



PATIENT

Rosco Scott

SPECIES

Canine

BREED

Havanese Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

20 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Judy Schroeder

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Judy Schroeder

INVOICE

22085

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting, diarrhea, and inappetence with very elevated liver enzymes. No known exposure to toxin, no change in diet. Hx of 4/6 heart murmur. Patient had a toe amputation due to suspected tumor in 6/2022 (no biopsy was done). Preanesthetic BW at that time showed ALT 483 U/l, ALP 246 U/l, and GGT 13 U/l.

Abnormal PE/Chem/CBC/UA Results: Fever 104.1, tense cranial abdomen, dry MM. CBC shows toxic NLS and bands with WBC 4650/uL. ALP 1164 U/l ALT 1737 U/l GGT 29 U/l bilirubin 0.5 mg/dl cholesterol 476 mg/dl amylase and lipase are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculi, the largest of which measured 3.0 mm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The patient is likely passing calculi periodically.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was present in the kidneys. The right kidney measured 5.82 cm. The left kidney measured 4.96 cm. Corticomedullary and pelvic calculi were noted, nonobstructive at the time of the sonogram.

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 0.73 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 0.65 cm at the cranial pole and 0.38 cm at the caudal 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** revealed increased portal markings and swollen irregular contour. The gallbladder wall was echogenic. Minor gallbladder debris was noted. The common bile duct was dilated, measuring up to 0.45 cm.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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The right limb of the **pancreas** revealed mixed hypo- and hyperechoic parenchymal changes, consistent with pancreatitis and saponification of fat tethering the common bile duct.

ULTRASONOGRAPHIC FINDINGS

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Havanese Mix

- Cholangitis pattern with pancreatitis with early posthepatic obstruction
- Minor bladder calculi
- Mild degenerative renal changes with nonobstructive renal calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Years

I recommend IV fluid support, broad spectrum antibiotics, pain management, GI protectants and treatment for pancreatitis/cholangitis. FNA of the liver could be considered for further definition. No evidence or suspicion of neoplasia. Recheck sonogram in 48-72 hours. If the bilirubin and ALP continue to elevate, then eventual surgical intervention may be necessary yet unlikely.

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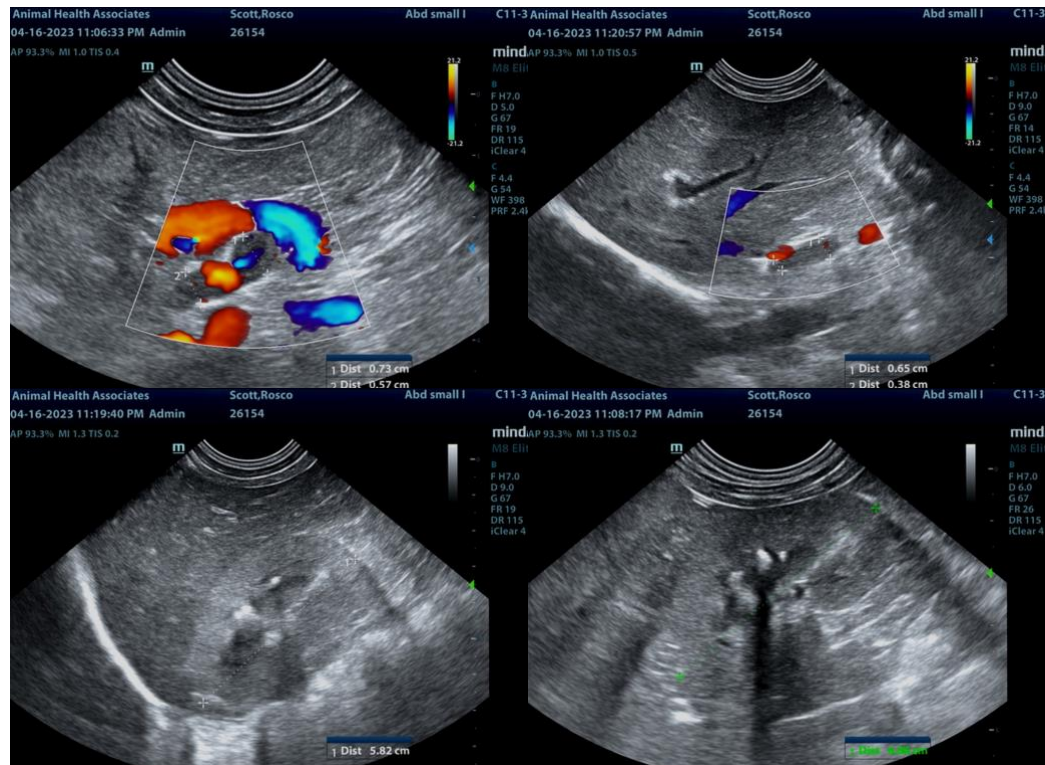
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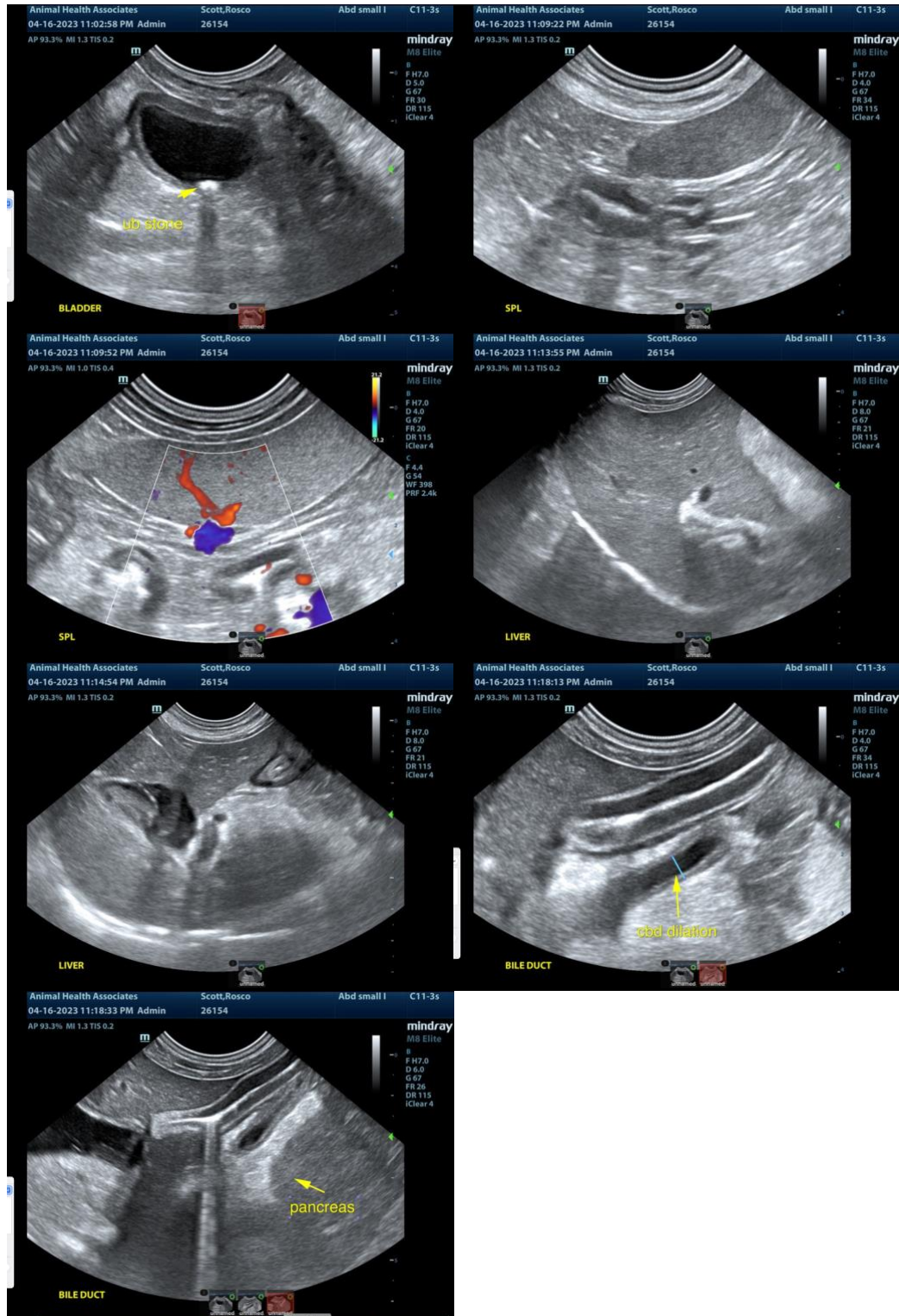
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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