

PATIENT

Kendall Bierman

PRESENTING CLINICAL SIGNS

History: 4/4 presented with 1wk hex of anorexia and lethargy -significant jaundice on presentation

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: decreased TP, BUN, CHOL - elevated Alt 480, GGT 13, TBIL 11.2 -normal CBC -negative CPL - leptotiter not consistent with infection Current Medications Amoxi, doxy, denamarin, entyce

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab

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.

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 6.6 cm. The right kidney measured 5.62 cm.

AGE

8 Years

Adrenal Glands

WEIGHT

50 Pounds

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 right adrenal gland measured 2.47 cm x 0.56 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 3.05 cm x 1.88 cm at the cranial pole and 0.97 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUS

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. Cranial folding of the spleen was noted.

HOSPITAL NAME

Banfield South Eugene

Liver

REFERRING VET

Dr. Wayland

The **liver** revealed coarse architecture, mild increased portal markings and heterogeneous hepatic parenchymal changes. The gallbladder was unremarkable with a minor amount of debris.

Gastrointestinal

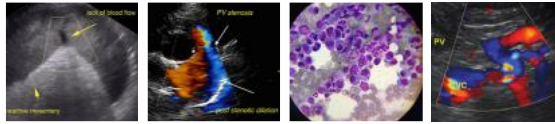
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Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable. Transit of chyme was unremarkable.

DATE

4/15/22



PATIENT *Pancreas*

Kendall Bierman 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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Nonspecific minor hepatic remodeling, acute insult suspected, such as leptospirosis
- Retention of ingesta in the stomach

BREED

Lab

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. Even though nebulous Lepto results, I still believe it is a strong potential and a para-acute presentation. IV ampicillin, metronidazole, nutraceuticals, IV fluid support and ultrasound guided FNA of the liver all indicated.

SEX

Spayed Female

AGE

8 Years

WEIGHT

50 Pounds

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DABVP, Cert. IVUSS

HOSPITAL NAME

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REFERRING VET

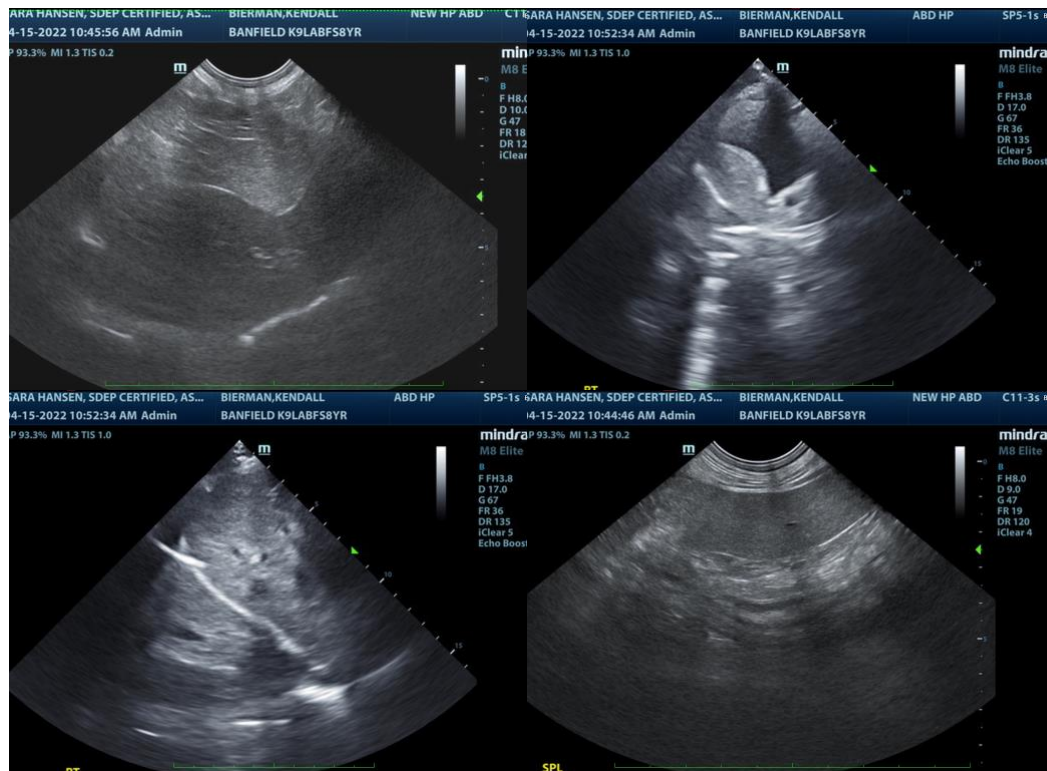
Dr. Wayland

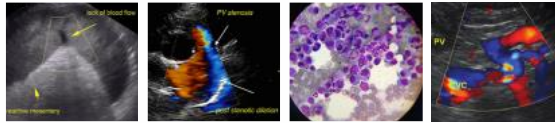
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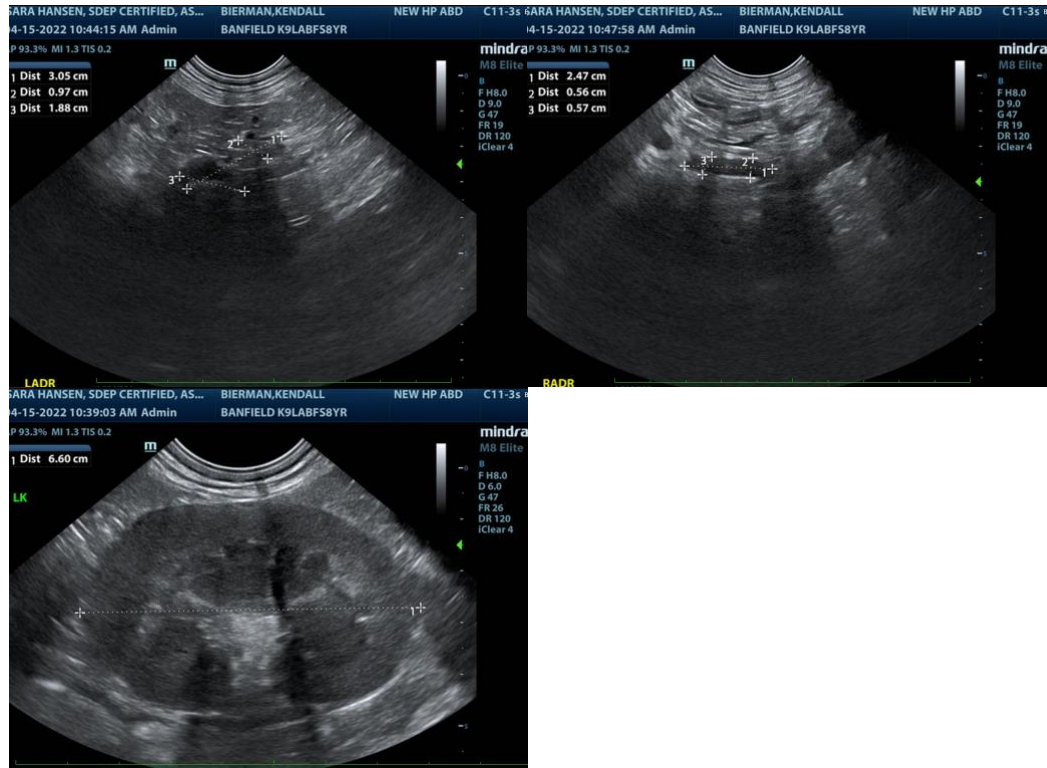
PATIENT
Kendall Bierman

SPECIES
Canine

BREED
Lab

SEX
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AGE
8 Years



WEIGHT
50 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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
 Eric.Lindquist@SonoPath.com

HOSPITAL NAME

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