

PATIENT

Daisy Back

PRESENTING CLINICAL SIGNS

History: Diarrhea, vomiting, decreased appetite Current Medications Denamarin, Fortiflora
Primary Question/Differential to Be Answered in This Exam Why is the ALT so high?

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 921, AST 149, Elevated T4 4.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Standard Poodle

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.

SEX

Intact Female

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 6.24 cm. The left kidney measured 5.93 cm.

AGE

1.5 Years

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 1.96 cm x 0.51 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 2.64 cm x 0.66 cm at the caudal pole and 1.16 cm at the cranial pole.

WEIGHT

40 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

VCA Vitality Pet Hospital

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The portal vein to vena cava ratio was 1:1, both measuring approximately 9.0 mm.

REFERRING VET

Dr. Surroz

Gastrointestinal

The **stomach** was overdistended with chyme. The pylorus was patent. The small intestine and colon were unremarkable.

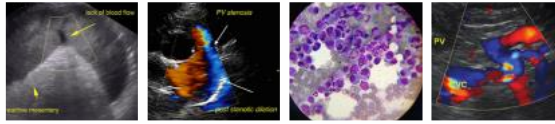
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Pancreas

DATE

5/13/22



PATIENT 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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SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen
- Some gastric stasis with patent pylorus
- Acute inflammatory hepatopathy

BREED

Standard Poodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. The gastric presentation is overdistended. Delayed outflow is likely an issue, yet no evidence of pyloric obstruction. 24-hour NPO, GI protectants, leptospirosis titer, hepatic FNA all indicated.

SEX

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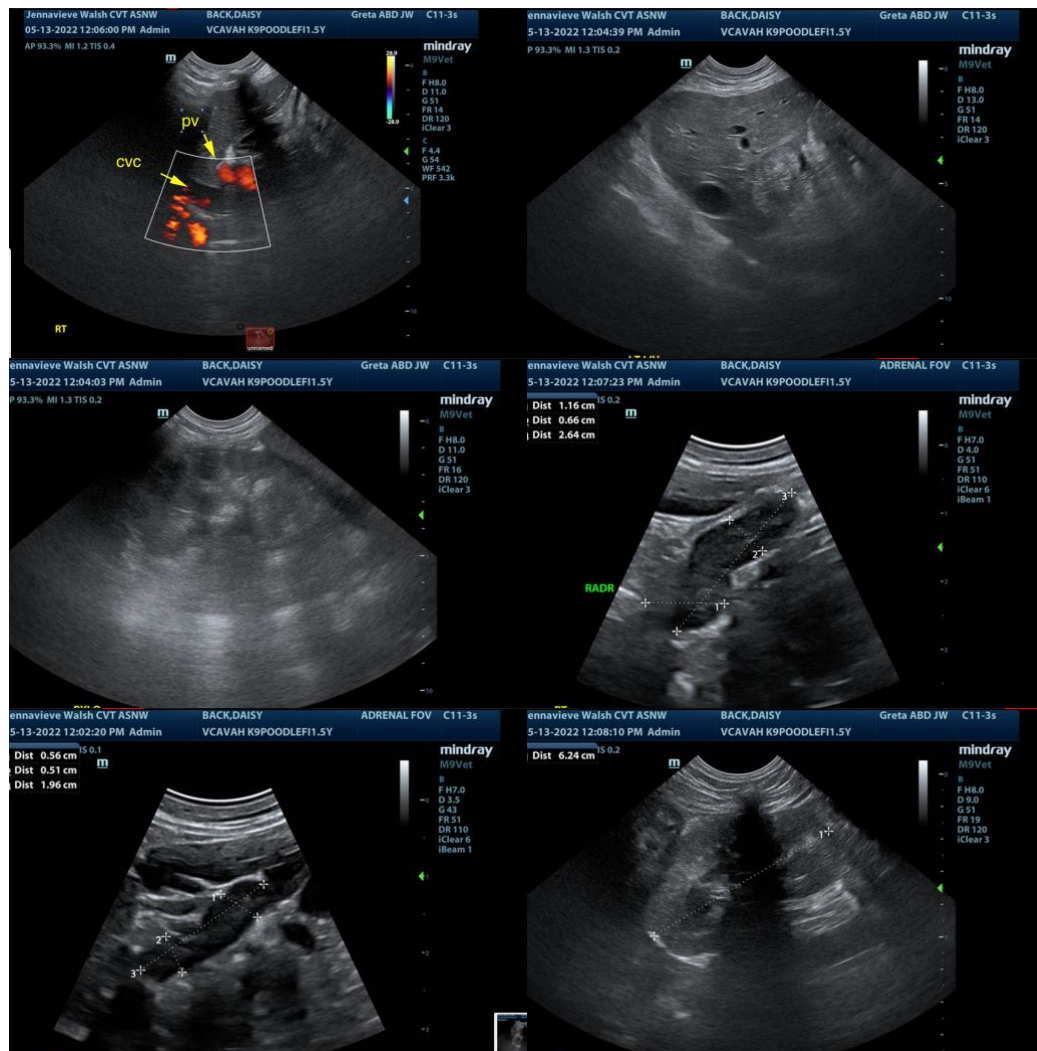
Dr. Surroz

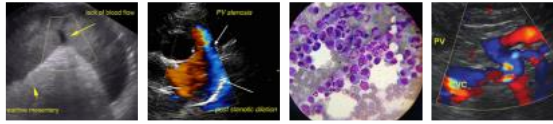
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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