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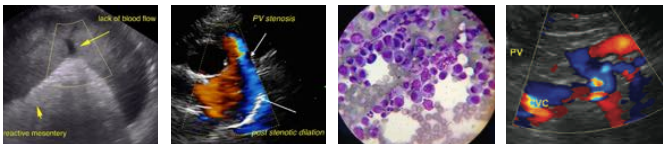

PATIENT
Cooper Rosta

SPECIES
Canine

BREED
Shih Tzu

SEX
Neutered male

AGE
10 years

WEIGHT
14 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
JK

HOSPITAL NAME
Hamburg VC

REFERRING VET
Dr. DenHeyer

INVOICE
98026

DATE
4/4/22

PRESENTING CLINICAL SIGNS

History: Elevated liver values. Poor appetite, vomiting, icteric
Abnormal PE/Chem/CBC/UA Results: ALT >1000, AST 198, ALP >993, GGT 45, AMYLASE >2500, LIPASE >1000, TRIG 228

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.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.91 cm. The right kidney measured 5.2 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 left adrenal gland measured 0.5 cm. The right 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was enveloped by the pancreatic pathology and dilated prior to the pancreas. The common bile duct measured 0.8 cm in width.

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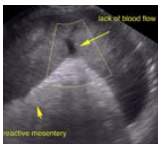
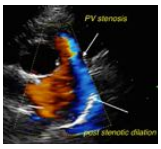
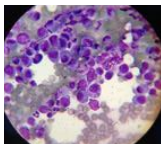
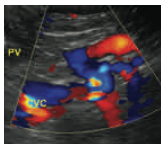

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Gastrointestinal

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. Reactive mesentery was noted in the cranial abdomen.

Pancreas

Heterogenous, hypoechoic **pancreatic** changes were noted. This is consistent with pancreatitis. The region measured approximately 5.0 x 3.0 cm and occupied the right limb.

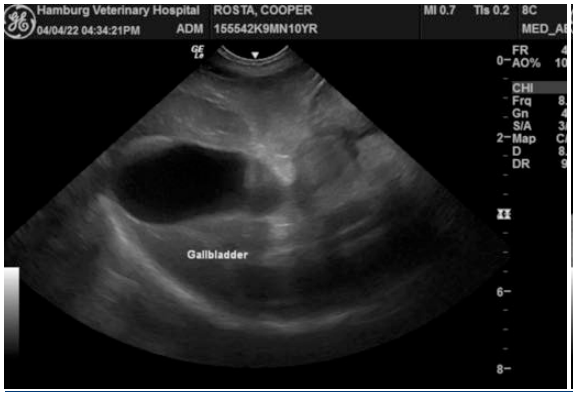
ULTRASONOGRAPHIC FINDINGS

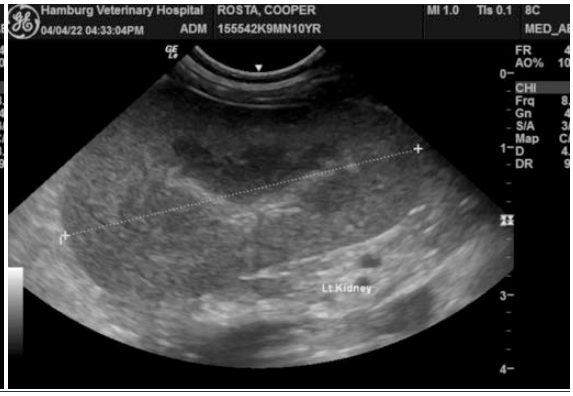
Extensive pancreatitis with post hepatic obstruction.

Concurrent hepatic insult/hepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are warranted. Aggressive treatment for pancreatitis is warranted with plasma expanders. Broad spectrum antibiotics such as Ampicillin and metronidazole combination is recommended along with pain management. FNA of the liver and hypoechoic portion of the pancreas would be ideal for further definition and refinement of therapy. Recheck sonogram is recommended in 48-72 hours. Surgical intervention may be necessary if medical management is not able to deobstruct the common bile duct. There was no overt evidence of neoplasia.





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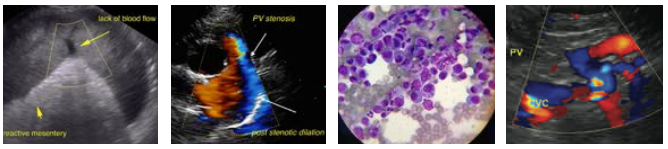

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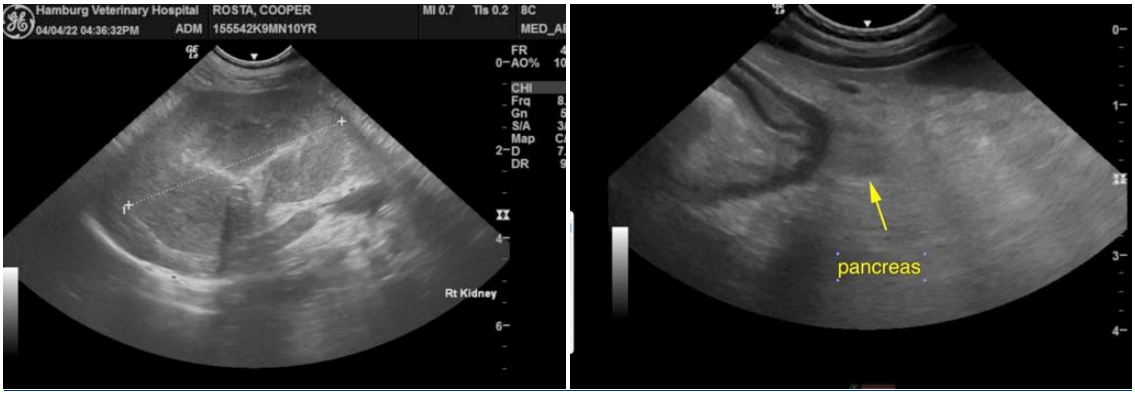

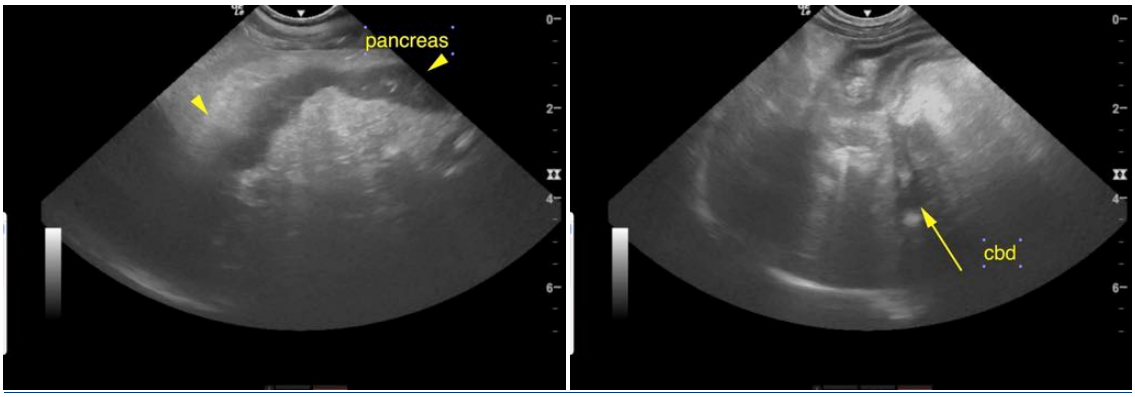

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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