



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lacey Schaeff

SPECIES
Canine

BREED
Shih Tzu

SEX
Spayed Female

AGE
14 years

WEIGHT
14.3 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Griffin

HOSPITAL NAME
Northside VC

REFERRING VET
Dr. Griffin

INVOICE
98019

DATE
4/4/22

History: Vomiting and not eating well, hx of gallbladder disease, she has been on ursidol and liquid milk this daily for the past year and had been doing well until recently. Patient has hx of positive gallbladder culture with enterococcus 2/2021

Abnormal PE/Chem/CBC/UA Results: Mild pain on cranial abdomen. crackles bilaterally with no murmur on thoracic auscultation CBC: WBC 26%, Neu 23.38, Mono 1.5 CHEM: Creat 2.1, BUN 3, phos 8.4, glob 5.5, ALT >2000, ALKP 1979, GGT45, T.bili 8.5, CHOL 467, K+ 3.3, Cl106 CPL: normal Rads: Thorax has appearance of lobar sign on lateral views, no evidence of mass, Abdomen-rugal folds appear prominent, enlarged liver ACTH stim in 2021 was wnl and liver fna was consistent with lipid vacuolar changes

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. Slight pinpoint mineralization was noted in the kidneys. The right kidney measured 4.0 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 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Hyperechoic, lipogranulomatous changes were noted in the spleen. 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.



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Liver

The **liver** revealed slightly increased portal markings. The gallbladder revealed a minor amount of adhered debris with a normal teardrop appearance. Slight wall thickening was noted. There was no evidence of mucocele formation. The common bile duct was normal at 0.3 cm.

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Gastrointestinal

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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.

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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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ULTRASONOGRAPHIC FINDINGS

Acute cholangitis pattern.

Geriatric abdomen was noted otherwise.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of mucocele formation. Minor cholecystitis, cholangitis liver pattern was noted. Acute insult such as Leptospirosis should be considered in this patient. The gallbladder is not the main clinical issue in this patient given the severe liver enzyme elevations and the sonographic presentation. Acute insult such as Leptospirosis, mushroom toxicity or similar should be considered. Leptospirosis titers are warranted. I recommend IV Ampicillin, IV fluid support and nutraceuticals. Hepatic FNA would ideally be recommended. There was no evidence of neoplasia.

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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



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info@SonoPath.com

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