



**PATIENT PRESENTING CLINICAL SIGNS**

Lisa Liberman

Vomiting.

Abnormal PE/Chem/CBC/UA Results: ALT 464 AMYL 1510 RBC 8.58 HCT 0.58 HGB 211

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mix

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.

**SEX**

Male

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 3.92 cm. The right kidney measured 4.8 cm.

**AGE**

3 years

**WEIGHT**

6 lbs

**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 1.79 x 0.47 cm at the cranial pole and 0.48 cm at the caudal pole. The region of the right adrenal gland was imaged with no evidence of pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Benoliel

**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.

**HOSPITAL NAME**

Field Ultrasound

**REFERRING VET**

Dr. Benoliel

**Liver**

The **liver** revealed coarse architecture and hypoechoic nodule in the mid liver measuring 1.2 cm and was non-disruptive. The gallbladder wall was slightly echogenic. History of cholangitis is likely.

**INVOICE**

98090

**Gastrointestinal**

**DATE**

4/6/22

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



**PATIENT**

Lisa Liberman

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**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.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Cholangitis/cholangiohepatitis

Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

FNA of the liver is recommended for further definition of the inflammatory cell type.

3 years

**WEIGHT**

6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Benoiel

**HOSPITAL NAME**

Field Ultrasound

**REFERRING VET**

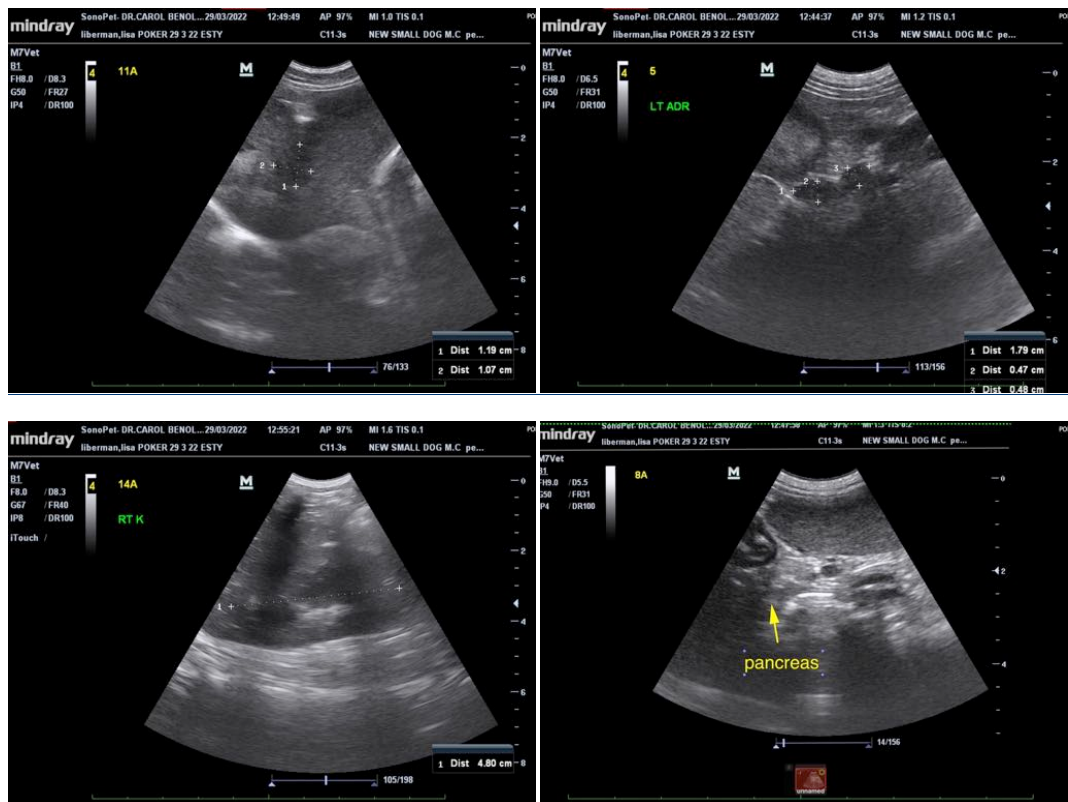
Dr. Benoiel

**INVOICE**

98090

**DATE**

4/6/22





**PATIENT**

Lisa Liberman

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male

**AGE**

3 years

**WEIGHT**

6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Benoliel

**HOSPITAL NAME**

Field Ultrasound

**REFERRING VET**

Dr. Benoliel

**INVOICE**

98090

**DATE**

4/6/22



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