



PATIENT

Dulce Chung

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

12 Years

WEIGHT

23.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

CVN

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Van Niewal

INVOICE

14517

DATE

4/2/22

PRESENTING CLINICAL SIGNS

History: Dulce has vomited a few times within the last 24 hours. First occurred at around 2p on Thursday 3/31. Continued on 4/1 at 3a~, 6a~ and 11a. Diarrhea began in the last 12+ hours. Last Saturday and Sunday she had a dry cough when she would wake up/ get excited but that went away by Monday morning. Dulce has known mast cell tumors. Dulce may have eaten a piece of poop from an unknown dog on her morning walk on Thursday 3/31. Her energy and appetite have been normal and her last meal was on Thursday 3/31 at around 530pm.

Abnormal PE/Chem/CBC/UA Results: ALT >1000, ALP mildly elevated, lipase mildly elevated, low PLT, thrombocytopenia on CBC

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 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. Slight pyelectasia was noted in the left kidney. The left kidney measured 6.0 cm. The right kidney measured 6.0 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. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland was visualized obliquely, measuring 06 cm.

Spleen

The **spleen** revealed slight heterogeneous parenchymal changes, most consistent with hyperplasia, yet no overt evidence of metastatic disease present.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with mild chronic inflammatory hepatopathy.

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.



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Pancreas

Dulce Chung

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.

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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Pitbull

- Nonspecific chronic inflammatory hepatopathy
- Minor left renal pyelectasia, may be owing to infection or pelvic scarring
- Structurally unremarkable GI tract
- Heterogenous spleen

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

I do recommend investigating the cause of the liver enzyme elevations with core biopsy +/- serology. Leptospirosis titers warranted. No evidence of neoplasia.

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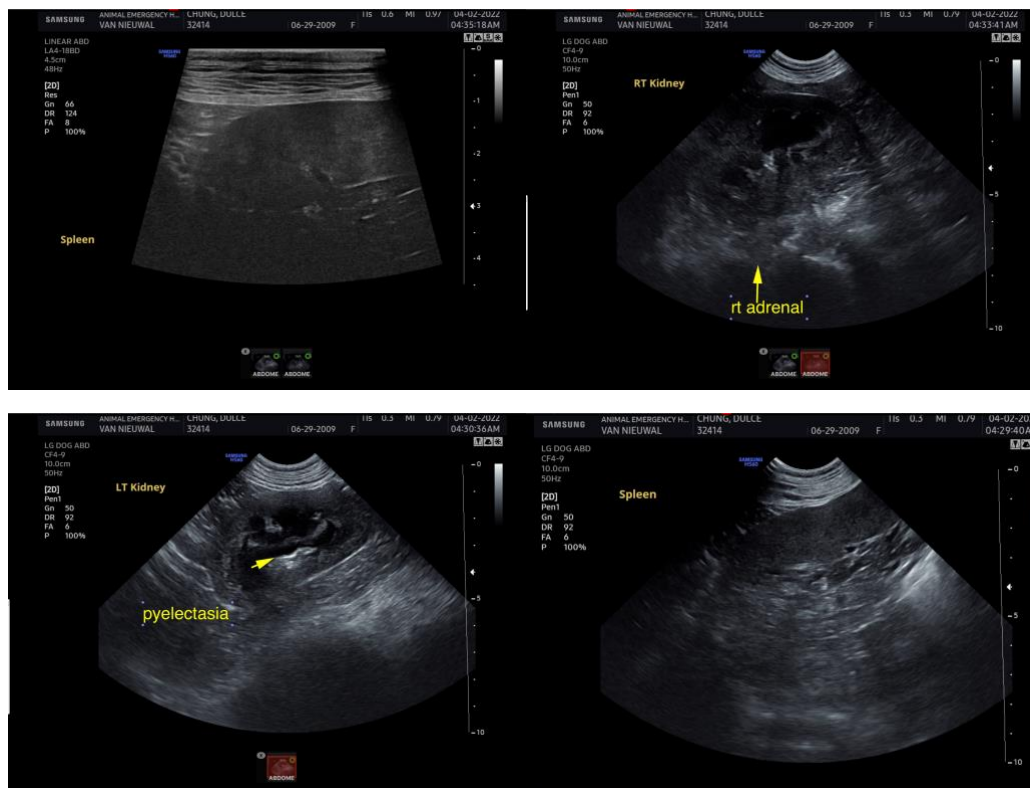
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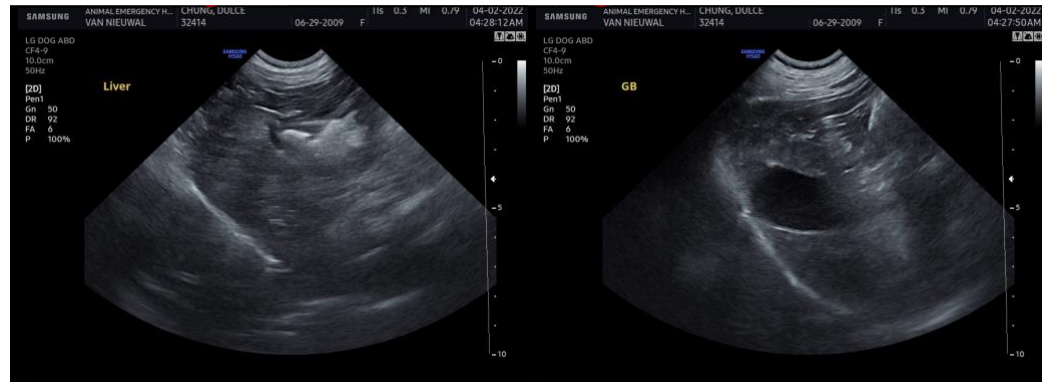
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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