



PATIENT

Marnie Ottaviano

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

8 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore VG

REFERRING VET

Melissa Rosen

INVOICE

22446

DATE

5/10/23

PRESENTING CLINICAL SIGNS

History: elevated ALP since 2020, T4 normal, elevated TG's, was put on low fat diet (rechecking TG's today), had first seizure March of 2022, was stable until March 2023 when she had 2 seizures within 12 hours (paddling, foaming, bowel movement), was started on keppra ~22mg/kg TID, was seen again 5/3/23, had not had any seizures since starting keppra until 5/2, had 3 grand mal seizures and was out of it overnight, was then increased to 35mg/kg and since then has not had any more seizures, concerns now are that this patient is losing weight (was 20lbs, now 16lbs) with persistently elevated LE's and now seems to be drinking more since increasing the keppra dose, eating normally, no vomiting or diarrhea, acting herself, intermittently takes apoquel for seasonal allergies

Abnormal PE/Chem/CBC/UA Results: ALP >2000, ALT 280 last TG 486 (last yr, pending today)

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.8 cm. Slight pyelectasia was noted in the right kidney. The right kidney measured 4.33 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 0.72 cm at the cranial pole and 0.34 cm at the caudal pole.

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 were noted. Cranial folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

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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.

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- Slight right kidney pyelectasia
- Nonspecific benign hepatopathy- FNA could be considered for further definition given the patient history.
- Age-related abdominal changes- no evidence of significant disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I cannot rule out emerging pituitary dependent hyperadrenocorticism, however, the adrenal glands appear within normal limits, which can happen in approximately 10-15% of PDH patients. If USG is <1.020 persistently, and the patient appears cushingoid, then work up for Cushings/PDH is indicated. Skull CT with contrast would be indicated to rule out underlying disease predisposing the seizure activity.

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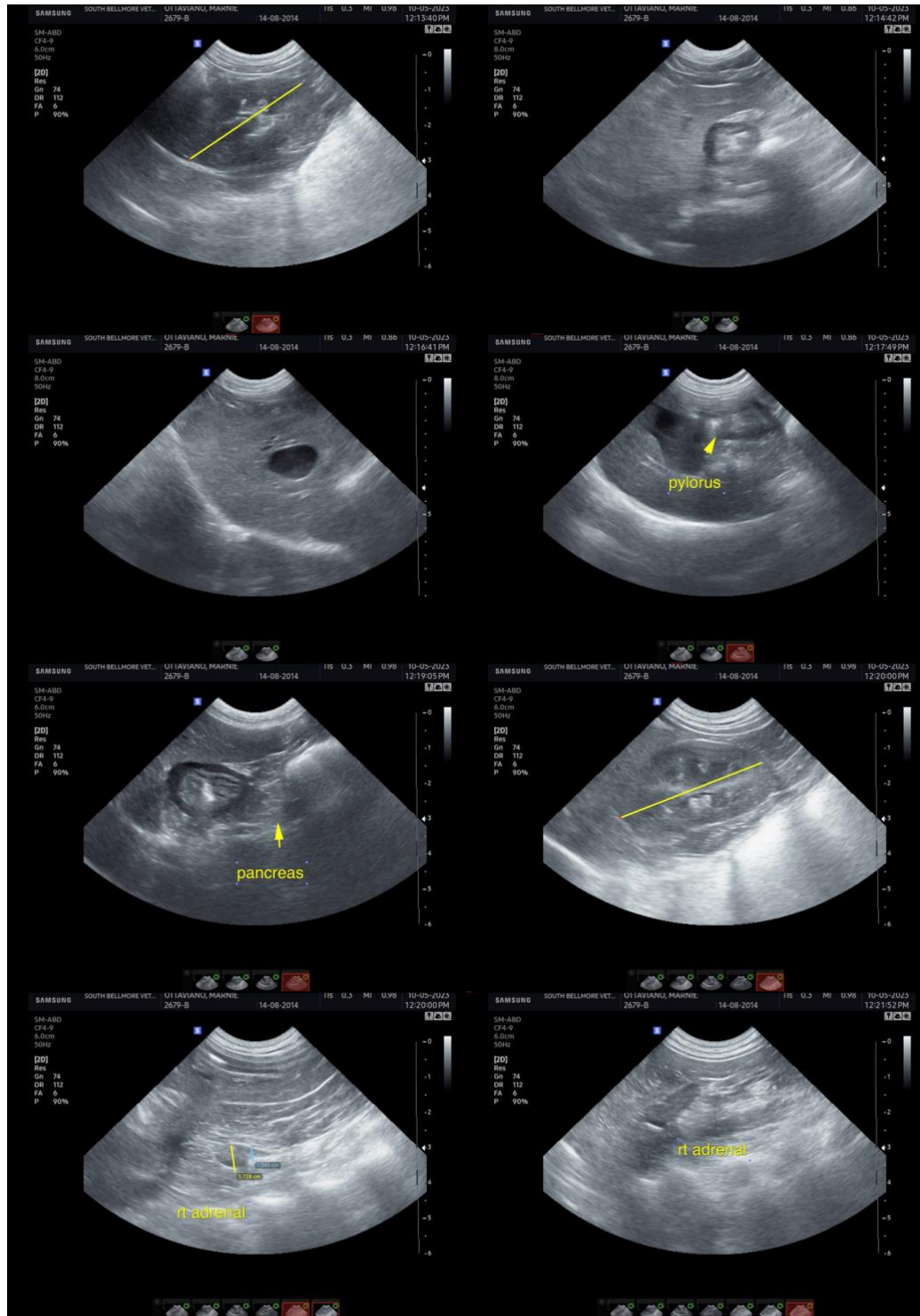
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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