



PATIENT PRESENTING CLINICAL SIGNS

Fritz McConnell Treated for possible cholangiohepatitis. History of increased BW values

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT- 307 ALKP- 4394 GGT- 20

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Fox Toy Terrier

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

SEX

Neutered Male

AGE

13 Years

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 4.4 cm. The right kidney measured 4.5 cm.

WEIGHT

12 Pounds

Adrenal Glands

INTERPRETED BY

The **adrenal glands** were not visualized.

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Hope Brossman

Liver

HOSPITAL NAME

Animal Mansion VH

The **liver** presented mild coarse architecture. Slight increased portal markings noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. The common bile duct was unremarkable.

REFERRING VET

Dr. Jon Bertoldo

Gastrointestinal

INVOICE

46862

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.

DATE

4/22/23

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.



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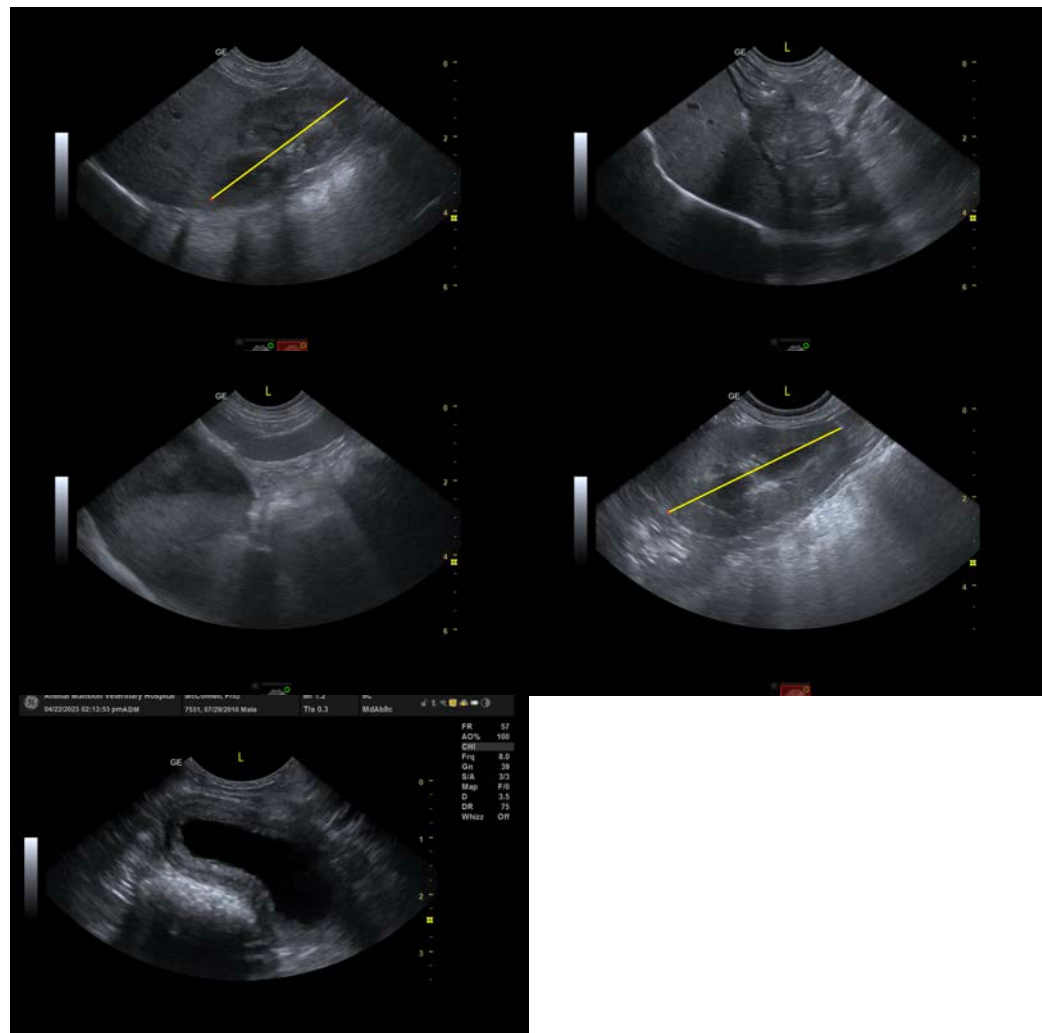
4/22/23

ULTRASONOGRAPHIC FINDINGS

- Minor bladder thickening
- Non-specific inflammatory hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted. Hepatic FNA warranted. If adrenal disease is suspected, further imaging of the adrenal glands indicated. No overt evidence or suspicion of neoplasia. Nutraceuticals, potential diet change, and specific treatment based on cytology results and predominant inflammatory cell type indicated. Urinary workup warranted if not already performed to assess for any evidence of UTI, given the minor bladder thickening.





PATIENT

Fritz McConnell

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.

SPECIES

Canine

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.

BREED

Fox Toy Terrier

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

info@SonoPath.com

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