

**PATIENT**

Abby Santiago

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

FS

**AGE**

12yr

**WEIGHT**

36.6lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**  
Dr. Rodriguez

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

13109ag

**DATE**

03/06/2023

**PRESENTING CLINICAL SIGNS**

Vomited several times this am (20+times). Anorexia. Serum is icteric. Lepto snap test neg

Abnormal PE/Chem/CBC/UA Results: ALT: too high to read, GGT: 39, Tbili: 2.9. ALK: 476, WBC: 14.8, Neut: 11.9.

**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 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 left kidney measured 4.79 cm in length. The right kidney measured 5.4 cm in length.

**Adrenal Glands**

The right adrenal gland was slightly swollen at the cranial pole measuring 1.53 cm width cranial pole and 0.8 cm at the caudal pole. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.01 cm in length by 0.69 cm caudal pole width.

**Spleen**

The spleen exhibited a hypoechoic nodule measuring 1.03 cm x 0.64 cm. The remainder of the spleen was unremarkable and uniform with occasional hyperechoic lipogranulomas noted.

**Liver**

The liver images submitted revealed increased portal markings and a hyperechoic nodule noted in the right cranial liver measuring 2.0 cm x 1.95 cm.

The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**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**



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- Acute on chronic cholangiohepatitis pattern
- Splenic nodule
- Age related renal changes
- Swollen right adrenal gland

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Assuming normal clotting status liver parenchyma and liver/splenic nodule FNA for screening cytology is warranted for further assessment. The splenic nodule is likely hyperplasia with the possibility of round cell neoplasia or emerging hemangiosarcoma. Ampicillin, metronidazole and nutraceuticals all indicated. No overt evidence of neoplasia yet cannot be ruled out without FNA.

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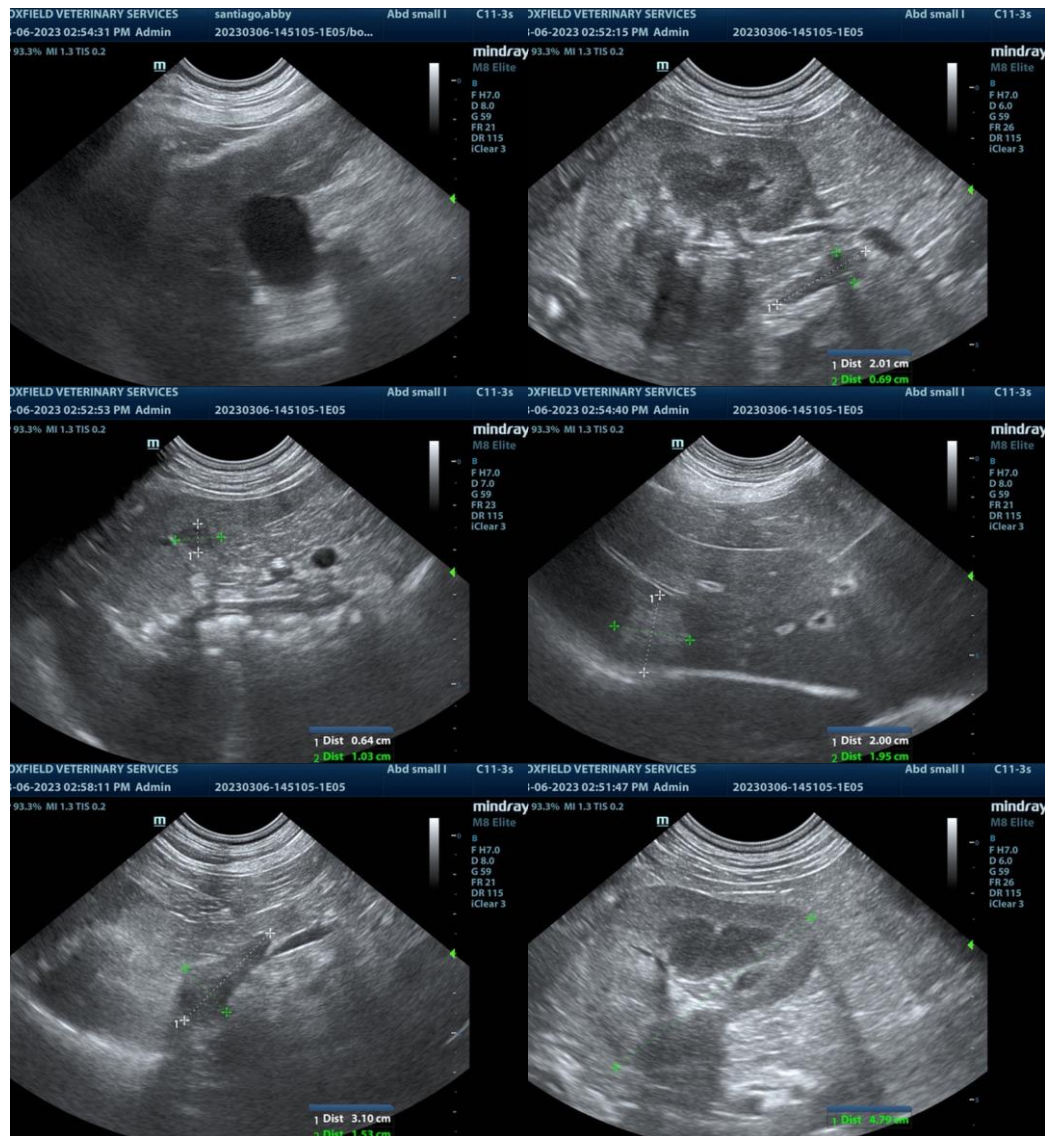
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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

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