



## PRESENTING CLINICAL SIGNS

### PATIENT

Kallie Manes

### SPECIES

Canine

### BREED

Pit Mix

### SEX

Spayed female

### AGE

9 years

### WEIGHT

21 kg

History: Decreased appetite starting around 6/26/23, refused normal kibble i/d. Would only eat small amounts of wet food and treats. Saw rDVM on 7/1/23 bloodwork showed elevated retics (151), mild elevation in Glob (4.1), severe elevation of ALT (702), ALP (478), TBili (2.3). Since appointment on 7/1/23 she will eat low fat i/d canned food or i/d kibble. Has increased inappetence in AM compared to PM. No v/d or lethargy noticed. Ultrasound recommended by rDVM.  
Abnormal PE/Chem/CBC/UA Results: elevated retics (151) mild elevation in Glob (4.1) severe elevation of ALT (702), ALP (478), TBili (2.3) CPL WNL

## 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 and left kidney measured 7.0 cm.

## 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 0.5 cm. The right adrenal gland measured 0.76 cm at the cranial pole and 0.45 cm at the caudal pole.

## IMAGING PERFORMED BY

Dr. Harmon

### Spleen

## HOSPITAL NAME

Wilvet South

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease. There are no overt masses present. This is most consistent with reactive spleen with a potential for round cell neoplasia. FNA is indicated.

## REFERRING VET

Dr. Harmon

### Liver

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The **liver** revealed coarse architecture with increased portal markings. Occasional, expansive nodular hepatic changes were noted with subnormal liver size. This is consistent with cholangiohepatitis/cirrhosis. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. FNA of the liver could provide for cursory

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assessment. However, core liver biopsy would be best for further definition. There is a very minimal potential for neoplasia.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**Pancreas**

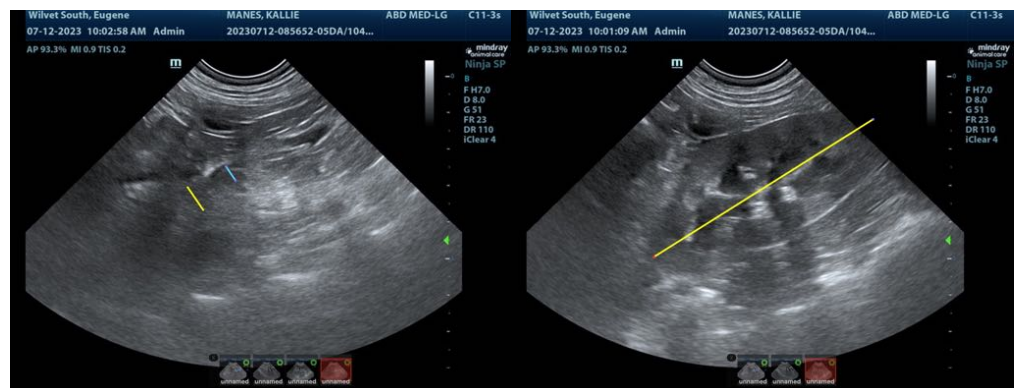
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Fibrosing cholangiohepatitis, emerging cirrhosis liver pattern with reactive spleen or splenic congestion secondary to emerging portal hypertension.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted. Core liver biopsy is strongly recommended. The prognosis is guarded long term.





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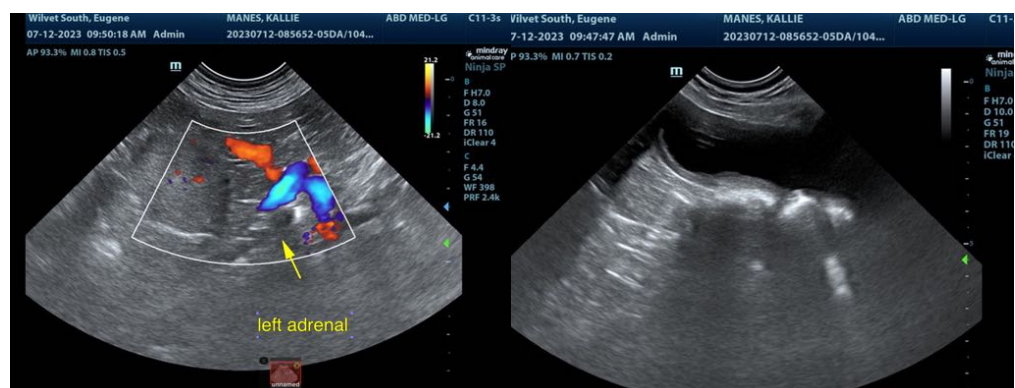
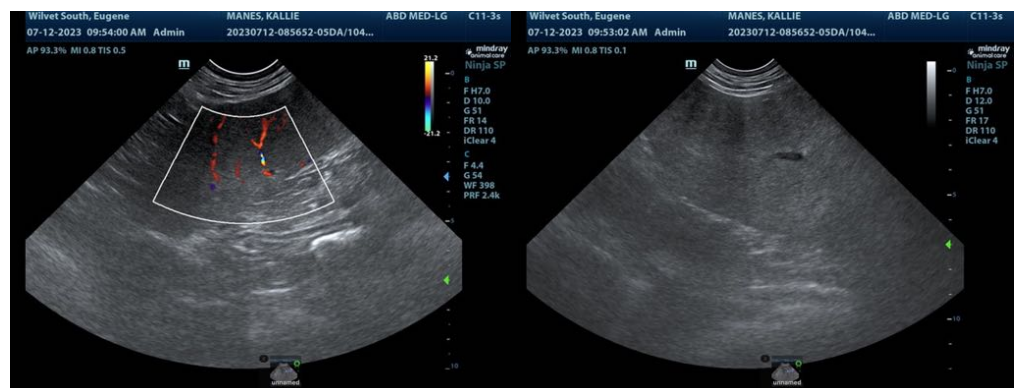
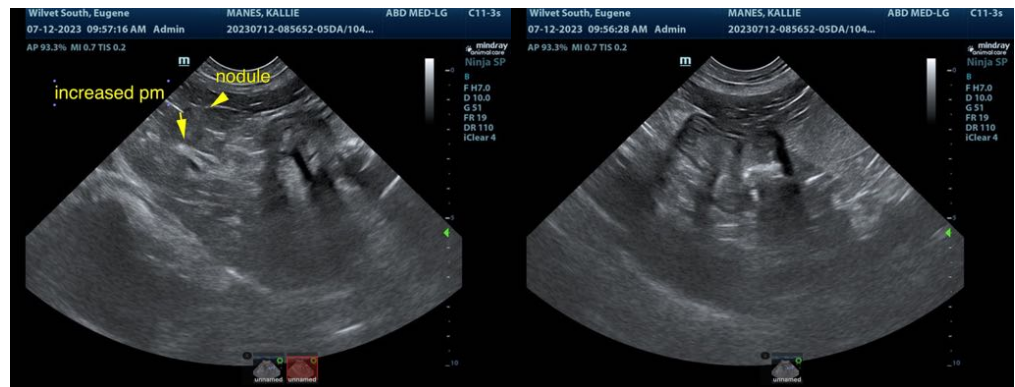
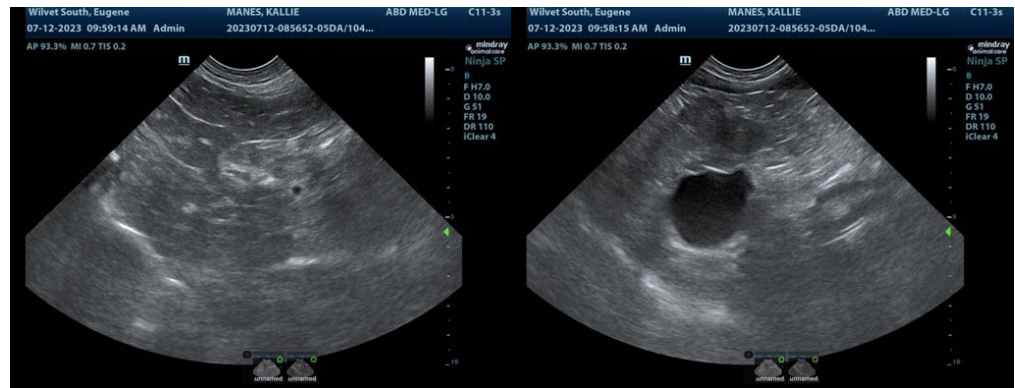
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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