



PATIENT

Rolly Drunasky

PRESENTING CLINICAL SIGNS

lethargy and vomiting x 1 week; icteric upon exam; elevated liver enzymes noted

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 7/5/23: ALP - 2238; ALT - 1217; TBIL - 14.6; CA - 12.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pug

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.

SEX

MN

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 left kidney measured 4.12 cm in length. The right kidney measured 4.06 cm in length.

AGE

5

Adrenal Glands

WEIGHT

30lb

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

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.

IMAGING PERFORMED BY

Jill Rumachik

Liver

HOSPITAL NAME

Clarity Imaging LLC

The liver images submitted revealed subjectively increased portal markings and coarse architecture. No evidence of post hepatic obstruction. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

REFERRING VET

Kara Hutter

Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach contained mild fluid in the lumen. 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.

INVOICE
14303ag

Pancreas

DATE

07/07/2023

Mixed hypoechoic pancreatic changes were noted in the right limb with enhanced surrounding mesentery consistent with pancreatitis.



PATIENT

Free Abdomen

Rolly Drunasky

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Pug

- Right limb pancreatitis.
- Cholangitis liver pattern.
- Age related renal changes.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. An ultrasound guided FNA of the pancreas and liver would be ideal to rule out underlying neoplasia although not overtly suspected.

AGE

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WEIGHT

30lb

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DABVP, Cert. IVUS

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Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

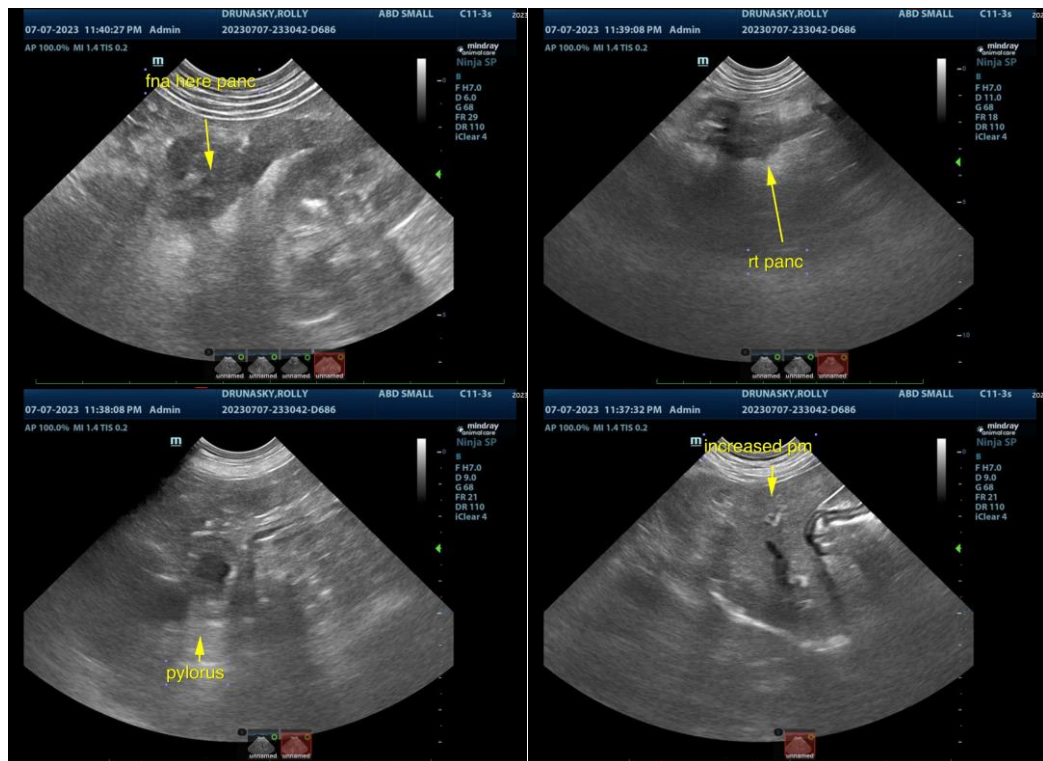
Kara Hutter

INVOICE

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DATE

07/07/2023





PATIENT

Rolly Drunasky

SPECIES

Canine

BREED

Pug

SEX

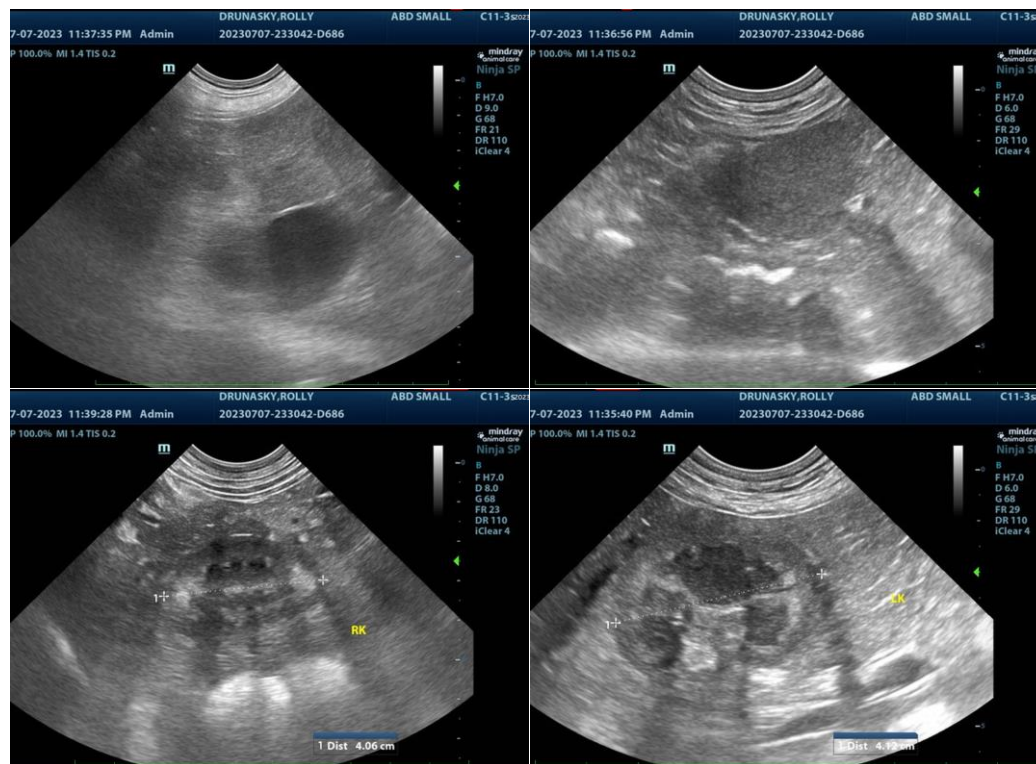
MN

AGE

5

WEIGHT

30lb



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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
Eric.Lindquist@SonoPath.com

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