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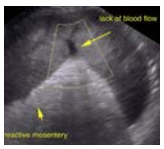
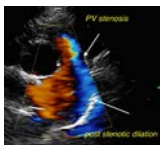
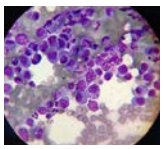
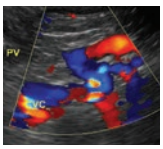

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1-800-838-4268 info@sonopath.com

PATIENT

Snow White All Humane Rescue

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

21 Weeks

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Taylor McConnell

INVOICE

39093

DATE

6/29/22

PRESENTING CLINICAL SIGNS

R/O foreign body vs. liver shunt vs. other. Reportedly ate mulch. Very lethargic. Meds: Cerenia, famotadine, unasyn, metronidazole.
Abnormal PE/Chem/CBC/UA Results: ALT high, Alk. Phos. 562, GGT 29, T. bili. 1.1, APTT > 300, WBC 20.3.

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 **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 5.18 cm. The left kidney measured 4.65 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 right adrenal gland measured 1.61 cm x 0.49 cm at the caudal pole and 0.83 cm at the cranial pole. The left adrenal gland measured 2.22 cm x 0.42 cm at the caudal pole and 0.71 cm at the cranial pole.

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** parenchyma was unremarkable, uniform. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

Portal vein to vena cava ratio was slightly in favor of the portal vein. The portal vein was enlarged with normal branching and measured 0.80 cm. The vena cava measured 0.60 cm. Aorta measured 0.60 cm.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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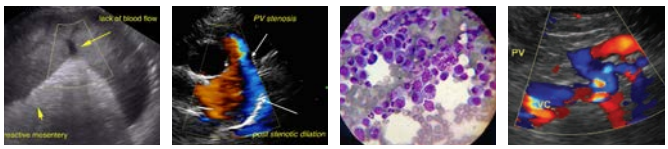

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

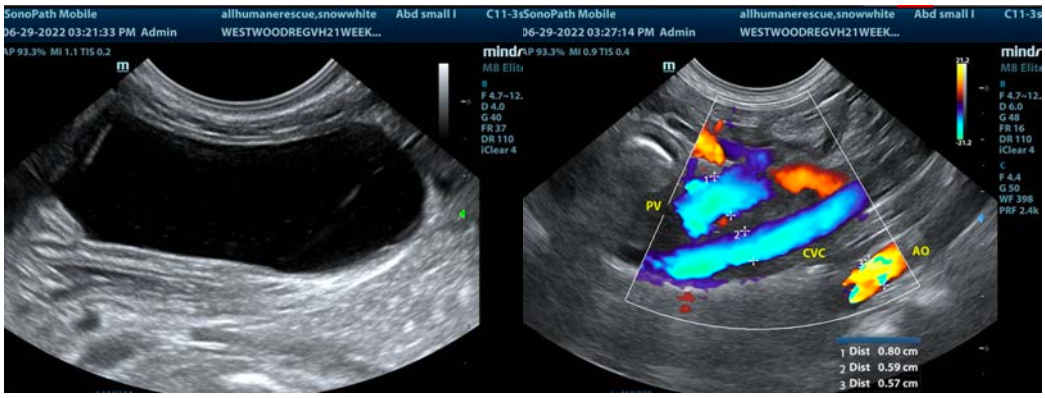
- Acute hepatic insult, no evidence of intrahepatic or extrahepatic shunting

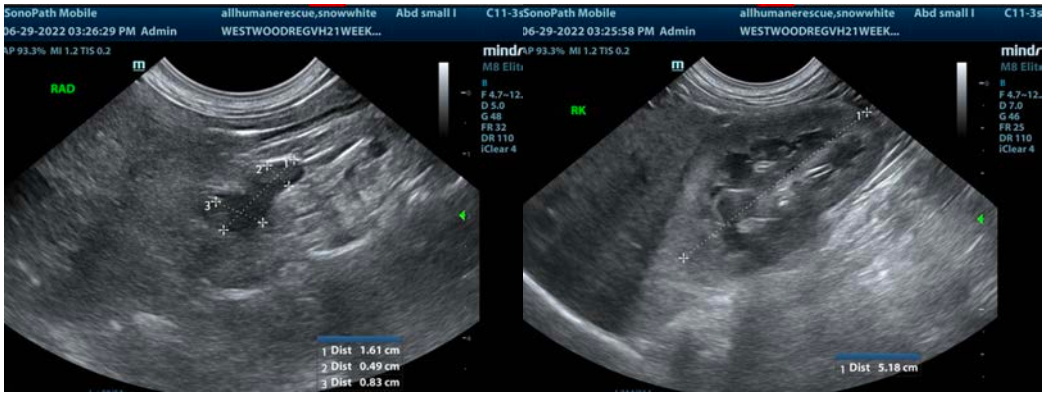
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or other acute insult suspected. IV Ampicillin, nutraceuticals, IV fluid support all indicated. Vitamin K support also warranted. Plasma transfusion would be ideal. Once coagulation panel is normalized, then eventual FNA of the liver could be considered for further definition.

ADDENDUM ADDED 7/2/22

At first look, there appeared to be stool in the colon. However, upon further evaluation of the image set, the material appears to be distal small intestinal stool type echogenicity. If the patient is nott passing the material based on radiographic findings, exploratory surgery would be indicated. Underlying congenital intestinal stricture may be an issue.





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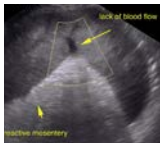
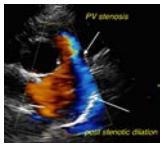
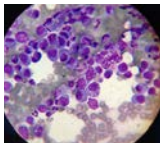
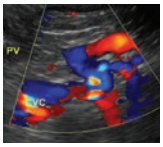

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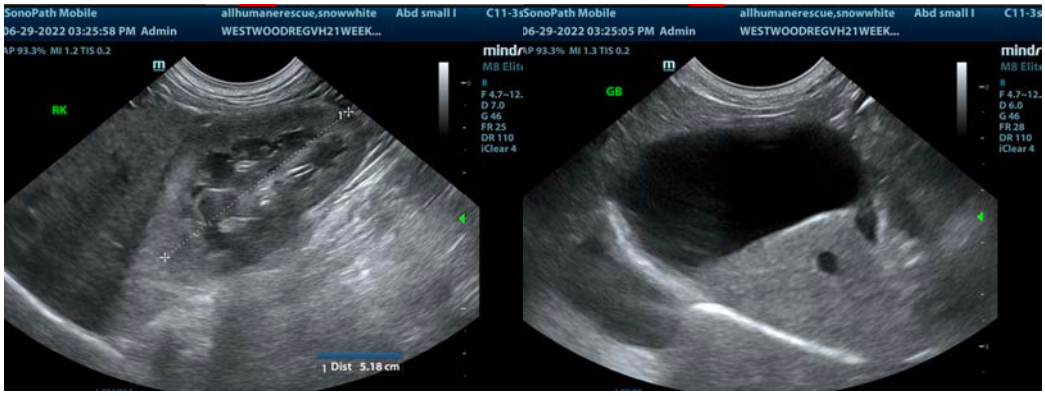

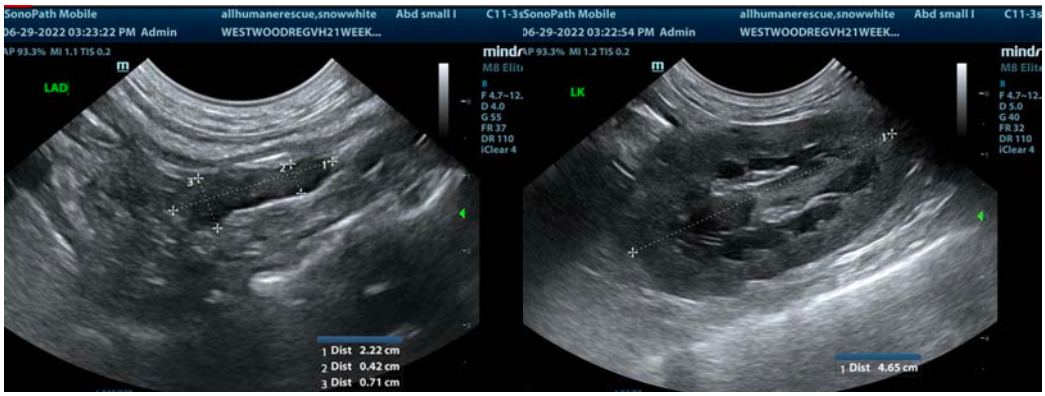

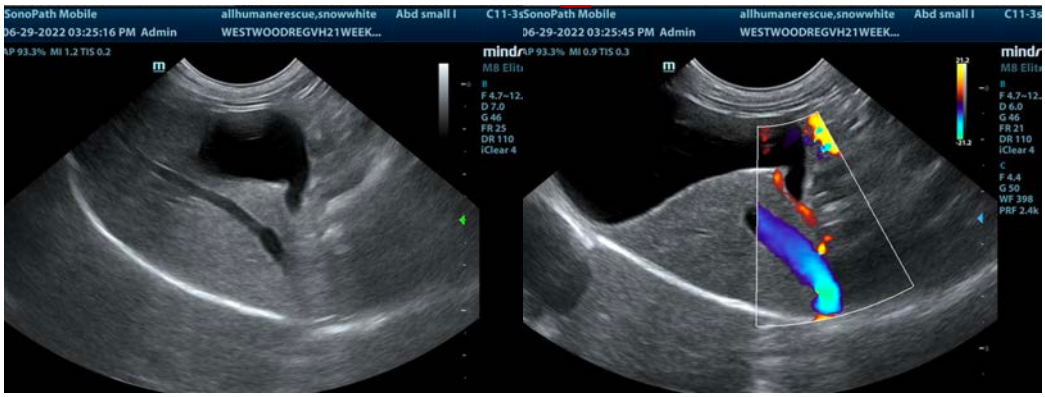

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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