



PATIENT

Abigail Blumhardt

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

78 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

Dr. Baker

INVOICE

32010

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Elevated ALT and UPC. Presented on 3/22 for ear infection with history of chronic allergies/ear infections, and 3 wk history of mild/intermittent vomiting. On Apoquel. CBC/Chem/T4/UA - Elevated ALT with UPC of 1.3. No intestinal parasites on float/antigen testing. 2 week trial on Amoxi/Metronidazole/Probiotic improved ALT but did not resolve elevation. Increased ALT/AST/AlkP on 5/22. Was on a topical steroid ear drop. Restarted Probiotic, started Denamarin. ALT remains elevated.

Abnormal PE/Chem/CBC/UA Results: 3/19/22: ALT = 228 4/8/22: ALT = 192 5/6/22: ALT = 343 6/4/22: ALT = 221 7/2/22: ALT = 203

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. Slight mineralization was noted in the kidneys. The left kidney measured 6.17 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The left **adrenal gland** was 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 region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

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The **liver** revealed coarse architecture with increased portal markings. Heterogenous parenchymal changes were noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

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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

AGE

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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

Chronic inflammatory hepatopathy.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile +/- FNA or core liver biopsy is indicated. Leptospirosis titers are warranted if not already performed.

IMAGING PERFORMED BY

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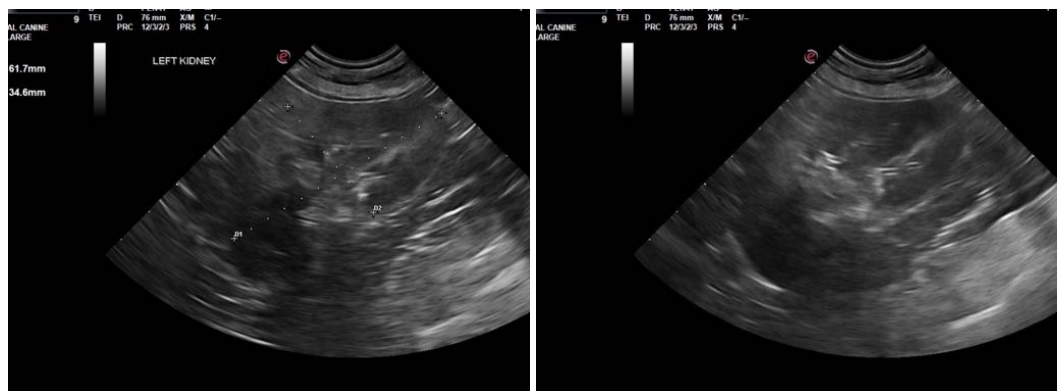
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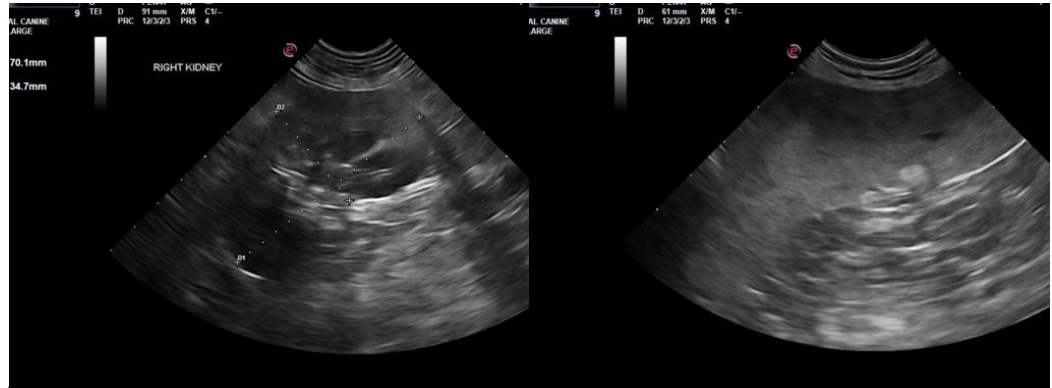
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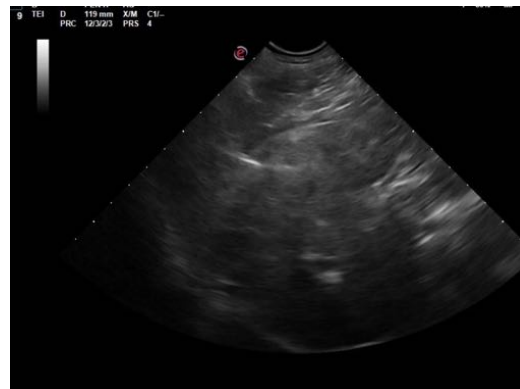
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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