



PATIENT

Sophie Copp

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

11.5 Years

WEIGHT

4.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura DeCordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura DeCordon

INVOICE

14871

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Recent history (this past week) of elevated liver enzymes and small liver on radiographs
Decreased appetite/drinking Chronic vomiting r/o primary vs. reactive hepatopathy, hepatobiliary disease (inflammation/infection/neoplasia), other

Abnormal PE/Chem/CBC/UA Results: 1. CBC -Lymphopenia 0.79 (ref 0.83-4.91) -Thrombocytosis 615 (ref 117-490) HCT 40.9%/TP 6.5 2. Chemistry & Electrolytes -TCHO >450 (ref 120-310) -ALT did not read; 1:10 dilution ALT 5791 -ALP >993 (ref 0-140); 1:5 dilution, ALP 1409 -GGT 119 (ref 0-14) -Potassium 3.6 (ref 3.8-5.3)

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 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 3.38 cm. The right kidney measured 3.4 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 0.4 cm. The left adrenal gland measured 0.5 cm.

Spleen

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.

Liver

The **liver** itself was uniform with no evident pathology. The gallbladder was overdistended. Striating bile was noted in the gallbladder, consistent with emerging mucocele. The gallbladder in the right intercostal approach measured 3.0 cm x 2.0 cm. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** itself was unremarkable. Soft stool was noted in the colon.

Pancreas



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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

- Emerging gallbladder mucocele
- Soft stool was noted in the colon
- Unremarkable abdomen otherwise

BREED

Bichon Frise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is possible that the gallbladder may be contributing to the clinical signs, however, the severe ALT elevations suggest an acute insult, such as leptospirosis, toxin exposure or similar. Coagulation panel, ultrasound guided FNA of the liver, leptospirosis titers and ampicillin/metronidazole combination recommended over a 7–10-day period with ursodiol over a 6-week period and reassessment of the liver values over 5-7 days. IV fluid support indicated as well as nutraceuticals. No evidence or suspicion of neoplasia.

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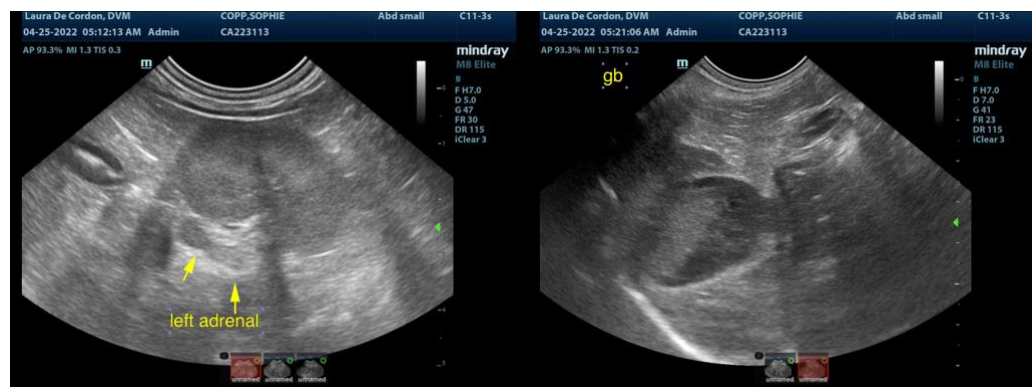
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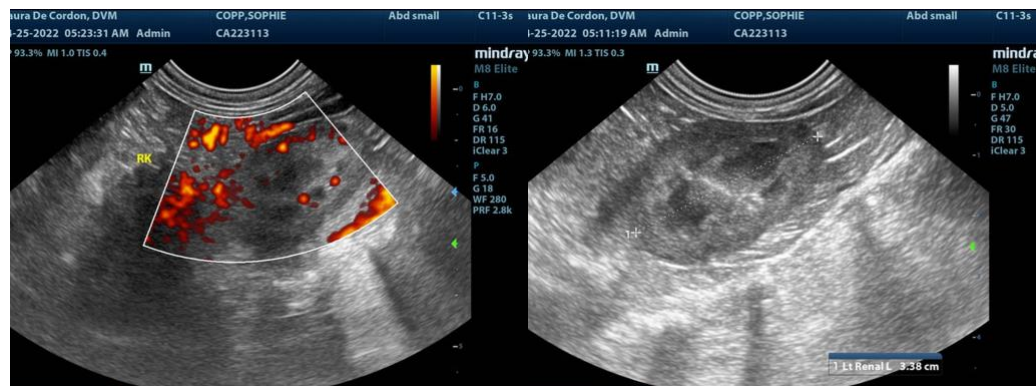
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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