



PATIENT

Harlee Armsworthy

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed female

AGE

6 years

WEIGHT

21 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

46622

DATE

8/15/23

PRESENTING CLINICAL SIGNS

History: not eating (even with canned food added etc) and not acting herself; distended abdomen and underweight Liver ultrasounded thru the 9-10th ICS

Abnormal PE/Chem/CBC/UA Results: CBC - regenerative anemia (24%); increased Lymphs, monos, eos Chem - decreased ALB (21); ALP; increased Glob and Tbili (44) 4Dx - negative abdominocentesis during ultrasound - clear (water like)fluid - analysis 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 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 left kidney measured 4.9 cm. The right kidney measured 6.25 cm.

Adrenal Glands

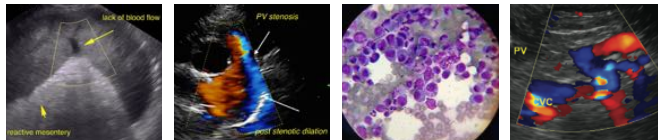
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.74 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed slight, heterogenous parenchymal changes. The spleen was uniform in contour. Subtle, micronodular parenchyma was noted.

Liver

The **liver** in this patient revealed increased portal markings and heterogenous parenchymal changes. Diffuse nodular hepatic changes were noted. The gallbladder and common bile duct were unremarkable. Significant remodeling was noted throughout the liver and is consistent with fibrosis and emerging cirrhosis. Areas of capsular retraction was noted.



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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. The mesenteric lymph nodes were reactive and measured up to 0.59 cm.

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.

Free Abdomen

A moderate amount of ascites was present.

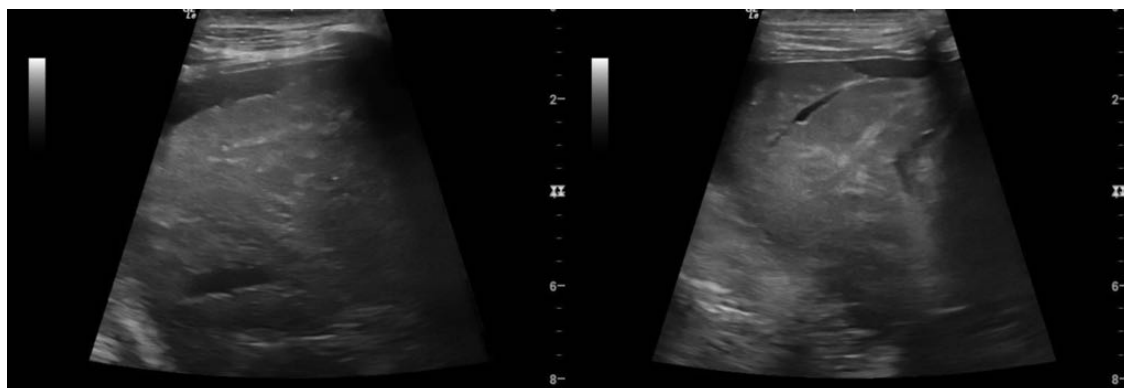
ULTRASONOGRAPHIC FINDINGS

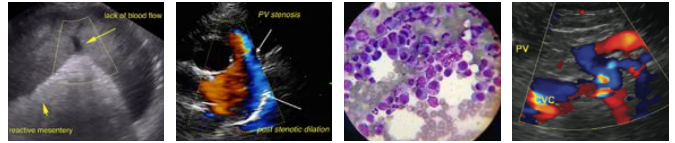
Diffuse, hepatic disease, consistent with fibrosing cholangiohepatitis/cirrhosis.

Ascites, likely owing to portal hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the portal hilus would be necessary for further definition. Bile acid profile and core liver biopsy would be ideal. There was no evidence of hepatic vein dilation present. There was no obvious evidence of neoplasia; however, sampling of the spleen and liver would be necessary to rule out that potential.





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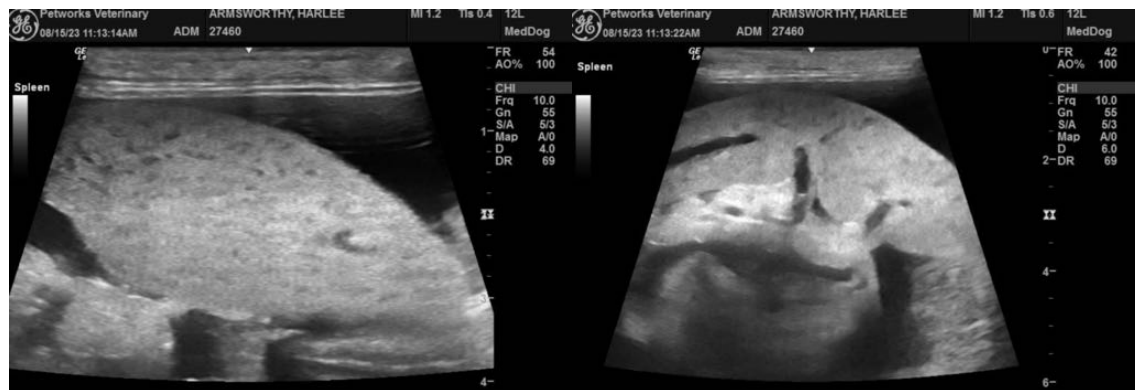
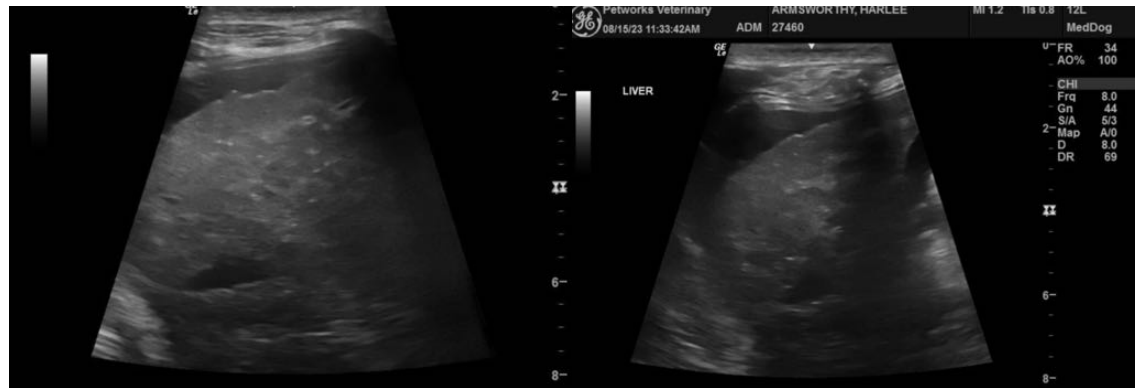
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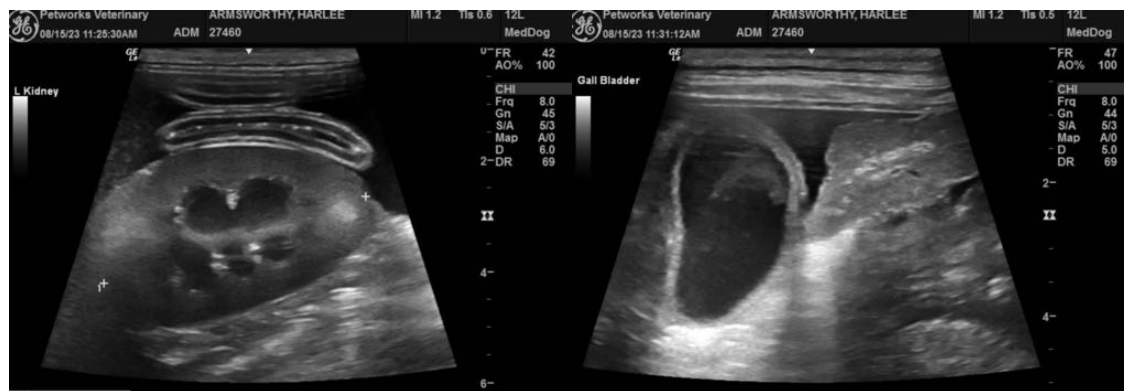
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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