



PATIENT

Sophie Ososki

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

14 Years

WEIGHT

15.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

39242

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting since Monday night, not eating or drinking since. Last night unable to walk. Patient had bites of burger with ketchup Monday before episode. Previous Health Concerns: arthritis Current Medications: none Appetite/When did they eat last: not eating well since Monday night

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: tachycardia, no murmur heard; est 8-10% dehydration Respiratory: harsh BV sounds bilateral Abdominal: no obvious mass, tense abdominal palpation Radiographs: loss of detail cranial abdomen, liver appears normal in size/shape, empty stomach/gas, mild gas distention throughout small intestines, soft stool/fluid within intestines Chemistry: BUN 35.5 H, ALT too high to read, ALP >993 H, GGT 32 H, Total bilirubin 5.6 H CBC: 18.1 H H, PMN 17.02 H, Lymph 0.26 L, stress leukogram EPOC: 7.497 H, BUN 29 H cPL: abnormal Flex 4: negative x 4

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented moderate degenerative changes with echogenic cortical remodeling and corticomedullary mineralization. Loss of corticomedullary detail noted. The right kidney measured 5.56 cm. The left kidney measured 4.78 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 2.16 cm x 0.42 cm at the cranial pole and 0.46 cm at the caudal pole.

The region of the **right adrenal gland** was imaged, no evident pathology.

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 were noted.

Liver

The **liver** was swollen and mildly irregular in contour with increased portal markings. The gallbladder was overdistended and presented multiple calculi with regional inflammation. Dependent gallbladder sand noted. Suspended immobile debris present. Gallbladder mucocele criteria met. The common bile duct revealed sand accumulation as well.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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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PRIMARY FINDINGS

- Inflamed gallbladder with biliary sand, cystic and common bile duct involvement

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SECONDARY FINDINGS

- Moderate degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholecystectomy, common bile duct lavage and liver biopsy indicated in this patient.

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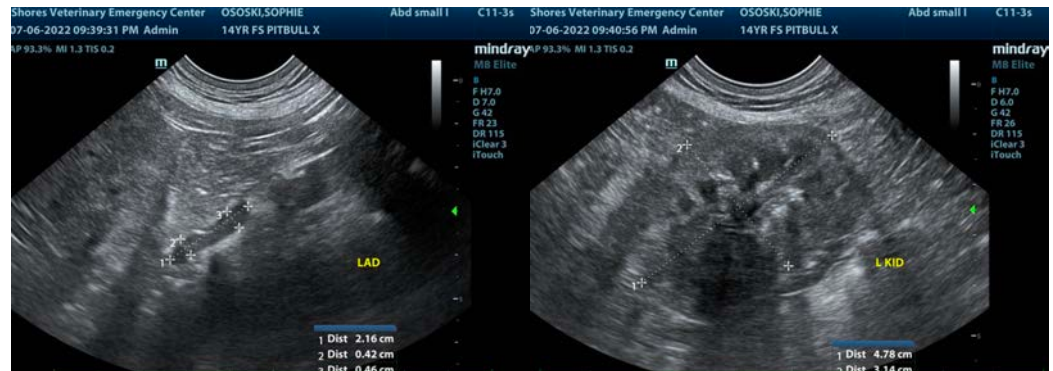
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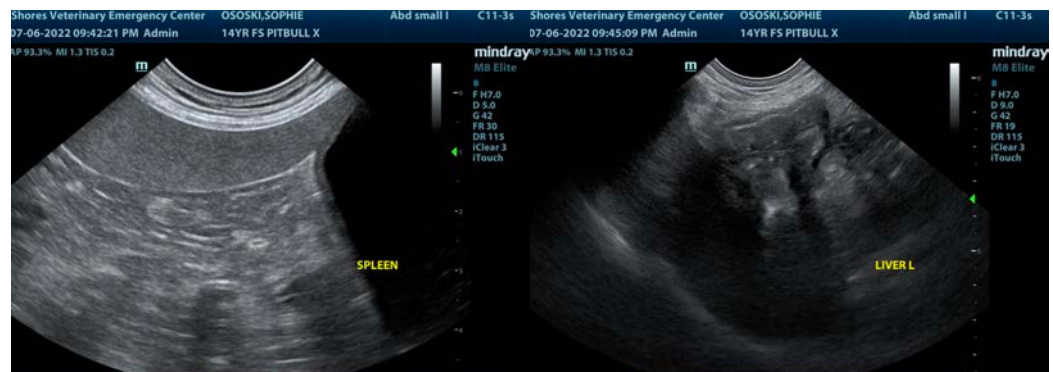


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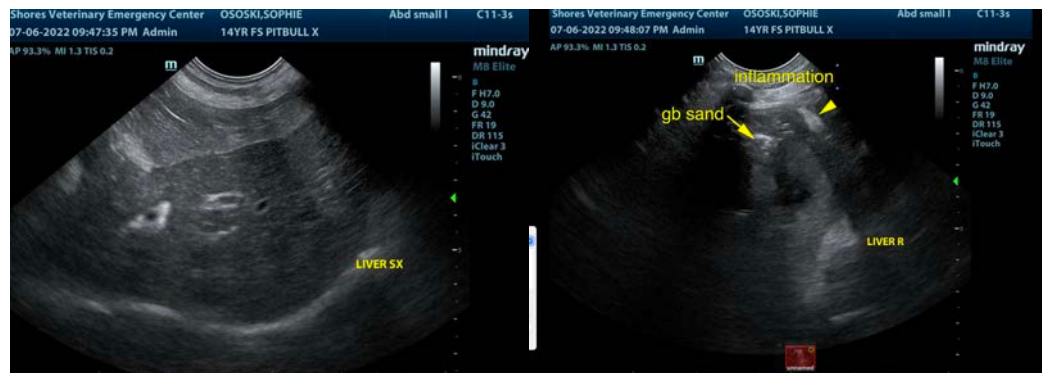
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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