



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rosie Nehez

SPECIES Canine

BREED Pitbull

SEX Spayed Female

AGE 9 years

WEIGHT 29.6 kg

INTERPRETED BY Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY Erin Wicks

HOSPITAL NAME Shores VEC

REFERRING VET Dr. Slenbaker

INVOICE 30322

DATE 5/12/22

Presented at our hospital for not eating normally. O states that p stopped eating yesterday at 5 pm. P was not interested in eating her dry food unless o hand fed it to her. O does mix food with chicken breast and did give p some steak last night. P is eating snacks but not interested in eating her dry food. Previous Health Concerns: splenectomy/ partial pancreatectomy 2020 Current Medications: none Appetite/When did they eat last: decreased, ate yesterday Abnormal PE/Chem/CBC/UA Results: Respiratory: slight increase BV sounds Abdominal: tender cranially Rads- increased retroperitoneal space (fat vs other) ; ventrally deviated colon; questionable cranial abdominal mass effect/ haze; abundant vertebral spondylosis; no obvious fb/ obstructive pattern; CBC- NSF EPOC- Na 139(L) iCa (0.69) (L) glucose 153(H) Chem- ALT 151(H) GGT 32(H) T Bili 1.3(H)

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 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 right kidney measured 7.38 cm. The left kidney measured 7.03 cm.

Adrenal Glands

The left **adrenal gland** was 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 3.35 x 0.46 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

The **spleen** was not visualized as it was previously removed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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,



PATIENT

infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Canine

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.

BREED

Pitbull

SEX

Pancreas

Spayed Female

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.

AGE

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ULTRASONOGRAPHIC FINDINGS

Non-specific, inflammatory hepatopathy.

WEIGHT

29.6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

I recommend reassessment of the bilirubin value to ensure that this is not artifactual. FNA of the liver could be considered for further definition. Other causes of anorexia such as orthopedic, pain, CNS or thoracic disease should be considered especially if the bilirubin elevation is artifactual.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

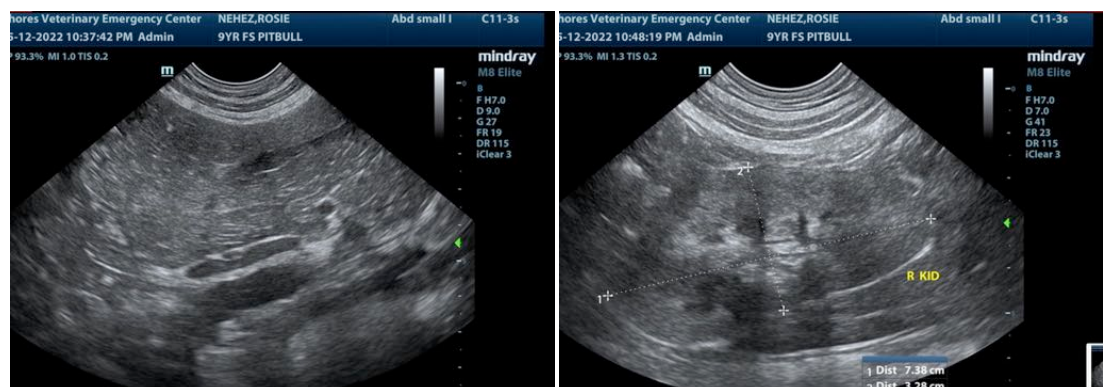
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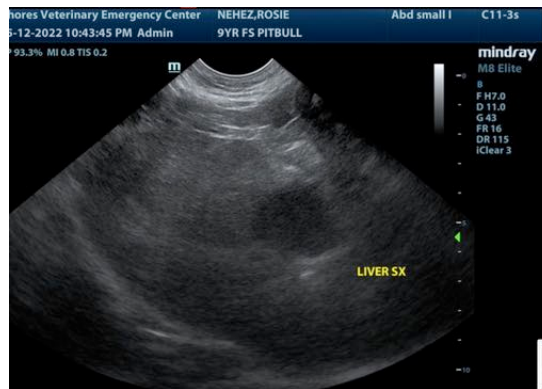
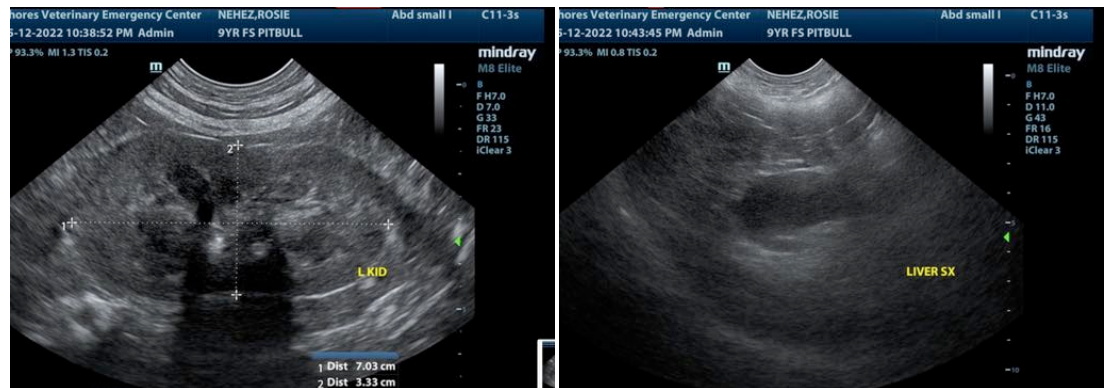
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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