



PATIENT PRESENTING CLINICAL SIGNS

Izzy Walsh

History: elevated hepatic values on routine bloodwork . Patient is asymptomatic. Not on any meds.
Abnormal PE/Chem/CBC/UA Results: marked increased ALT, moderate incr AST, mild increase ALKP, GGT, bilirubin, cholesterol. UA: 1+ bilirubin crystalluria, USPG 1.026

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bouvier Des Flandres

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.

SEX

Spayed 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 left kidney measures 7.3 cm. The right kidney measured 7.73 cm.

AGE

7 years

WEIGHT

102 lbs

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 right adrenal gland measured 3.21 x 2.54 cm at the cranial pole and 0.77 cm at the caudal pole. The left adrenal gland measured 2.12 x 0.44 cm at the caudal pole and 0.62 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING

PERFORMED BY

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Diane McFadden, RVT

HOSPITAL NAME

Werner AH

Liver

The **liver** was subnormal in size with coarse architecture and nodular, irregular changes with increased portal markings. This is consistent with fibrosis and cirrhosis. There was no evidence of neoplasia. The portal vein was prominent and mildly dilated. Emerging portal hypertension is likely. 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.

REFERRING VET

Dr. Werner

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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

SEX

Spayed Female

Subjectively end stage degenerative renal disease.

End stage fibrosing cholangiohepatitis, nodular hyperplasia, cirrhosis pattern.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

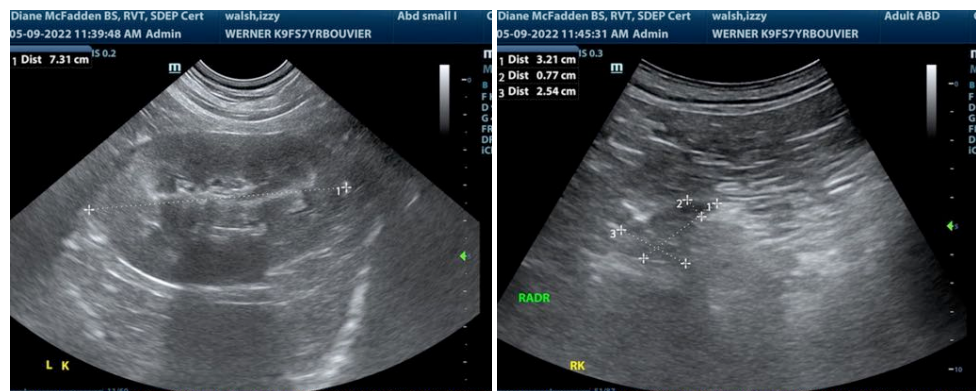
Core biopsy of the liver is necessary further definition. However, the liver is exceedingly small and targets for biopsies are exceedingly small. Supportive care for end stage liver disease is indicated with Leptospirosis titers to assess for underlying disease that may be playing a role.

WEIGHT

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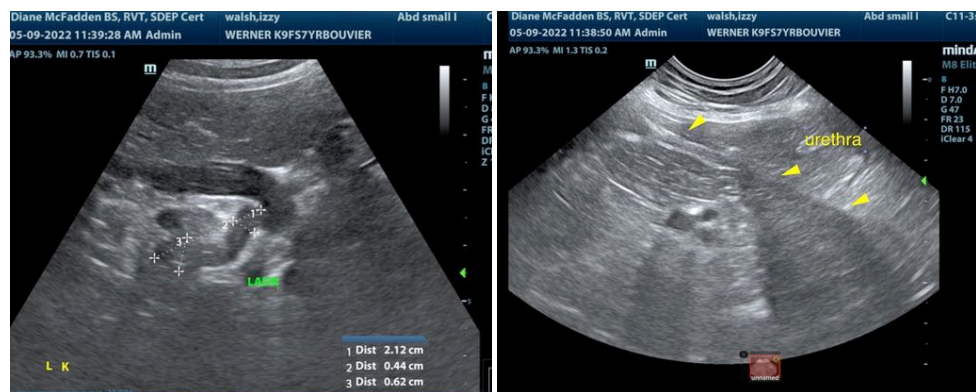


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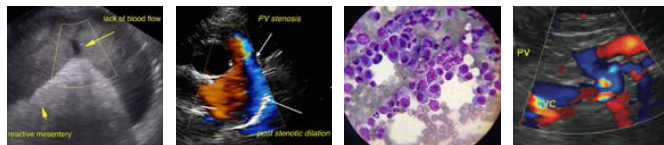
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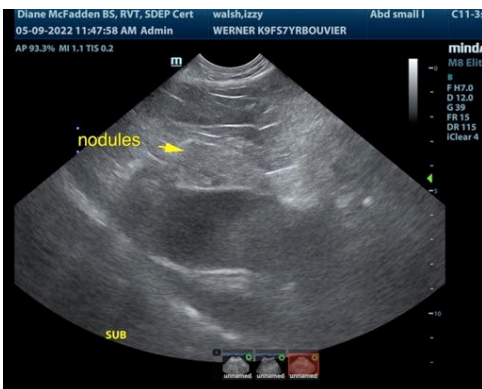
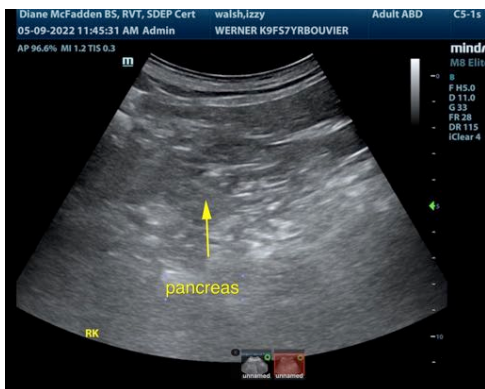
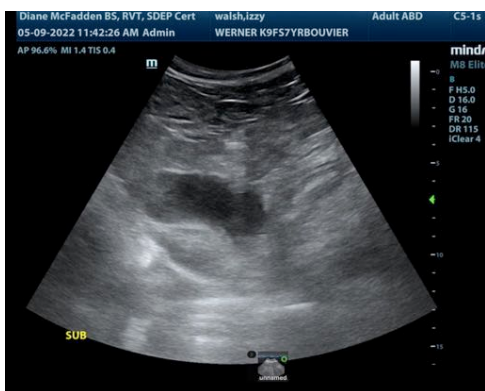
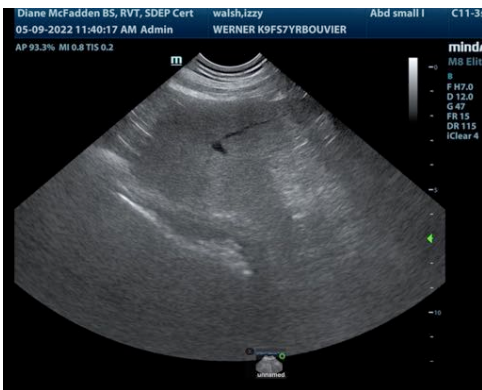
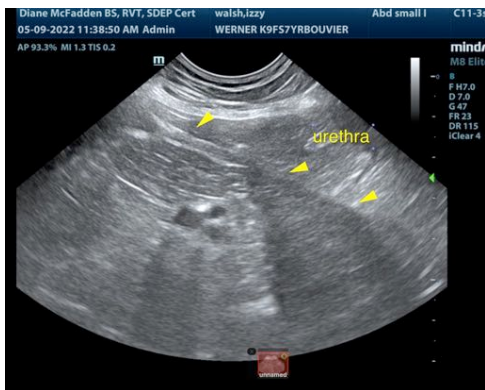
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

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