



PATIENT

Mort DeHaan

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered Male

AGE

10 Years

WEIGHT

13.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alejandro Vargas
Lumbreras, RVT

HOSPITAL NAME

Central Island Vet
Emergency Hospital

REFERRING VET

Dr. Nikolas Bell

INVOICE

37665

DATE

5/15/22

PRESENTING CLINICAL SIGNS

Owner reports recent (within 2 weeks) PU/PD in absence of other clinical changes; mild weight loss reported, no change in mentation or appetite.

Abnormal PE/Chem/CBC/UA Results: PE: T 38.6; P 100; R WNL; BAR; BCS 3/9; no palpable anomalies. WBC/RBC WNLs. Lymphocytes 0.77 (0.09-4.4). Creatinine 40.9 (46-131). K 2.02 (0.74-2). ALP 682 (21-122). ALT 248 (0-123). GGT 33 (1-18), Chloride 98 (107-115), CPK 469 (63-435), T4 13.2 (13-44). UA: Free catch - pale, clear. Sp. Gr. 1.005. pH 7.0. Trace protein; rare bacteria (as rods); all other values negative. Elevated bile acids supports hepatic dysfunction: 33.1 (0-15).

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 **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 4.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 8.0 mm. The region of the **right adrenal gland** was imaged, no evident pathology, yet the right adrenal gland was not overtly visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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.

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. Minor gallbladder debris noted.

Gastrointestinal

The **stomach** in this patient was mildly thickened. Some shadowing material noted, non-obstructive. Anechoic fluid noted. The small intestine and colon were unremarkable.

Pancreas

The right **pancreatic** limb was hypoechoic and mildly irregular. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.



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ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis pattern with slight shadowing material
- Unremarkable liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the right adrenal gland under sedation would be ideal. The liver presentation is likely non-specific inflammatory hepatopathy. Cushing's is possible, given the enlarged left adrenal gland. However, further imaging of the right would be indicated. Structurally, the liver appears unremarkable. Bile acid elevation is likely spurious or related to intestinal dysbiosis.

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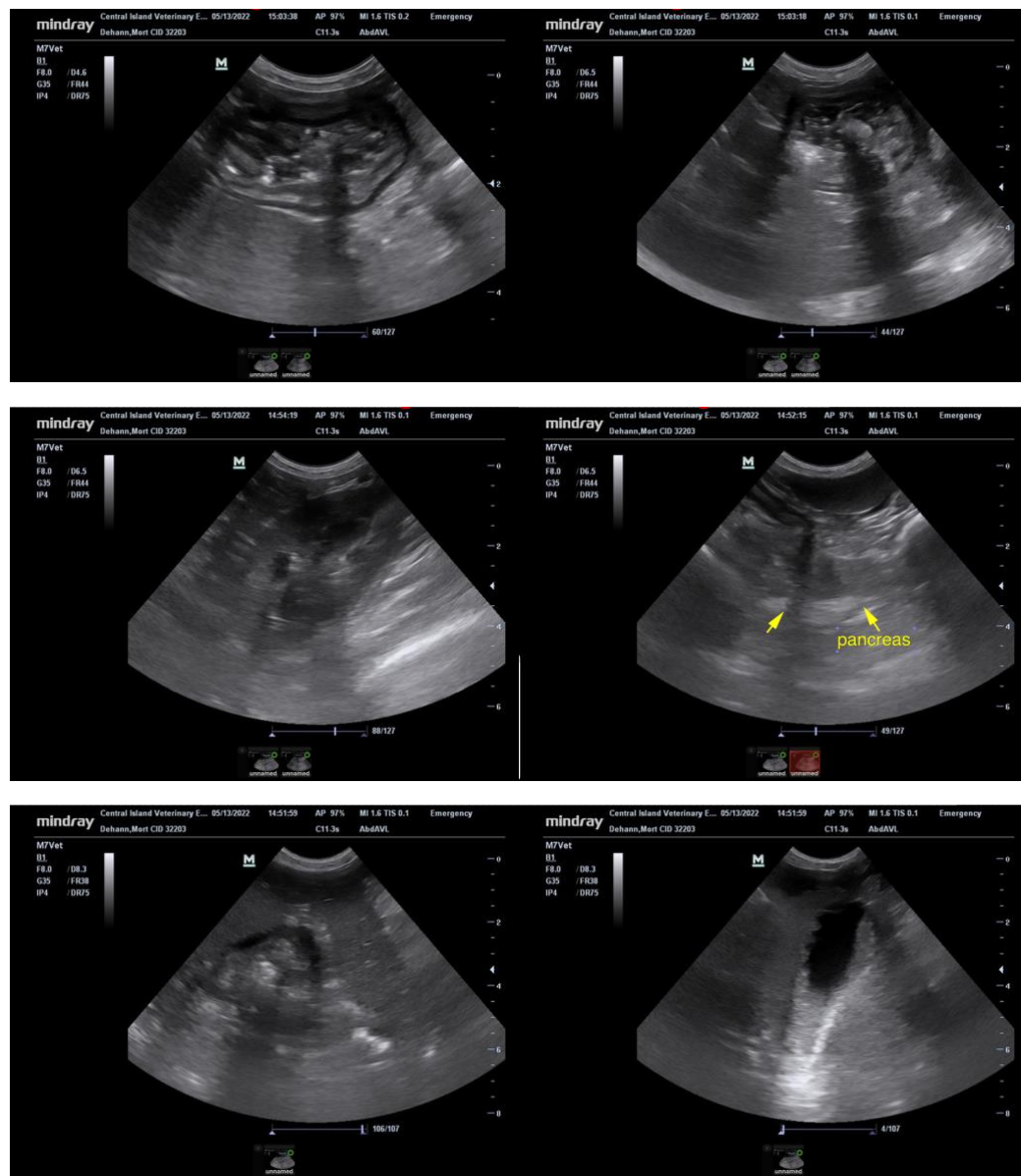
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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