



**PATIENT**

Hudson Abrams

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

70 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Bednar

**INVOICE**

99362

**DATE**

4/15/22

**PRESENTING CLINICAL SIGNS**

Liver failure. Current meds: Unasyn, Dex SP, Metro.  
Abnormal PE/Chem/CBC/UA Results: Alt 643, Alp 1651, GGT 32, TBili 6.9, Chol is 77, TP 5.1, Alb 2.0, Ca+ 7.2, Plt 27, elevated wbc, neuts, monos., decreased eos.

**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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.37 cm. The right kidney measured 7.17 cm.

**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.

**Spleen**

The **spleen** was mildly enlarged with subtle micronodular changes and granular appearance. Enhanced mesentery was noted throughout the midabdomen.

**Liver**

The **liver** revealed diffuse, nodular changes with remodeling and increased portal markings. The hepatic veins were not dilated. The contour was swollen and irregular. The gallbladder was thickened. This is consistent with cholangitis.

**Gastrointestinal**

Some shadowing material was noted in the **stomach**. The pyloric outflow was thickened. Mucosal fogging was noted in the small intestine. Soft stool was noted in the colon.



**PATIENT**

**Pancreas**

Hudson Abrams

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

**Heart**

**BREED**

Rapid view of the heart revealed no evidence of pathology.

Poodle Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Chronic cholangitis, cholangiohepatitis pattern with mucosal fogging.

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

9 years

Liver failure is likely owing to chronic inflammatory disease/fibrosis, emerging cirrhosis. Concurrent protein losing enteropathy is likely. There was no overt evidence of neoplasia, yet this cannot be completely ruled out. The cortisone therapy may be suppressing a more significant presentation. Abdominocentesis and cytospin with immediate slide preparation as well as FNA of the liver is indicated for further definition. The prognosis is guarded to poor. Underlying lymphomatosis is also a potential and may be partially suppressed by cortisone treatment.

**WEIGHT**

70 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Bednar

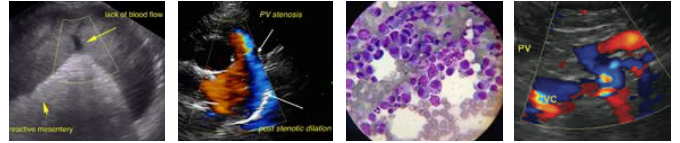
**INVOICE**

99362

**DATE**

4/15/22





**PATIENT**

Hudson Abrams

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

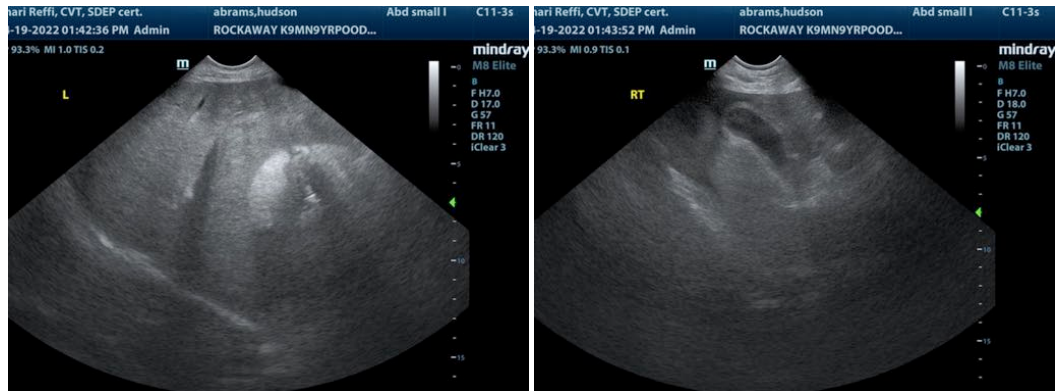
Neutered male

**AGE**

9 years

**WEIGHT**

70 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

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.

**HOSPITAL NAME**

Rockaway AH

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

**REFERRING VET**

Dr. Bednar

**INVOICE**

99362

**DATE**

4/15/22