



PATIENT

Harley Norsworth

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8

WEIGHT

48.80 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. Judy McFarlen

INVOICE

22334

DATE

5/5/23

PRESENTING CLINICAL SIGNS

History of mild renal enzyme elevations incidental finding. Travelling with owner. Sudden onset of complete anorexia, even after 1 day of IV fluids and cerenia. Is bright and alert clinically.

Gabapentin/trazadone combination used for pre-ultrasound sedation. Had to use a small amount of alfaxan IV because liver is too small and painful to pressure. Good results with 1.5 mls IV .

Abnormal PE/Chem/CBC/UA Results: Mild renal enzyme and SDMA elevations. SDMA 25, creat 198 mmol/L, urea 10.5 mmol/lALT 425 (3X normal), normal ALP. Chol Low, protein 28 (low normal) glob 38 (0k). CBC normal. Glucose 4.67. lepto negative. non febrile.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

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 6.74 cm. The left kidney measured 6.74 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.

Liver

The **liver** revealed coarse architecture, increased portal markings and irregular contour. The gallbladder and common bile duct were unremarkable. The changes throughout the liver were diffuse.

Gastrointestinal

The **stomach** itself was unremarkable. The distal small intestine was dilated with a minor amount of gas and hyperperistalsis, followed by empty small intestine and regional reactive lymph nodes. No overt obstruction was noted; however, small foreign matter could not be completely ruled out. Gas artifact obscured some visibility of the intestinal tract.

Pancreas



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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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Free Abdomen

A mesenteric **lymph node** (3.0 cm x 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Chronic inflammatory hepatopathy/fibrosing hepatitis
- Reactive mesenteric lymph node
- Distal small intestine was dilated with a minor amount of gas and hyperperistalsis
- Structurally normal kidneys. Either an acute insult has occurred on the kidneys or patient may have prerenal disease, such as Addisons.

AGE

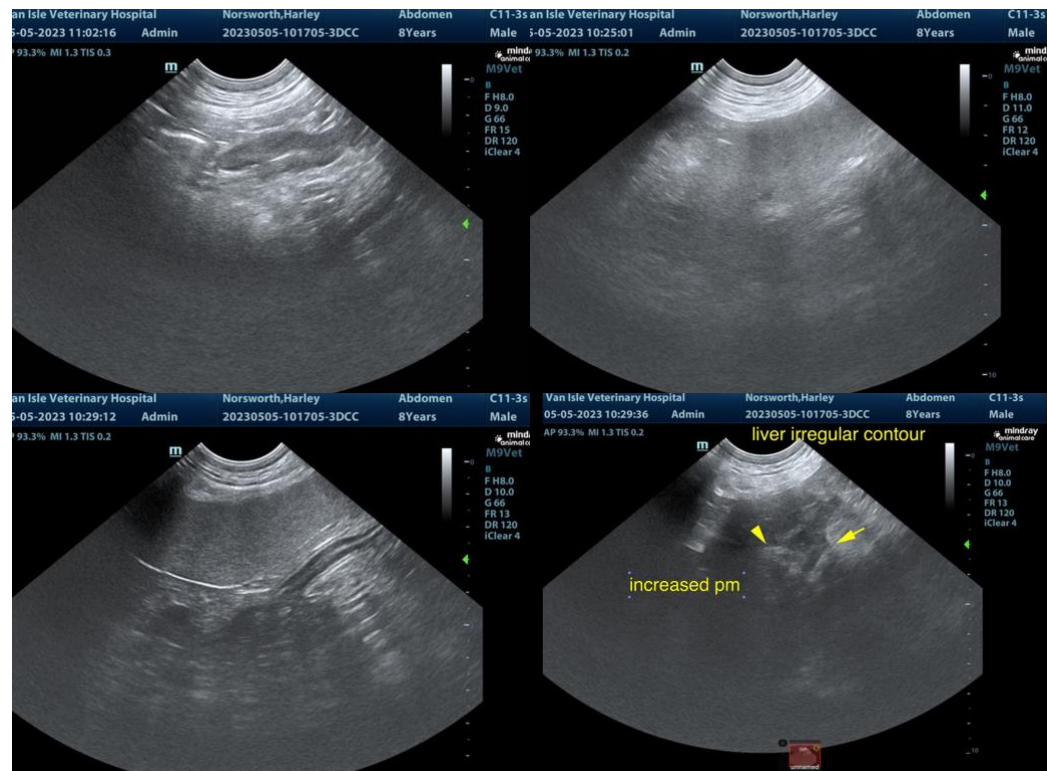
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy and bile acid profile are indicated. I recommend IV fluid support, screening for Addisons, and recheck sonogram in 24 hrs., primarily regarding the intestinal dilation.

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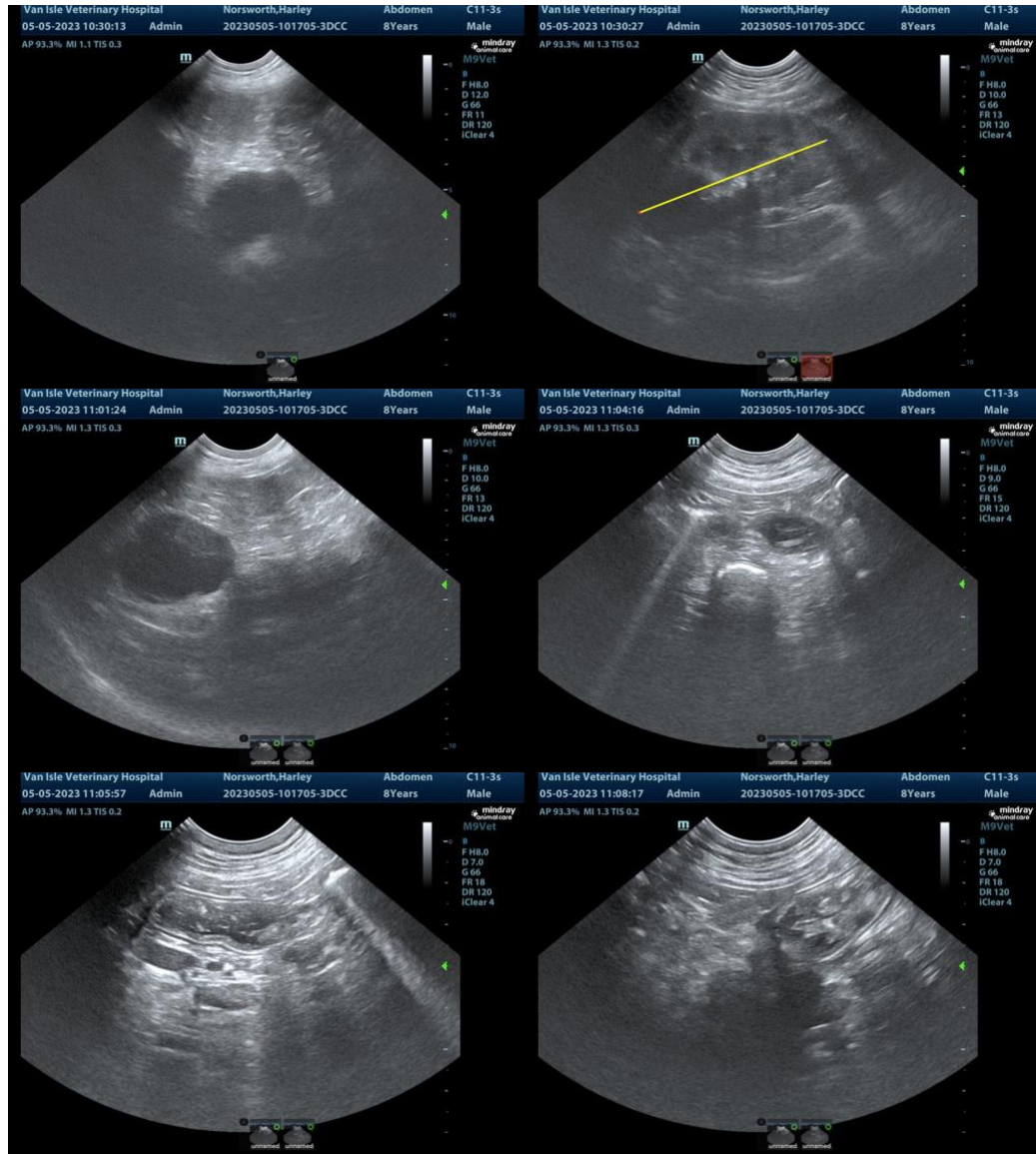
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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