

**DATE**

5/3/22

**PATIENT**

Camden Gobble

**SPECIES**

Canine

**BREED**

Basset Hound

**SEX**

Neutered Male

**AGE**

4/30/14

**WEIGHT**

77.4 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Willer

**INVOICE**

37332

**PRESENTING CLINICAL SIGNS**

Referred for vomiting, anorexia; elevated ALT has been vomiting for the past couple of days- drinking water- started having a bloody diarrhea last night not aware of getting into anything no change in diet occ gets people food went to RDVM- ALT- out of range hemoconcentrated got a dose of cerenia, 500ml bolus of fluids and sent here for continued care. Fast scan negative for free fluid.

Current Medications: Ampicillin, Denamarin, Cerenia, Metronidazole. Vitamin B, Gabapentin, Ondansetron, Entyce.

Lab Results: ALT 8194, ALP 341, Bili 1.1, Alb 2.1

Radiographs: Decreased detail in the cranial abdomen liver looks small mild GI pattern.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Ace.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomodullary 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.

**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 2.65 cm x 0.78 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 2.0 cm x 0.70 cm at the cranial pole and 0.60 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself, uniform. Unremarkable otherwise.

**Liver**

The **liver** revealed coarse architecture and increased portal markings. The gallbladder was mildly echogenic, yet unremarkable otherwise. Hepatic lymph nodes were enlarged, measuring 1.5 cm x 1.0 cm. Length to width ratio was maintained.

**Gastrointestinal**

The **stomach** and small intestine were unremarkable. The colonic wall was mildly thickened. Reactive mesenteric lymph nodes noted, measuring 2.5 cm x 0.5 cm.

## Pancreas

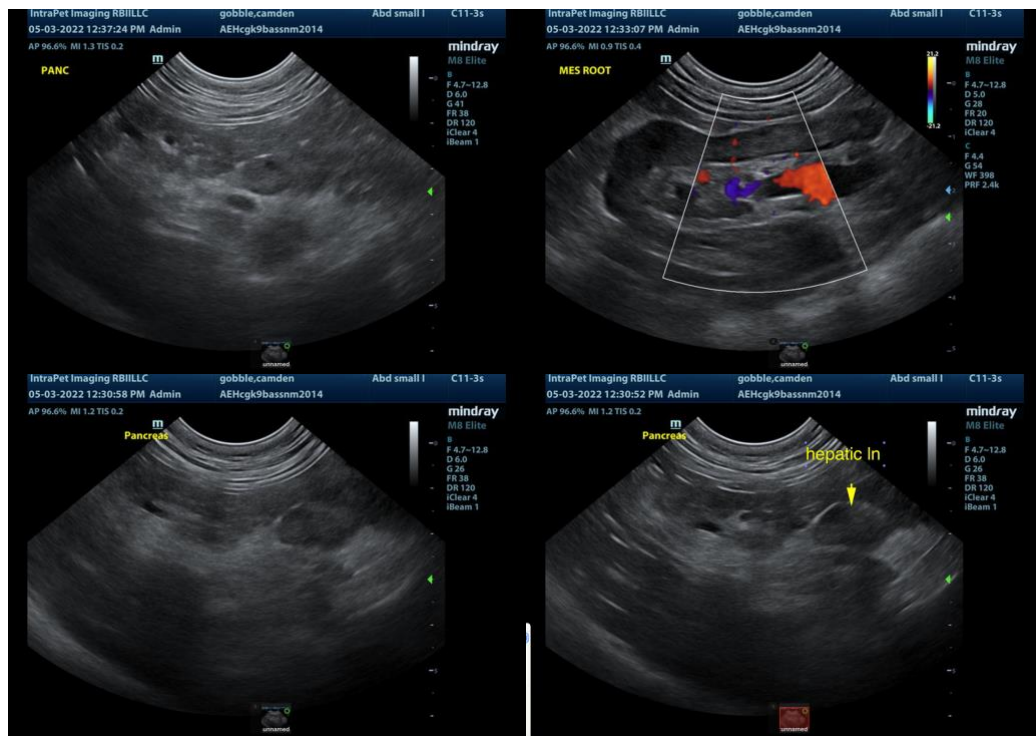
The pancreas revealed heterogeneous parenchymal changes. Hypoechoic parenchyma noted surrounded by hyperechoic fat, consistent with inflammation.

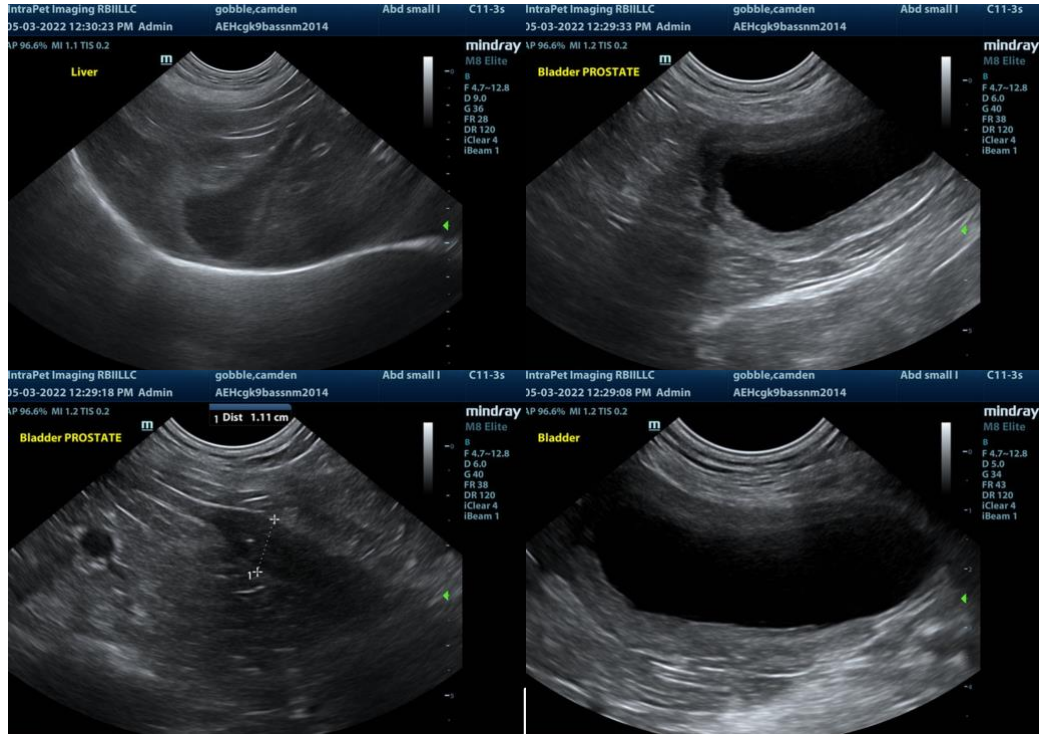
## ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis pattern with hepatic lymphadenopathy – mild potential for underlying neoplasia.
- Concurrent pancreatitis
- Mildly thickened urinary bladder
- Mildly thickened colonic wall
- Folded spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA for cursory information and core biopsy would be ideal. Leptospirosis titers indicated. Ampicillin/Metronidazole, nutraceuticals all indicated. Guarded long-term prognosis depending upon response to therapy.





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.

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