



**PATIENT PRESENTING CLINICAL SIGNS**

Dexter Stennes

Vaccines on April 22 - received 3yr DAP and 1st dose of leptospirosis (previously unvaccinated, was due for booster in 3 weeks). Was very lethargic immediately after the vaccine. Vomiting started Saturday morning and continued throughout the weekend. Very lethargic all weekend. No interest in food today, vomiting up water. Can't keep anything down. Was given a 84kg dose of Ciprofloxacin on April 25. Spoke to Dr. Howard at PPH (Case #3255483). Concerned re: idiosyncratic hepatic toxicity. Rec/d treating w/ IVFT, supportive care, denamarin/zentonil, and n-acetylcysteine 140mg/kg loading dose, then 60mg/kg q6 x 6 doses (17 doses if liver parameters rising). Also rec/d starting ampicillin and metronidazole prophylactically and running coags.

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

42 kg

Abnormal PE/Chem/CBC/UA Results: Icteric sclera and mm. Possible hepatomegaly on cranial abdominal palpation but no pain on palpation. No fluid wave or distension. CBC: Leukocytosis characterized by neutrophilia and monocytosis. Biochemistry: Urea 2.3 (L), ALT 791 (H), ALKP 1098 (H), GGT 16 (H), TBIL 318 (H) CoAg: PT 26 (H) and PTT 110 (H) Lepto Witness: Negative Lepto PCR: Pending (sent to Idexx) UA: USG 1.007, proteinuria, hyaline casts, hematuria, pyuria, rods and cocci (free catch), UBG and BIL -> consistent w/ possible UTI +/- concern re: leptospirosis vs. other? Abdominal Rads: loss of serosal detail cranial abdomen, esp. around liver. liver appears appropriate size, gastric axis WNL. stomach empty. some air in transverse and descending colon, cecum, otherwise NSF. CoAg (AFTER 12 H of treatment): PT 26 (H) and PTT 122 (H)

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

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 7.0 cm. The right kidney measured 7.0 cm.

**IMAGING PERFORMED BY**

Alejandro Vargas  
Lumbreras

**HOSPITAL NAME**

Central Island VEH

**Adrenal Glands**

The region of the adrenal glands were imaged with no evidence of pathology.

**REFERRING VET**

Dr. Derocher

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**INVOICE**

99974

**Liver**

**DATE**

4/27/22

The **liver** revealed increased portal markings and coarse architecture. The liver was slightly subnormal in size. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was unremarkable with no evidence of post hepatic obstruction.



**PATIENT**

**Gastrointestinal**

Dexter Stennes

The **stomach** presented a minor amount of luminal fluid. The small intestines and colon were unremarkable.

**SPECIES**

Canine

**Pancreas**

**BREED**

Mastiff Mix

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Acute on chronic cholangitis liver pattern.

**AGE**

7 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Acute hepatic insult is suspected such as Leptospirosis or similar given the patient's history. Leptospirosis titer is indicated +/- FNA of the liver. IV fluid support and supportive care is warranted.

**WEIGHT**

42 kg

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**REFERRING VET**

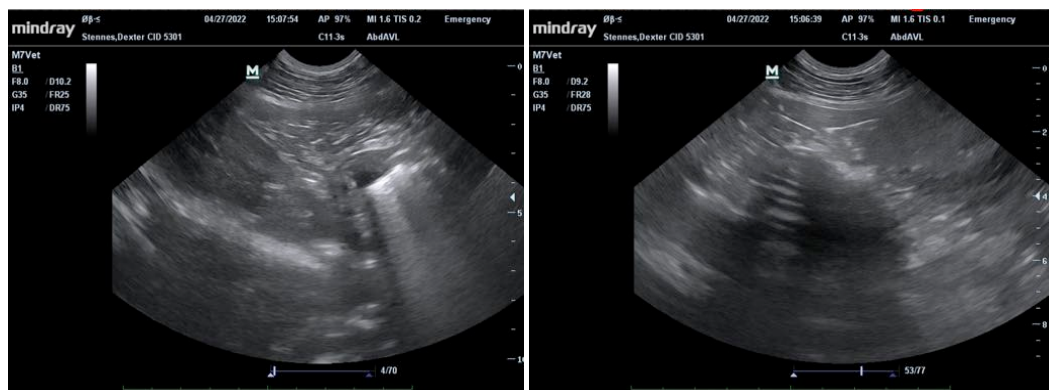
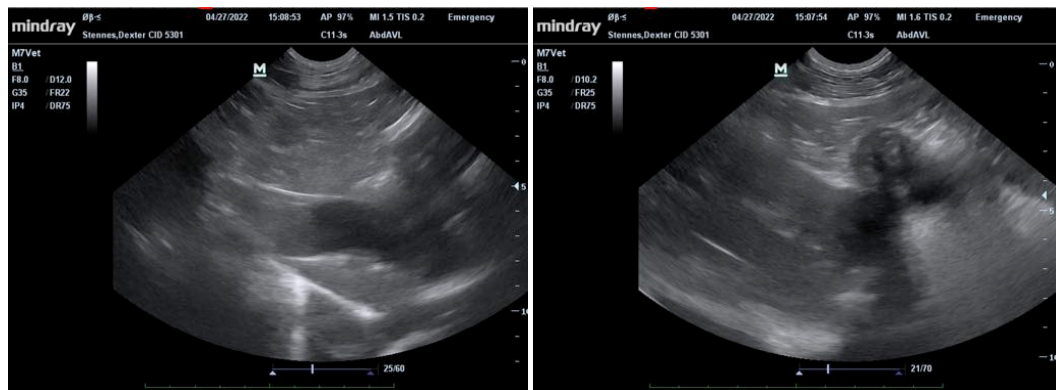
Dr. Derocher

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**PATIENT**

Dexter Stennes

**SPECIES**

Canine

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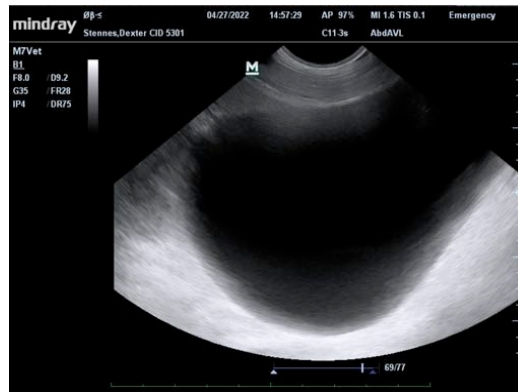
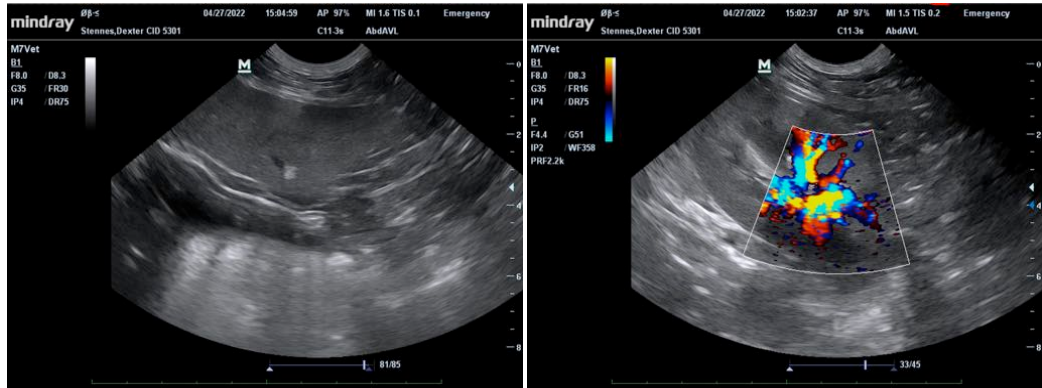
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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