



**PATIENT**

Varinia Glowczwski

**SPECIES**

Canine

**BREED**

German Shorthair  
Pointer

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

51.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rupley

**HOSPITAL NAME**

All Pets Medical Center

**REFERRING VET**

Dr. Rupley

**INVOICE**

30805

**DATE**

5/31/22

**PRESENTING CLINICAL SIGNS**

PRESENTED FOR: vomiting and lethargy since evening of 5/29/22. Good appetite reported. CURRENT MEDICATIONS: Sentinel cosequin EXAM FINDINGS: Pain on abdominal palpation. Feces in the colon is soft but formed with a gritty texture. Lethargy Afebrile Dental disease LAB RESULTS: CBC and manual slide normal. Chemistry panel reveals elevated alk phos at 405 (20-150), greatly elevated ALT >2000 (10-118), with normal other results. The cPLI is a strong positive. ASSESSMENT AND PLAN: Varinia was hospitalized. Convenia and Cerenia injections were administered. IV fluid therapy was begun. A buprenorphine sustained release injection was administered. Will offer Leptospirosis testing tomorrow, pending ultrasound interp. ADDENDUM on 5/31/2022 at 19:29:57 from Agnes E. Rupley, DVM, ABVP Owner is a human interventional radiologist.

**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 left kidney measured 7.6 cm. The right kidney measured 8.39 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 0.4 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 4.0 cm.

**Liver**

The **liver** revealed uniform parenchyma, yet was structurally unremarkable. Slight, increased portal markings were noted in the liver. Lobar biliary mineralization was also noted, but cranial to the



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gallbladder. Intrahepatic and visible extrahepatic vascularity was unremarkable. The gallbladder presented a minor amount of non-obstructive sand.

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**Gastrointestinal**

The stomach revealed a 2.0 cm soft shadowing luminal material. This is likely ingesta, but possibly a soft foreign matter. The small intestines and colon were unremarkable. However, some hyperperistalsis was noted in the small intestine.

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**Pancreas**

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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**ULTRASONOGRAPHIC FINDINGS**

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Non-specific, minor inflammatory hepatopathy with non-obstructive biliary sand and minor lobar biliary sand.

Minor enteritis pattern with soft shadowing pyloric material.

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is indicated. Leptospirosis titers are warranted. Bile acid profile is warranted. There is no evidence or suspicion of neoplasia. This is a very non-specific presentation. A clinical trial of Ampicillin, Metronidazole and hepatic nutraceuticals are all indicated with Ursodiol therapy over the next 6-8 weeks and reassessment of the gallbladder. More specific therapy will be recommended based on cytology results.

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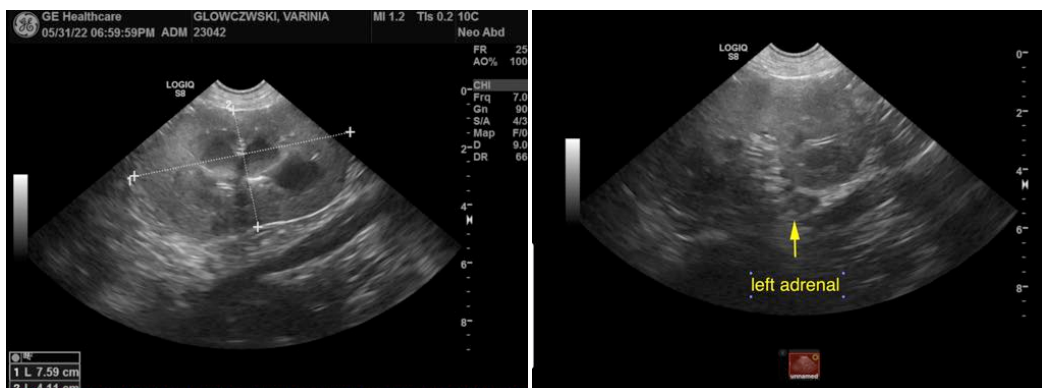
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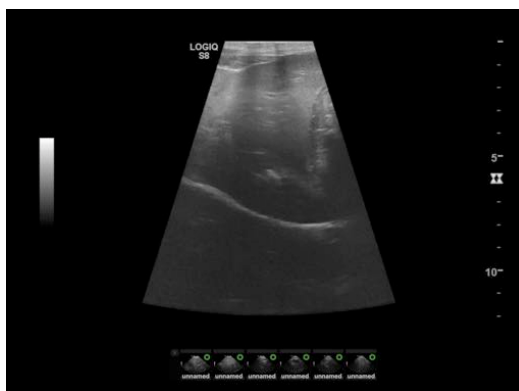
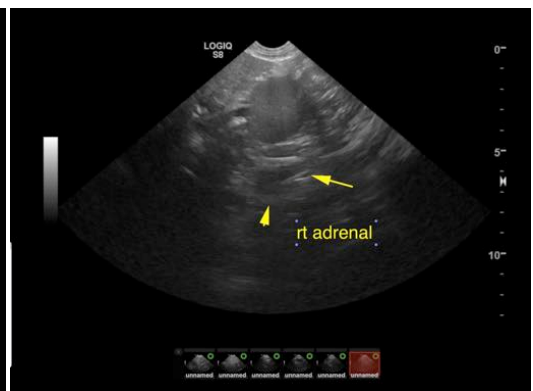
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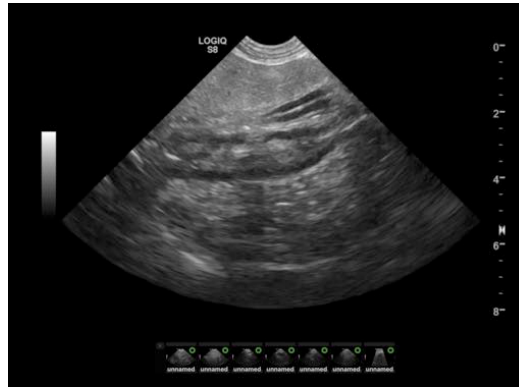
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com