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for vomiting. Previous Health Concerns: hepatopathy; dental (no extractions 2/3/22) Current Medications: Denamarin, dasuquin Appetite/When did they eat last: yesterday small amount of dry; fresh pet/rice this morning Diet: fromm dry, fresh pet Vomiting/Diarrhea: vomited 4 times food, fluid (3 time last night, 1 time this morning)/none

Abnormal PE/Chem/CBC/UA Results: Abdominal: tense on palp Radiographs: sl loss of detail cranial abd ventrally, empty stomach, gas in colon Epoc: pCO2 26.9 L, pH 7.498 H Liver panel: ALT \*\*\* H, ALP 838 H, GGT 19 H; ALT (dilution) 2,100 H

**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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The right kidney measured 5.9 cm. The left kidney measured 5.0 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 0.4 cm.

The region of the **right adrenal gland** was imaged. No evidence of pathology.

**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. Caudal folding of the spleen was noted, uniform- no evident pathology.

**Liver**

The **liver** was mildly enlarged with slight coarse architecture and increased portal markings. Dependent gallbladder debris noted.

**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.



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**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.

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**ULTRASONOGRAPHIC FINDINGS**

- Acute on chronic cholangiohepatitis pattern

**BREED**

Shetland Sheepdog

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis or similar insult suspected. No evidence of neoplasia. Coagulation panel, hepatic FNA and leptospirosis titers warranted. IV ampicillin/metronidazole combination, liver support, nutraceuticals and ursodiol all indicated.

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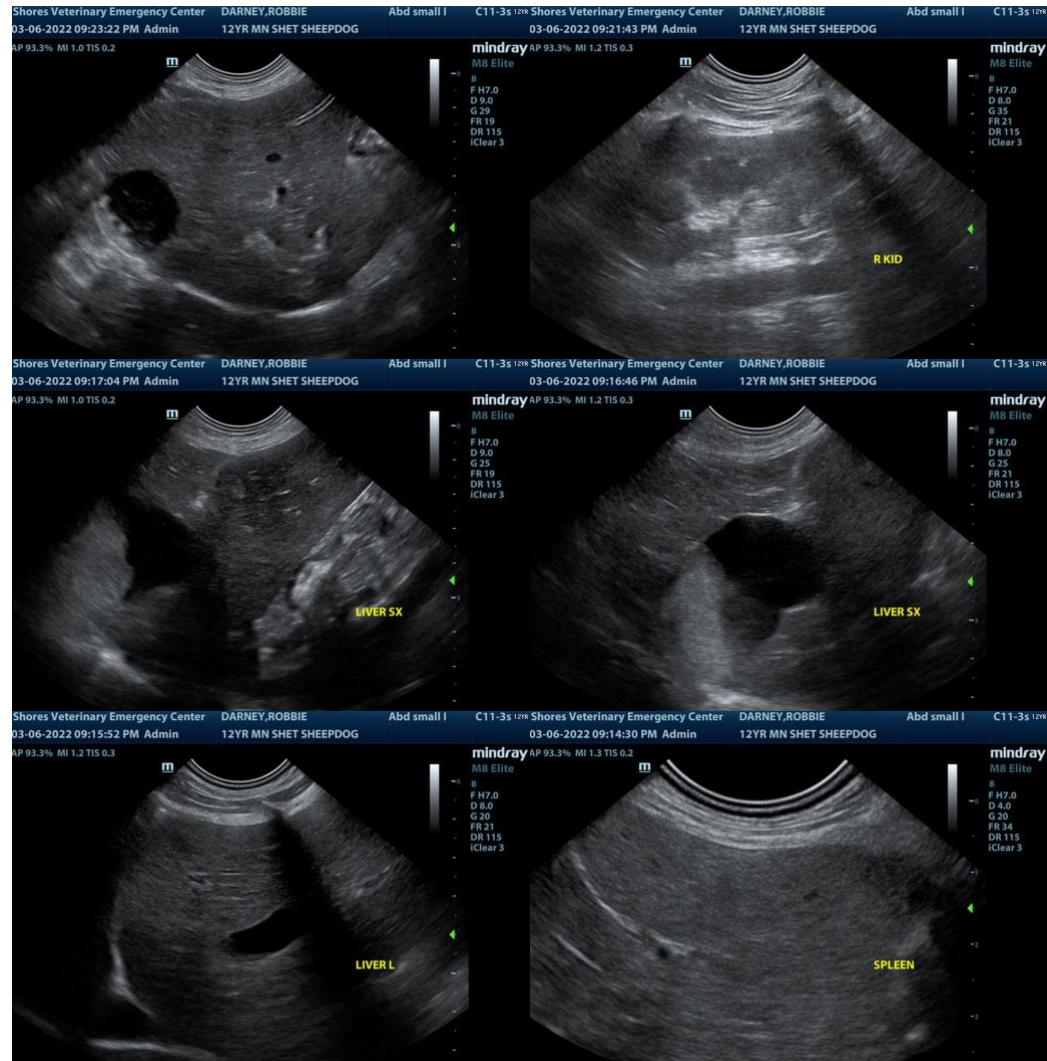
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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