



**PATIENT**

Huey Phillips

**SPECIES**

Canine

**BREED**

Chihuahua  
Mix/Schnauzer Mix

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

7.3 kgs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Jolee Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Neher

**INVOICE**

30934

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

History: 3 day hx of anorexia, icterus; was vomiting on day one but stopped when o gave PO cerenia episode of GI dz and anorexia in 12/21 without icterus Primary reason for ultrasound referral: work up cholestatic liver dz

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: • leukocytosis 18.33/neutrophilia 14.19, monocytosis 2.70, eosinopenia 0.04 • ALB 5.9, Glob 1.3 • ALT 2079, ALP 761 on dilution/1041 initial sample • TT4 <0.5 • renal values WNL except low BUN 5 • GGT 18 • Tbili 15 • USG 1.011, bilirubin 6, suspected cocci and rods Abnormal physical exam findings: icterus, depression, "doughy" abdomen

**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 right kidney measured 4.9 cm. The left kidney measured 4.62 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 1.6 x 0.59 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 2.03 x 0.8 cm at the cranial pole and 0.55 cm at the caudal 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 was noted.

**Liver**

The **liver** revealed uniform parenchyma and a slight, 0.5 cm hypoechoic nodule noted in the mid cranial liver adjacent to the diaphragm. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.



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**Gastrointestinal**

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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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**Pancreas**

The right **pancreatic limb** was slightly heterogenous owing to remodeling or history of pancreatitis.

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen with minor heterogenous pancreas.

Acute hepatic insult such as Leptospirosis, toxin exposure or similar should be considered.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and FNA of liver would be recommended for further definition. Ampicillin, Metronidazole and nutraceuticals are all indicated. There was no evidence or suspicion for neoplasia.

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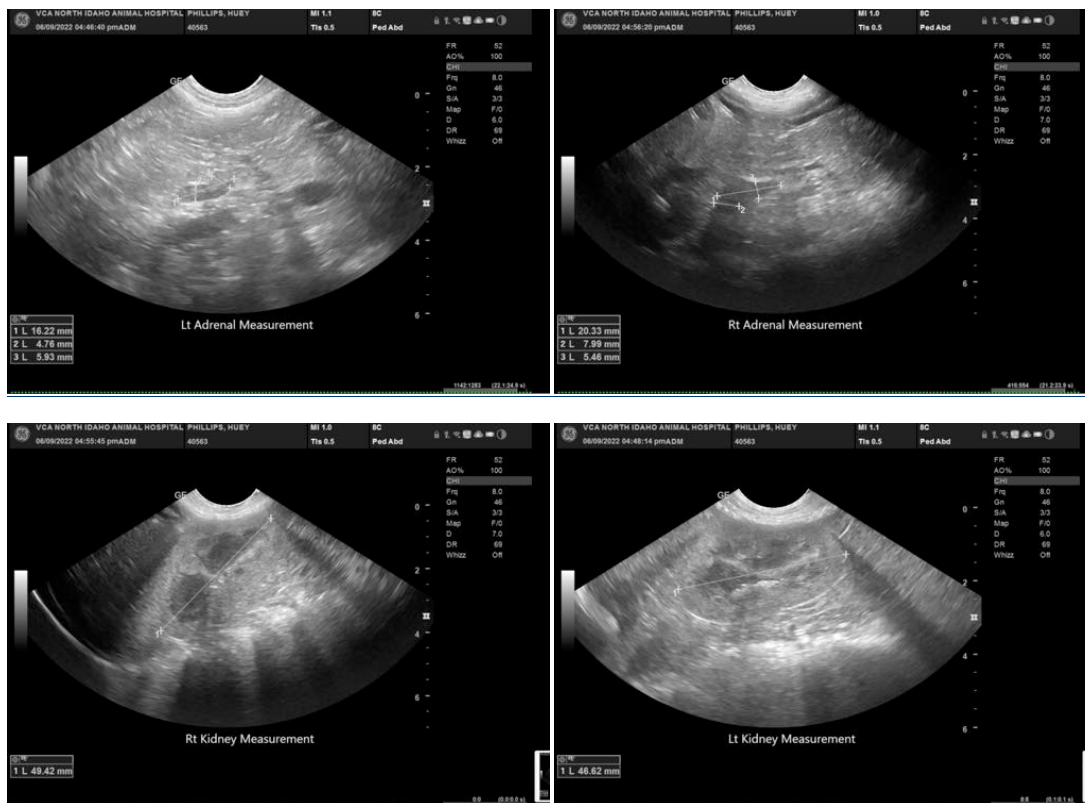
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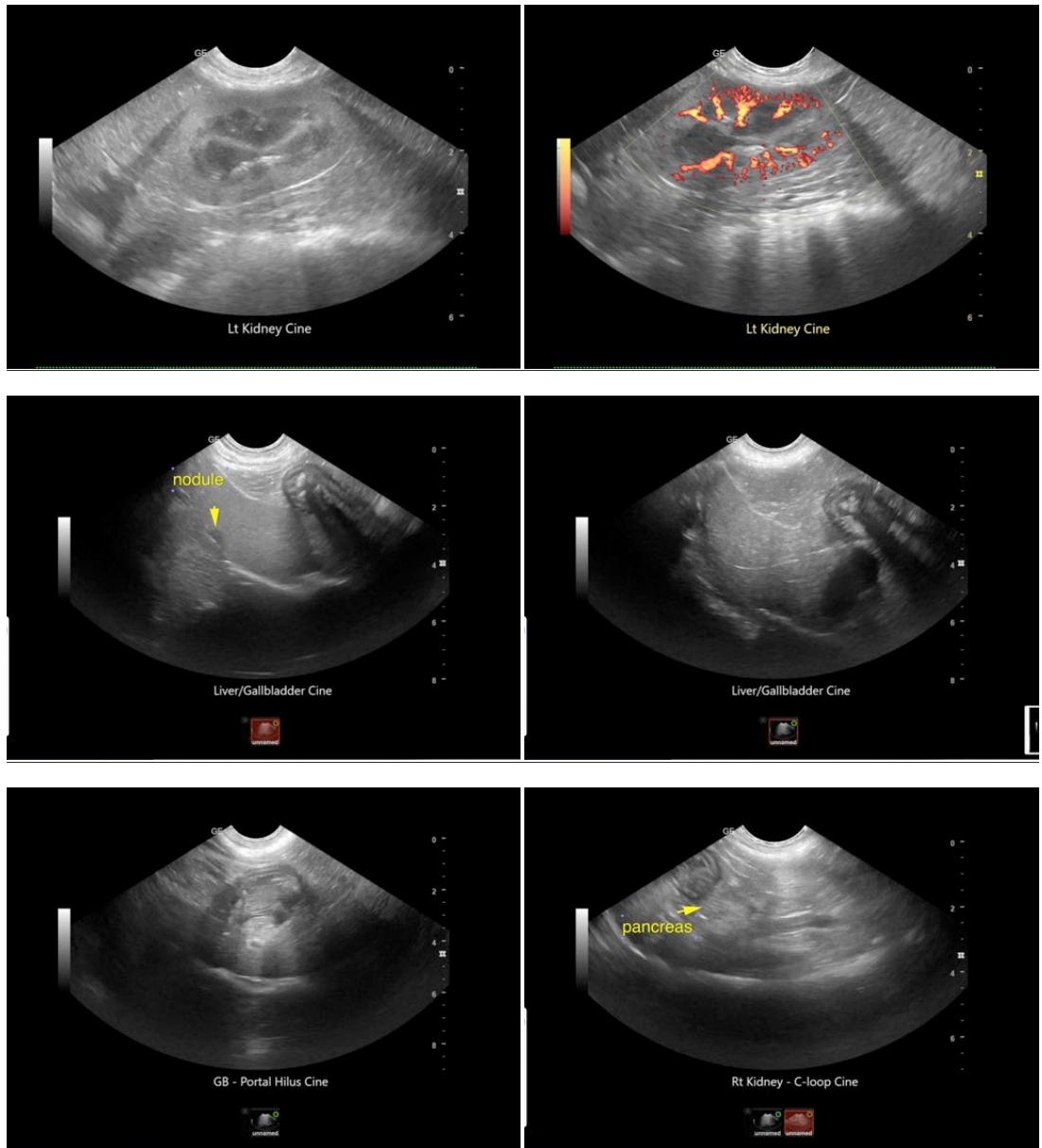
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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