



PATIENT

Penny Sewell

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Spayed female

AGE

6 years

WEIGHT

85 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barron

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Barron

INVOICE

31917

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: Has a history of liver disease starting last year. She presented last week with lethargy, icterus, vomiting and not eating. Her liver enzymes were elevated, most notably, the bilirubin (11.6) The liver enzymes returned to more normal values within 48 hours on clavamox but the bilirubin had progressed to 25. she is not greater than 28 3 days later, regurgitating, not eating, temp 100.2. she is profoundly icteric. I am sorry about the ultrasound images not following a protocol, I usually do not do these and will familiarize myself to follow your ultrasound imaging protocol
Abnormal PE/Chem/CBC/UA Results: icteric, bilirubin >28, vomiting, not eating, normothermic, has a uti, culture and sensitivity is pending. has been on clavamox for 5 days. neoplasia of liver is suspected, FNA of liver is pending.

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.0 cm. The left kidney measured 7.0 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 0.67 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** images revealed increased portal markings with isoechoic nodular changes and irregular contour. The liver is subnormal in size. The gallbladder is unremarkable.



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Gastrointestinal

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.

Pancreas

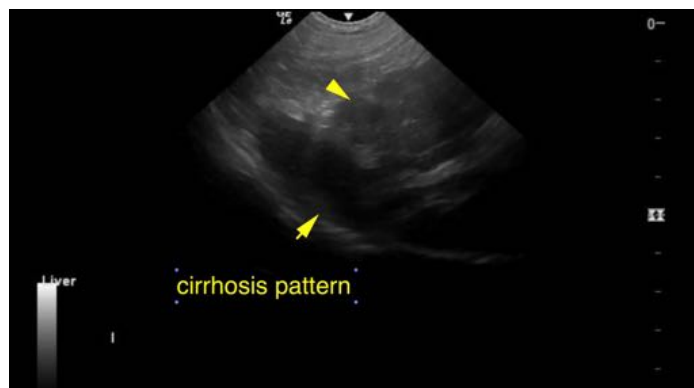
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic nodular changes, subnormal in size. Consistent with end stage cirrhosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. Core liver biopsy is necessary for further definition.





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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