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Clinical Sonography & Telecytology
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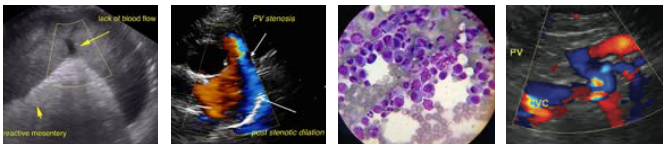

PATIENT
Wolfie Dix

SPECIES
Canine

BREED
Husky Mix

SEX
Neutered male

AGE
11 ½ years

WEIGHT
23.2 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Trudeau

HOSPITAL NAME
Petworks VH

REFERRING VET
Dr. Trudeau

INVOICE
31140

DATE
6/21/22

PRESENTING CLINICAL SIGNS

History: decreasing appetite, some vomiting; currently on antibiotics and steroids that were started on June 14, 2022
Abnormal PE/Chem/CBC/UA Results: Chem - increase ALT - 634 U/L ; ALP 1876 U/L; GGt 34U/L otherwise NSF CBC - NSF

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 6.3 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 0.5 cm. The right adrenal gland measured 0.5 cm.

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 was noted.

Liver

The **liver** revealed increased portal markings with coarse architecture and remodeling. The gallbladder revealed thickened, echogenic suspended debris. The teardrop appearance was maintained. Trace free fluid was noted adjacent to the gallbladder. This may be related to inflammation associated with the gallbladder or possible portal hypertension. This should be monitored carefully.

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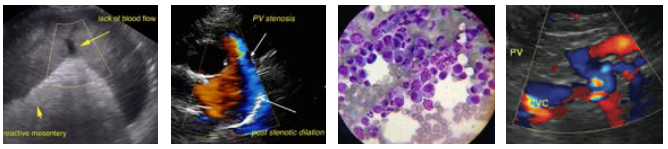

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Gastrointestinal

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 demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node was reactive and measured 0.5 cm.

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.

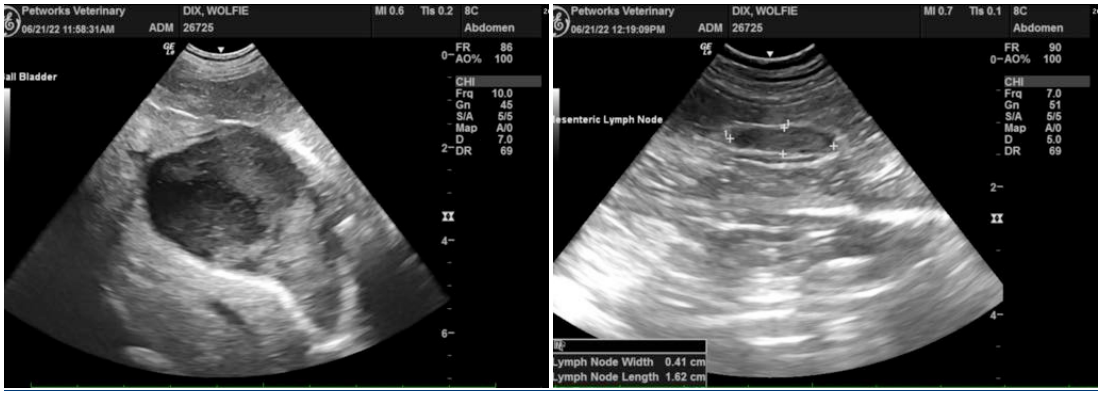
ULTRASONOGRAPHIC FINDINGS

Non-specific chronic cholangitis liver pattern. No evidence or suspicion of neoplasia.

Slight free fluid adjacent to the gallbladder, not typical mucocele formation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are warranted along with bile acid profile. Enrofloxacin and Metronidazole combination is recommended with core liver biopsy would be ideal. FNA may allow for definition of inflammatory cell type. The cortisone treatment may be suppressing a more significant presentation. I recommend a recheck sonogram in 3-5 days primarily regarding the gallbladder presentation and localized free fluid or earlier if the clinical decline initiates. Guarded long term prognosis.



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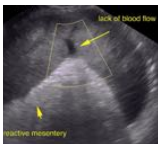
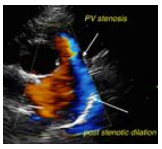
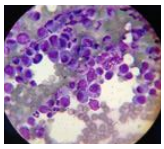
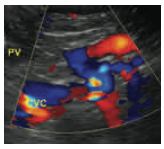

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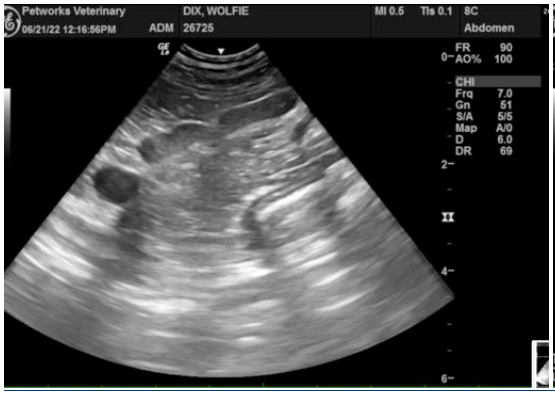

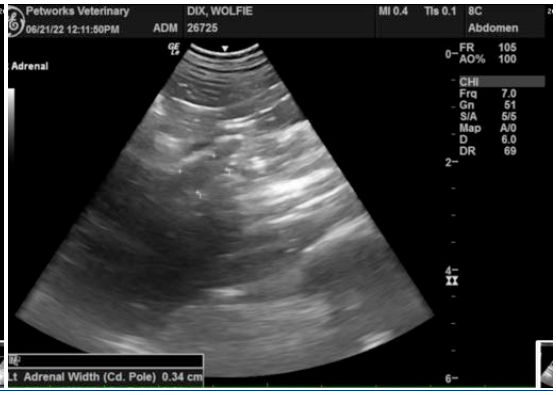

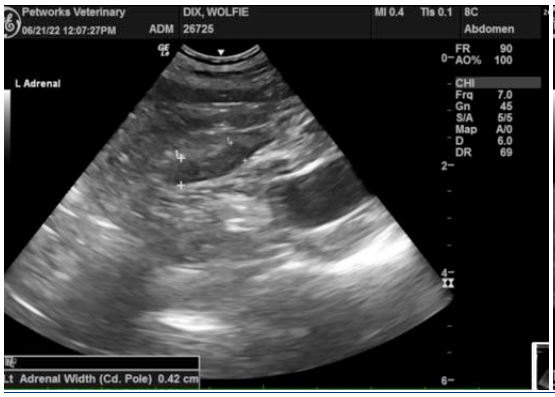

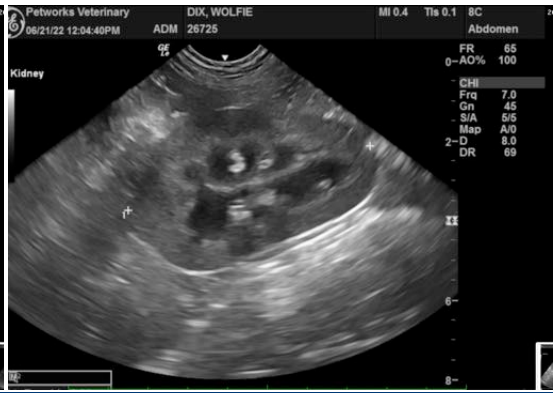

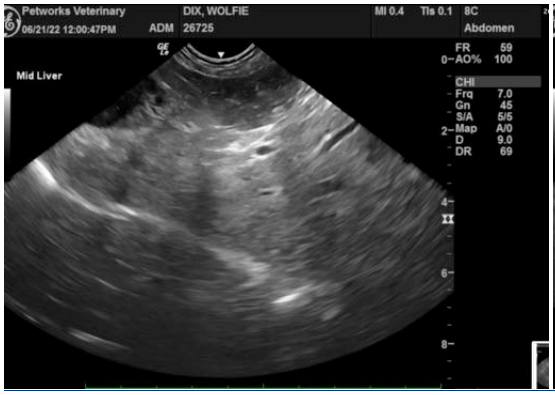

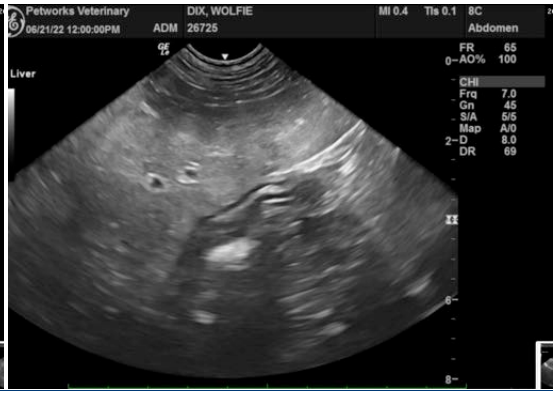

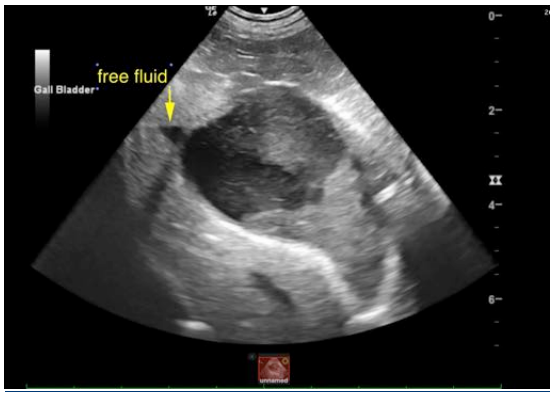

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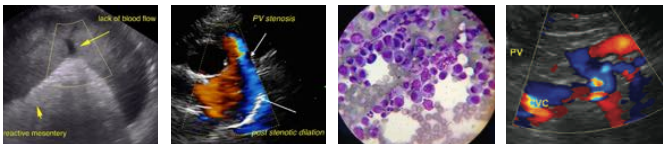

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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