

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Minx Lugo

SPECIES
Canine

BREED
Pomeranian

SEX
Spayed female

AGE
14 years

WEIGHT
8.8 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Chirstina

HOSPITAL NAME
Animal Health VC

REFERRING VET
Dr. Rodriguez

INVOICE
43743

DATE
4/6/23

History: P presented 4/4/23 because O was unable to get oral Cerenia (O keeps on hand at home) to stay down for P who had vomited so O requested injection, P was given Cerenia injection. Presented 4/6/23 for no longer eating, no vomiting, drinking very little, lethargy. Radiographs whole body WNL, SQ fluids given, Cerenia injection, PenG injection bloodwork sent out. 4/7/23 P still very lethargic, no vomiting, not eating, bloodwork came back with severe liver elevations. P not painful during scan. Abnormal PE/Chem/CBC/UA Results: Globulin - 3.8 g/dl, AST - 472, ALT - 2071, ALKP - 6420, GGTP - 110, T Bili - 0.9, PSL - 159, UA - Protein 4+, SG - 1.043, pH - 8, bilirubin 2+

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. A small granule of sand was noted. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

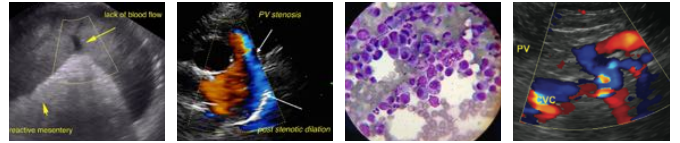
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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



PATIENT

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

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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.

BREED

Pomeranian

ULTRASONOGRAPHIC FINDINGS

SEX

Structurally unremarkable abdomen with non-obstructive nephrolithiasis and mild degenerative renal changes.

Spayed female

Acute on chronic inflammatory hepatopathy likely.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14 years

FNA is warranted. Leptospirosis titers are recommended. There is no overt evidence of suspicion of neoplasia.

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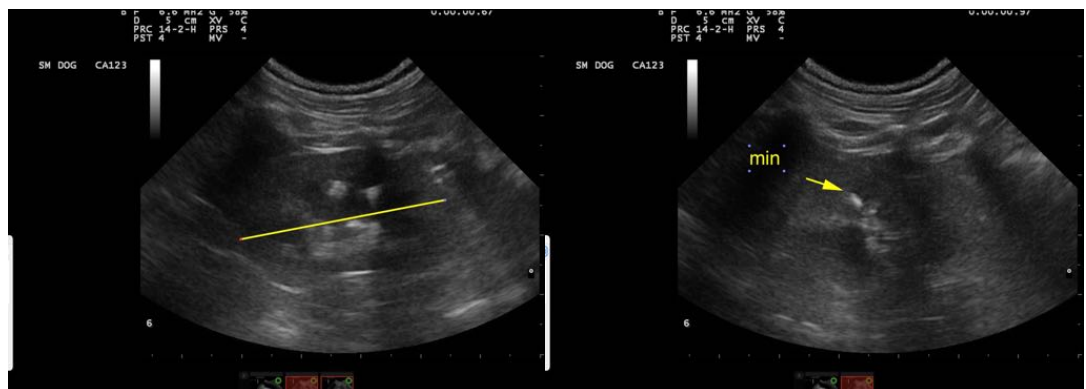
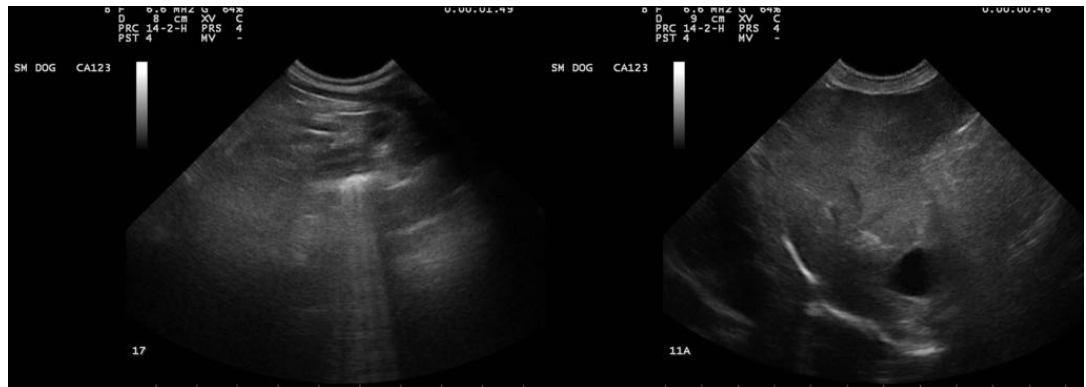
Dr. Rodriguez

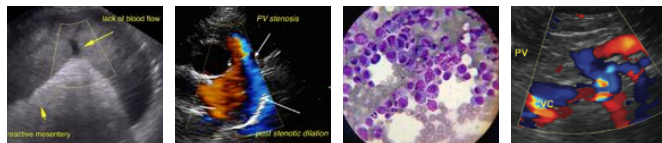
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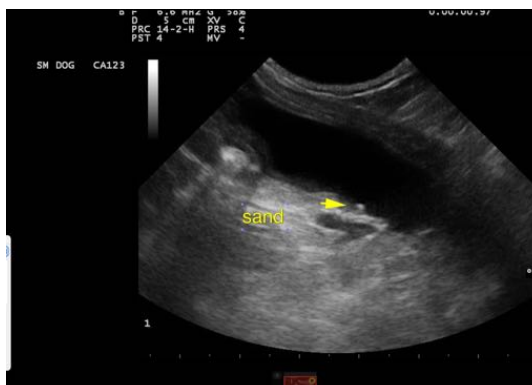
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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