

DATE PRESENTING CLINICAL SIGNS

04/24/26 Patient History: Vomiting, anorexia. Icteric, Temp 102.4F

PATIENT

Current Medications: IV fluids (LRS) 115 mls/hour, Ampicillin 1 gram IV BID, Famotidine 11 mg IV BID, Cerenia 30 mg IV QD

Ruckus Wood

Labwork Results: Labwork attached, reported as: CBC - WBC 17K , slight elevated, with monocytosis
Chem - Alt -647, Alk Phos - 1750, Tbili - 3.4. Lepto test - neg. Rads - nsf

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

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.

AGE

The **residual prostate** was uniform and measured 1.3 cm.

06/25/19

WEIGHT

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 7.37 cm in length. The right kidney measured 6.68 cm in length.

90 pounds

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV,
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IVUSS

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 2.45 cm x 0.49 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland measured 2.25 cm x 1.3 cm width at the cranial pole and 0.80 cm width at the caudal pole.

HOSPITAL NAME

Chadwell Animal
Hospital

Spleen

REFERRING VET

The **spleen** presented slightly enlarged and uniform and mildly congested.

Dr. Gold

Liver

INVOICE

The **liver** presented diffusely hyperechoic parenchyma with attenuating sound beam. Increased portal markings and swollen irregular contour was also present. The gallbladder was slightly thickened and edematous without over distention, consistent with acute on chronic cholangiohepatitis. No evidence of masses. The possibility of neoplasia is mild.

15416

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.

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.

Free Abdomen

Trace free fluid was present in the abdomen, likely owing to portal hypertension.

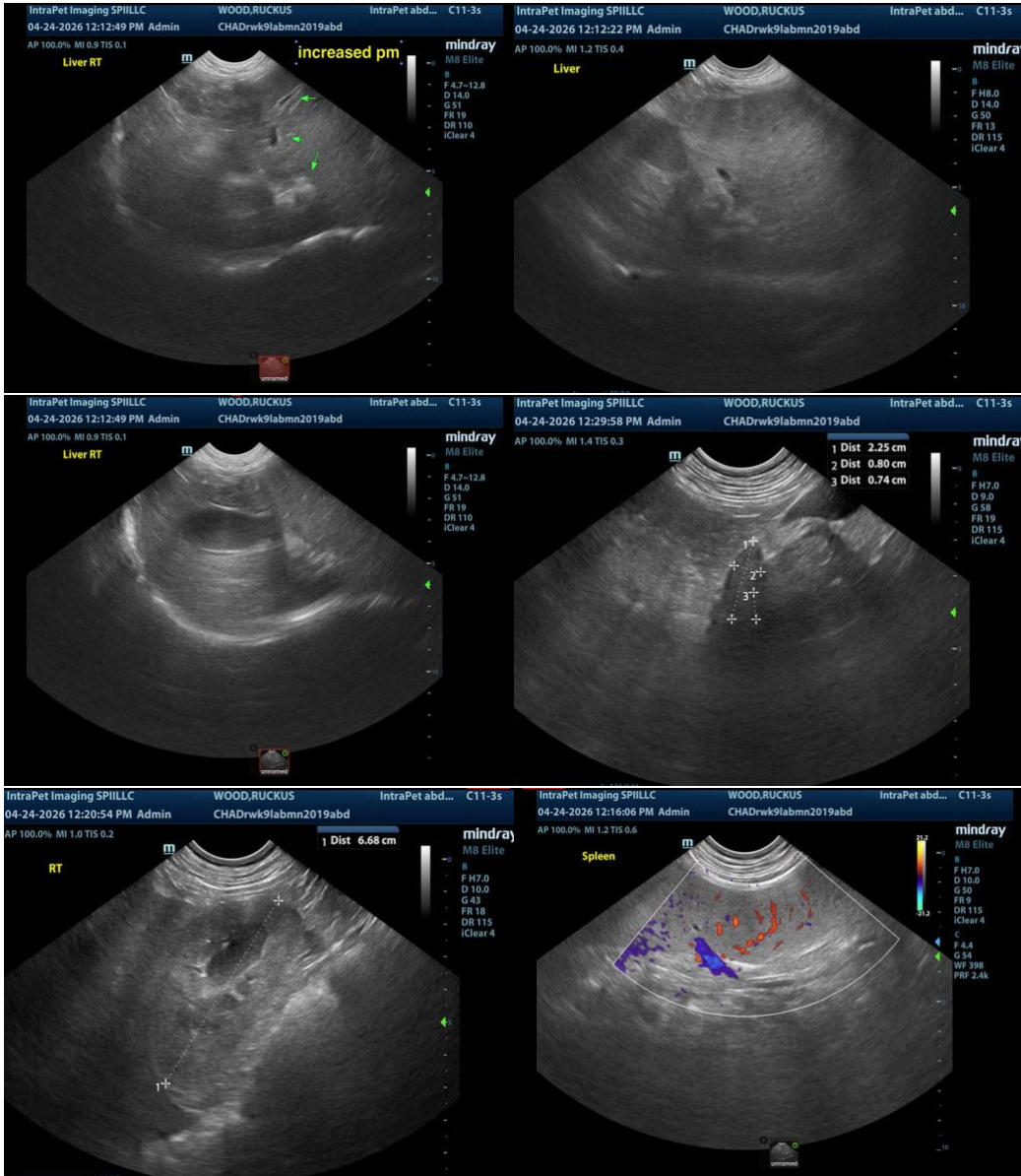
Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium with normal contractility. No primary cardiac disease is noted.

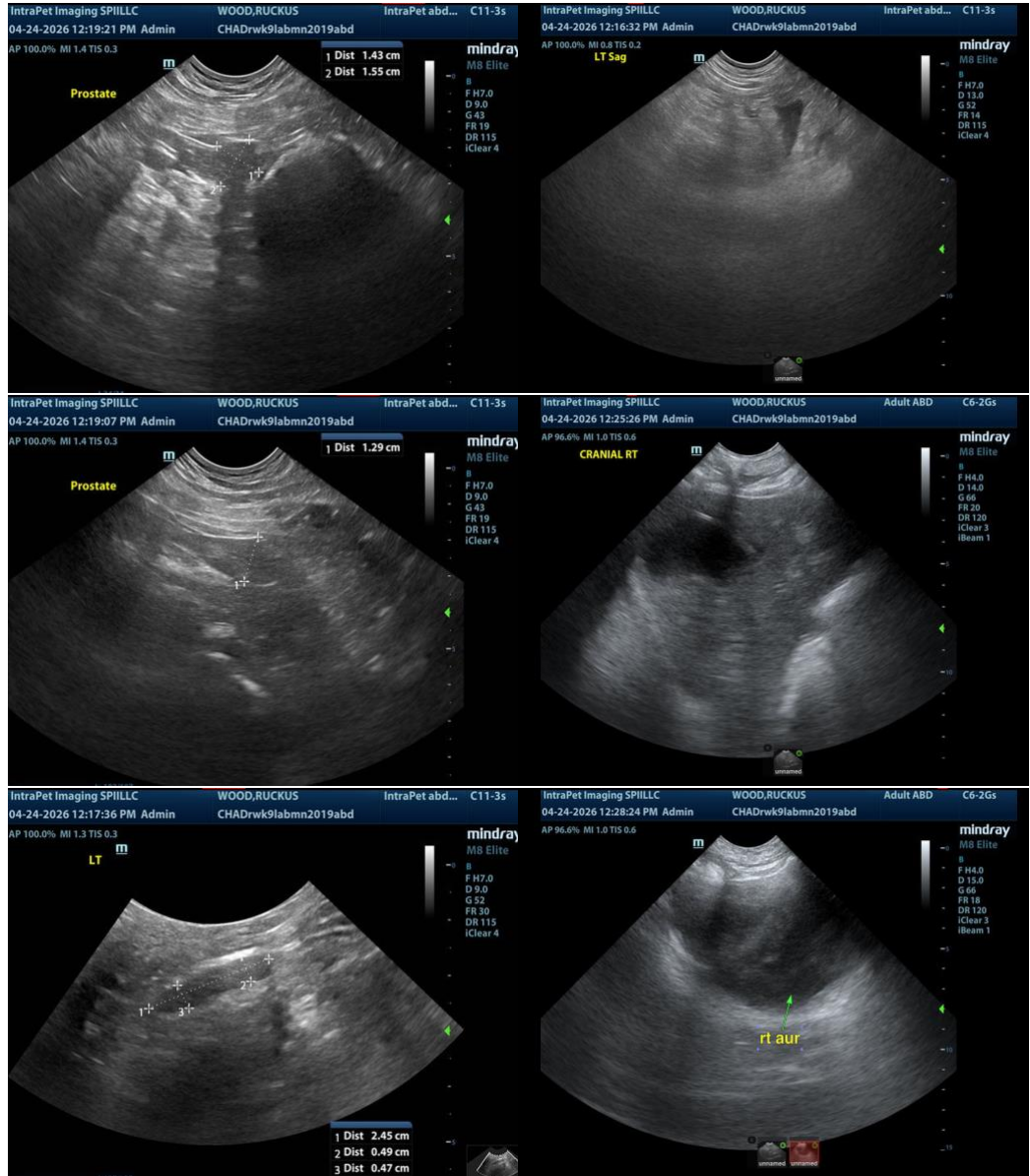
ULTRASONOGRAPHIC FINDINGS

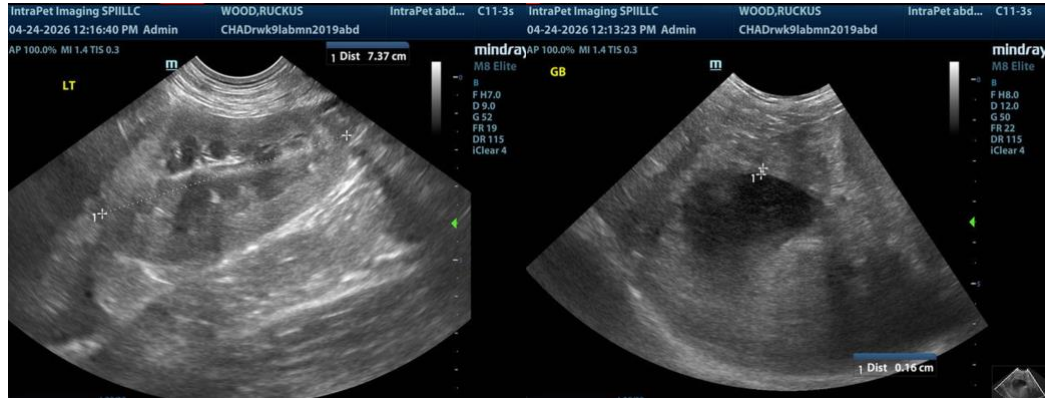
- Acute on chronic cholangiohepatitis with suspicion of portal hypertension and secondary fluid.
- Splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers is warranted if not already performed. Core liver biopsy would be warranted with copper assessment for primary copper storage disease given the age and breed. FNA would allow for inflammatory cell assessment of inflammatory cell type. Prognosis is guarded depending upon management of the patient based on histopathology of the liver and leptospirosis testing. Other toxin exposures should also be considered. Abdominocentesis and cytospin of the free fluid also indicated for the definition.







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.

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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