



PATIENT PRESENTING CLINICAL SIGNS

Lilly Pellegrino

History: Vomiting, not eating, seizures..recently on keppra
Abnormal PE/Chem/CBC/UA Results: BCS: 4/9 HCT 34 WBC 18.7 ALT 3778 AST 290 ALP 3978
TBILI 1.1 BUN 71 CREAT 2.3 PHOS 7.3 UA: SG >1.015 pH 6 PRO 2+ Marked rods & cocci

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bichon

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

SEX

Spayed Female

AGE

16 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the left kidney. The left kidney measured 3.58 cm with cortical cysts. The right kidney measured 3.8 cm with infarcts and cortical cysts.

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.32 x 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

IMAGING PERFORMED BY

Chelsea Pastor

Spleen

HOSPITAL NAME

Fredon AH

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.

REFERRING VET

Dr. Roche

INVOICE

30929

Liver

The **liver** revealed uniform swelling. Multi-focal, hypoechoic nodular changes were noted along with generalized swelling. The gallbladder and common bile duct were unremarkable. Minor striating bile was noted without mucocele formation.

DATE

6/8/22



PATIENT

Lilly Pellegrino

Gastrointestinal

SPECIES

Canine

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a minor amount of retained ingesta noted in the stomach. 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.

BREED

Bichon

Pancreas

SEX

Spayed Female

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.

AGE

16 years

ULTRASONOGRAPHIC FINDINGS

Cholangiohepatitis liver pattern with emerging mucocele.

WEIGHT

10.2 lbs

Multi-focal, nodular changes are present.

Moderate to near end stage renal changes.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

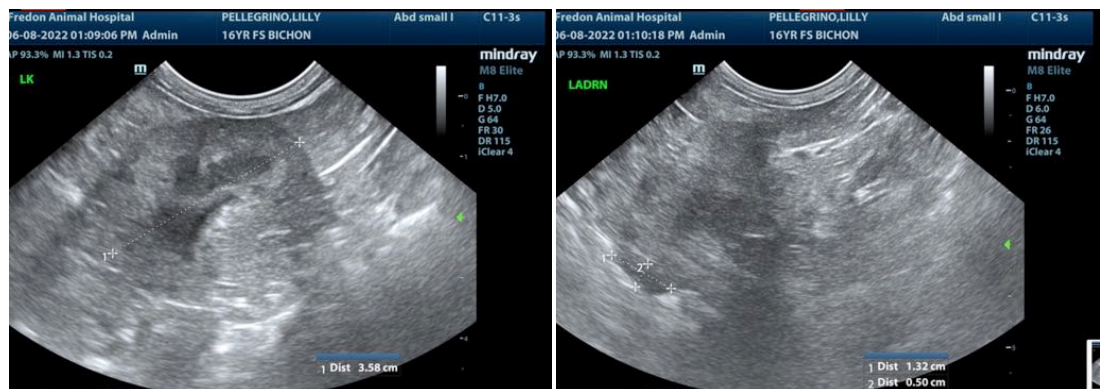
The gallbladder is not the primary issue at this time. Coagulation panel and hepatic FNA is recommended. Leptospirosis titers are indicated along with urine culture and sensitivity with treatment for UTI given the patient's history. Other causes of acute hepatic insult such as mushroom toxicity and similar should be considered. There was no evidence of suspicion of neoplasia. I recommend 72-hour IV fluid protocol, Ampicillin, Metronidazole, nutraceuticals and GI protectants are all indicated.

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH



REFERRING VET

Dr. Roche

INVOICE

30929

DATE

6/8/22



PATIENT

Lilly Pellegrino

SPECIES

Canine

BREED

Bichon

SEX

Spayed Female

AGE

16 years

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

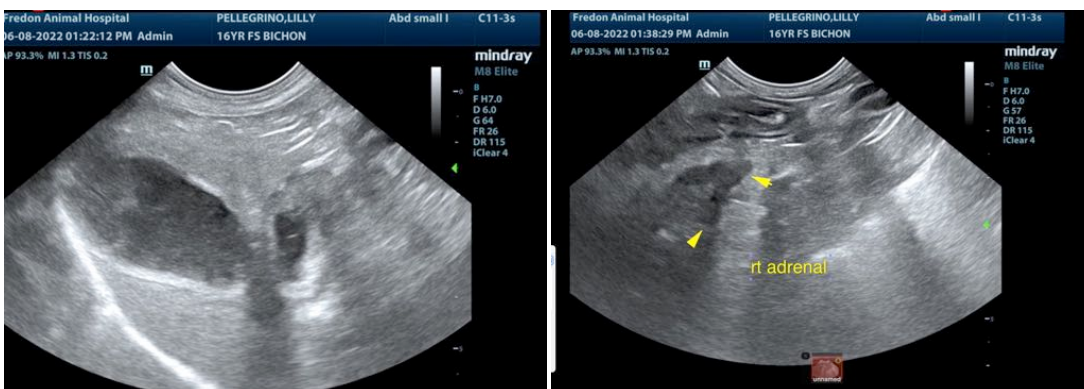
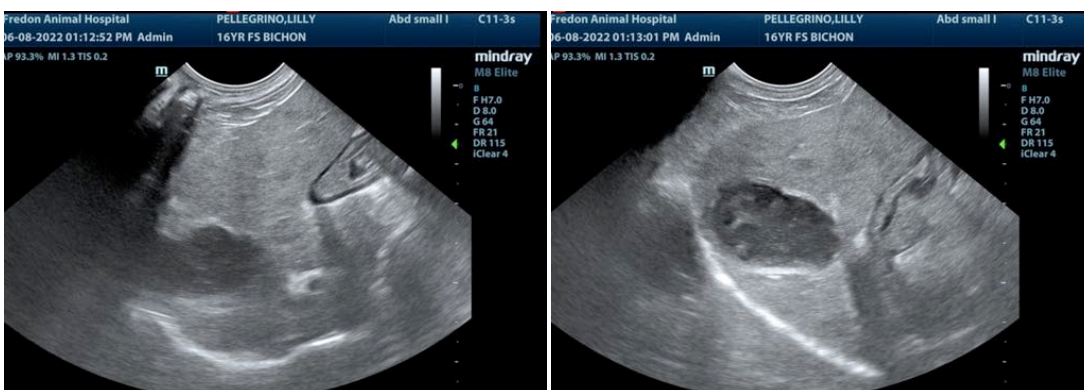
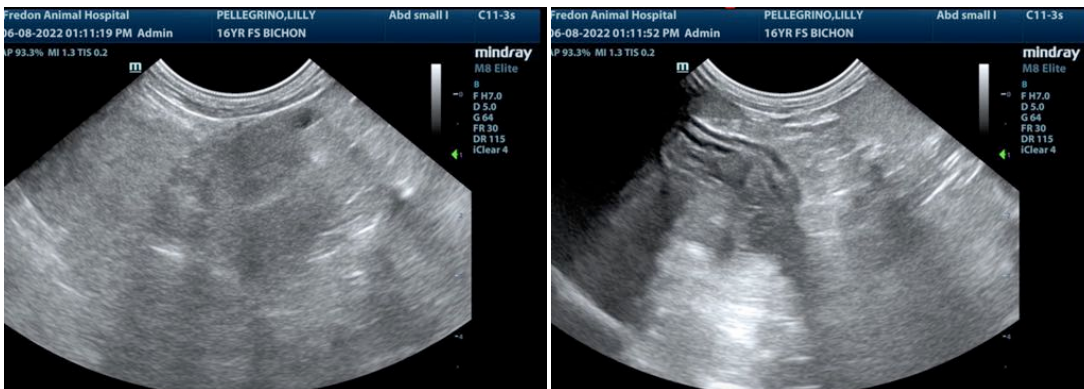
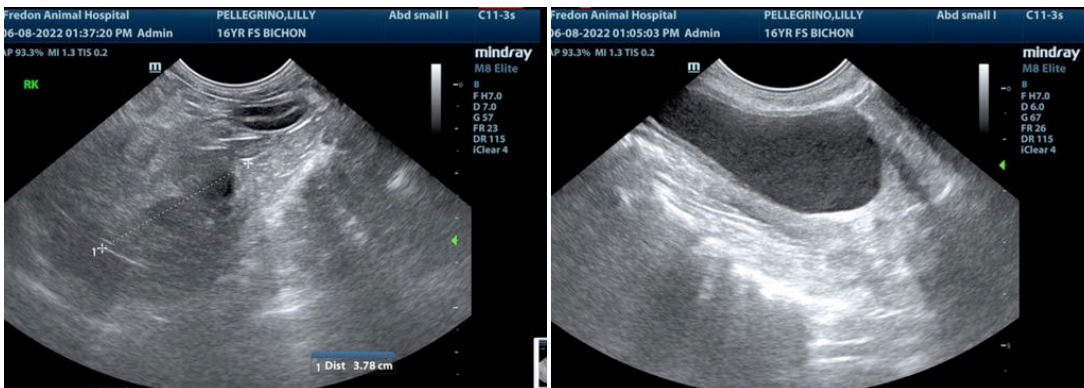
Dr. Roche

INVOICE

30929

DATE

6/8/22





PATIENT

Lilly Pellegrino

SPECIES

Canine

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.

BREED

Bichon

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.

SEX

Spayed Female

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

AGE

16 years

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

30929

DATE

6/8/22