



PATIENT

Chase Praither

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered male

AGE

8 years

WEIGHT

34.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

31650

DATE

7/13/22

PRESENTING CLINICAL SIGNS

History: Owner (who is a Dr. at northside vet clinic) is concerned with patient vomiting and not eating. P has discoid lupus - patient is on long term cyclosporine (1 twice daily) and prednisone (2.5mg/week).

Abnormal PE/Chem/CBC/UA Results: CHEM: ALT 148, ALKP 19, TBIL 1.9, CHOL 342, TT4 0.6. CPL: Normal

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 5.0 cm and the right kidney measured 5.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 slightly increased gallbladder wall thickness and echogenicity. Slightly increased portal markings were noted. The liver revealed minor swelling and slight, irregular contour. The changes are non-specific and consistent with cholangitis/cholangiohepatitis.

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



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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 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.

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ULTRASONOGRAPHIC FINDINGS

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Non-specific, cholangiohepatitis liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 years

Coagulation panel and core liver biopsy is ideal. FNA is warranted for definition of inflammatory cell type. The Prednisone therapy may be suppressing a more significant presentation. However, no neoplastic criteria was met. The adrenal glands may be subnormal in size and hence not visible owing to Prednisone therapy. Core liver biopsy is indicated. Leptospirosis titers are recommended along with assessment for hepatotoxin ingestion.

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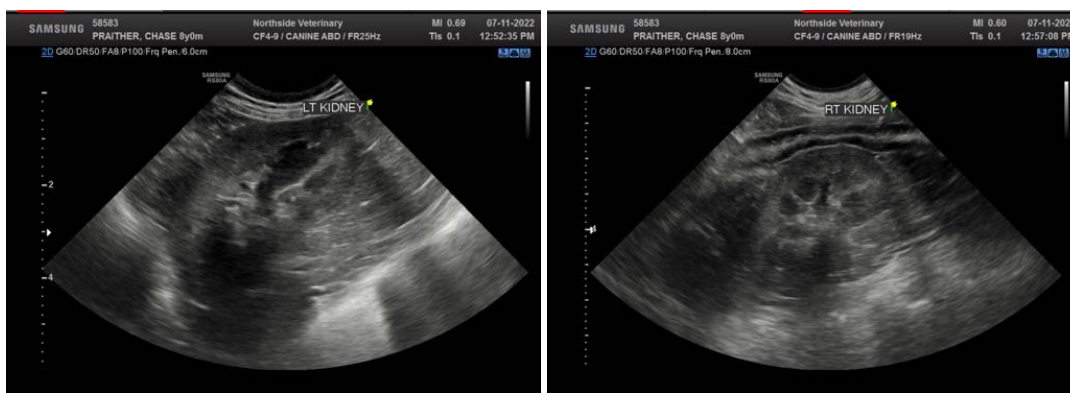
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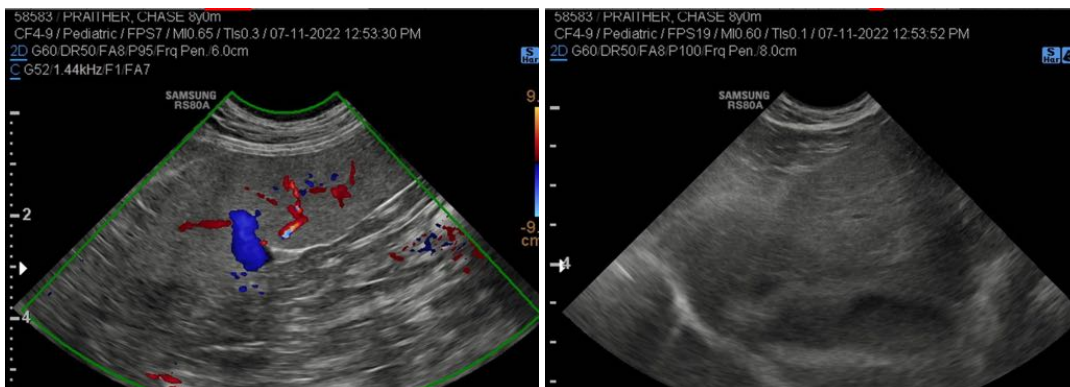
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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