



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Girl Nezelek  
**SPECIES** Canine  
**BREED** Mix  
**SEX** Female  
**AGE** 12 years  
**WEIGHT** 54 lbs

Recent adoption. Intact female. Lives mostly outside. Here for evaluation of intermittent blood tinged spotting. 4 small mammary masses. Severe dental disease. On pre-op bloodwork ALT Mildly elevated (in 200's) and lyme positive with elevated C6. Was treated with high dose amoxi and denamarin. Unsure of how much was actually given to patient. On recheck labs ALT 1410 and AST elevated, anemia and mild hypoalbuminemia.  
 Abnormal PE/Chem/CBC/UA Results: ALT 1410, AST 162, ALB 2.5 HCT 31% LEPTO pending UA and FECAL pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

The region of the uterus and ovaries were unremarkable, yet not overtly visible.

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 5.2 cm. The right kidney measured 5.56 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Prescott

**HOSPITAL NAME**

Roundout Valley VA

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**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 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

**Spleen**

The **spleen** revealed subtle, micro nodular changes and was folded upon itself cranially. There was minor, uniform swelling.

**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. 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.



**PATIENT** *Gastrointestinal*

Girl Nezelek 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.

**ULTRASONOGRAPHIC FINDINGS**

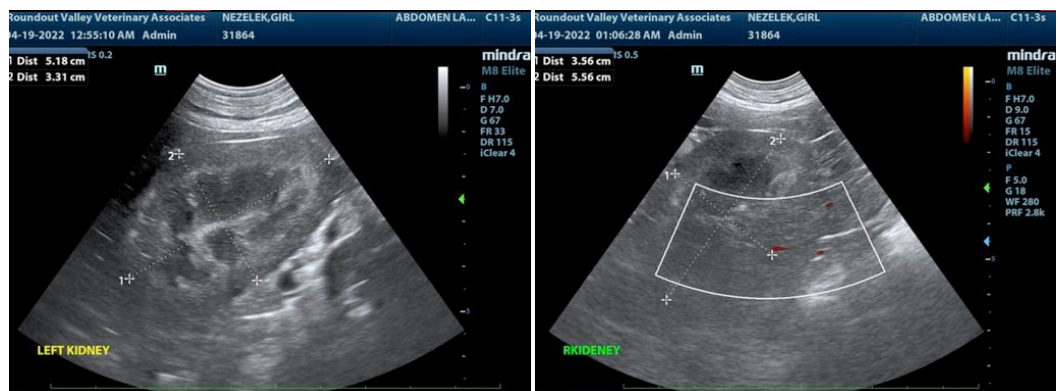
Structurally unremarkable abdomen with minor micronodular splenic changes.

Inflammatory hepatopathy.

No evidence of pyometra.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis or similar insult is suspected. FNA of the spleen and liver is indicated as well as Ampicillin and Metronidazole combination along with nutraceuticals are all warranted. No evidence of neoplasia.





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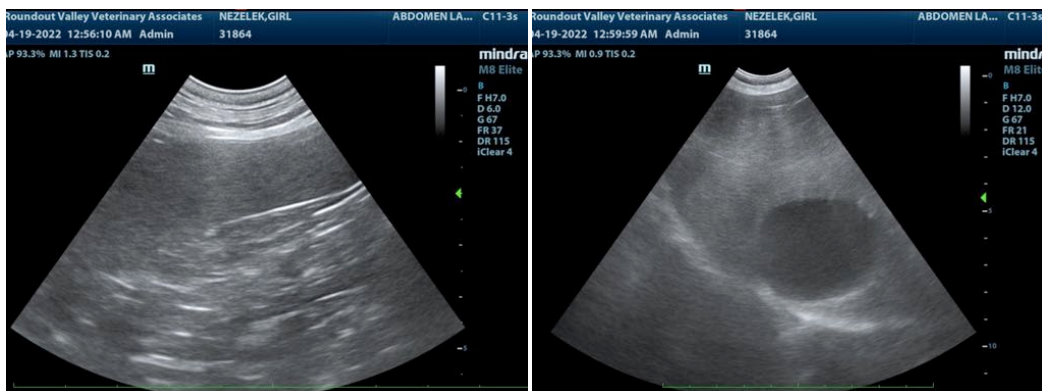
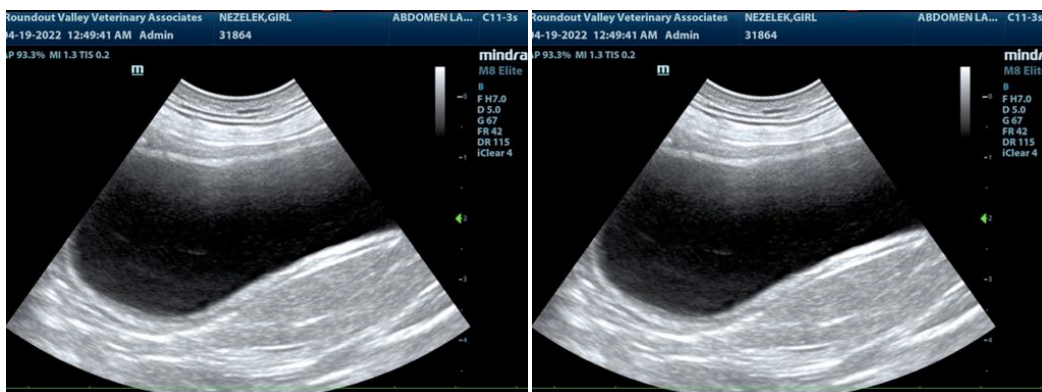
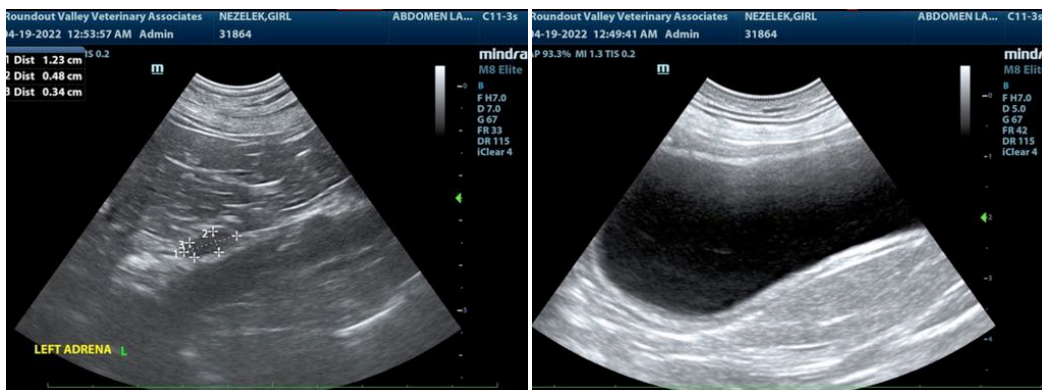
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

Mix

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.

**SEX**

Female

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

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