



## PATIENT

Wyatt Cauffman

## SPECIES

Canine

## BREED

Labrador

## SEX

Neutered male

## AGE

10 years

## WEIGHT

41.4 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Erin Wicks

## HOSPITAL NAME

Shores VEC

## REFERRING VET

Dr. Slenbaker

## INVOICE

31704

## DATE

7/15/22

## PRESENTING CLINICAL SIGNS

Presented at our hospital for transfer from rDVM. Has been lethargic- not wanting to go on walks as far as usual. Not interested in eating normal pumpkin/blueberries added to diet. O has been feeding bland diet past 2 days due to pt also vomiting and having diarrhea earlier this week. O noticed pt having orange colored urine and started to get darker on Tuesday Previous Health Concerns: Bilateral CCL sx Current Medications: Probiotic, essential oils  
Abnormal PE/Chem/CBC/UA Results: Abdominal: Painful on abdominal palpation – extremely tense, unable to complete a thorough examination Lepto Snap: negative Rdm Bloodwork: RBC 9.91; Hemo 21.5; MCV 59.9; RDW 25.0; MONO 1.51; Plt 122; K 3.4; Glob4.6; ALT 940; ALP 1494; GGT 28; Tbili 22.2; AMY 1838

## 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 7.16 cm. The left kidney measured 7.36 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 0.5 cm.

### 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 slight coarse architecture with increased portal markings. The gallbladder and common bile duct were unremarkable. This is most consistent with a cholangiohepatitis liver pattern.



**PATIENT**

**Gastrointestinal**

Wyatt Cauffman

There is retention of ingesta or soft foreign matter, grass or similar noted in the **stomach** and measured approximately 3.0 cm. The small intestines and colon were unremarkable.

**SPECIES**

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**Pancreas**

**BREED**

Labrador

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Non-specific cholangiohepatitis pattern.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the clinical profile Leptospirosis should be considered, toxin or other infectious agents. Core liver biopsy and culture is indicated. Leptospirosis titers are also recommended. Ampicillin and Metronidazole as well as nutraceuticals and liver oriented diet are all indicated.

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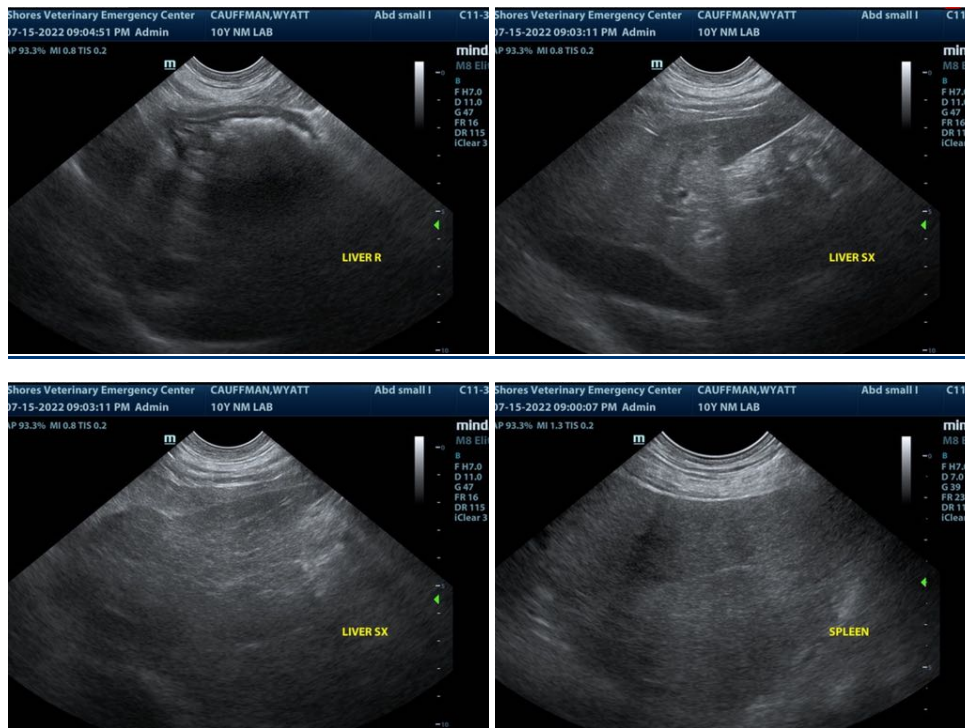
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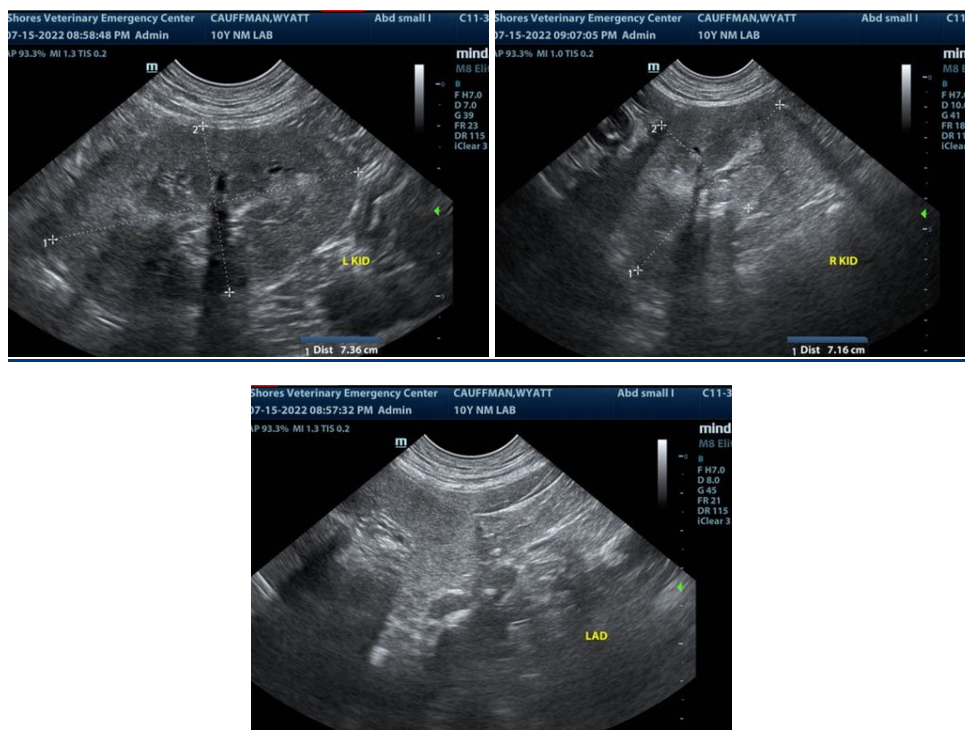
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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