

PATIENT PRESENTING CLINICAL SIGNS

Hunter Ott
SPECIES
Canine
BREED
Chihuahua X
SEX
Neutered Male
AGE
13 Years
WEIGHT
4.31

EENT: MM pink, moist. CRT <2 seconds. Clear OU, Clean AU. Nares free of any discharge. ORAL: Moderate to severe tartar and gingivitis present. INTEGUMENT: No external parasites observed. No evidence of skin disease at this time. LYMPH NODES: Lymph nodes are small and of normal texture CIRCULATORY: No murmur or arrhythmia ausculted. Femoral pulses are strong and synchronous. RESPIRATORY: Eupneic. Lungs clear bilaterally. No cough on tracheal palpation. DIGESTIVE: Abdomen soft/benign. No obvious masses palpated. P did growl a little as I approached his abdomen GENITOURINARY: No significant findings. MUSCULOSKELETAL: Ambulatory x all 4. NEURO: No neurologic deficits noted at this time. OTHER: P has loss of appetite, uninterested in water, throwing up white bile/foam, very lethargic for the last 4-5 days P hasn't gotten into any garbage, plants, or any food/fish Ate about a tablespoon or two of chicken this morning Typically throws up after 4 hours after eating BAR, declined rectal temp, axillary temp 101.3 Current Medications Tylan, Bupernorphine Rule out pancreatitis v hepatopathy, rule out cancer
Abnormal PE/Chem/CBC/UA Results: AST 815, ALT >1000, ALP 1672, GGT 36

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 **right kidney** presented moderate degenerative changes with loss of corticomedullary definition. Patchy, mixed hyperechoic cortical changes with cortical infarcts noted. The right kidney measured 3.36 cm.

The **left kidney** presented minor degenerative changes with slight pinpoint mineralizations. The left kidney measured 3.0 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 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

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** revealed normal size and uniform parenchyma with minor increased portal markings. The gallbladder was echogenic. The common bile duct was normal. No evidence of post-hepatic obstruction.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

Dr. Davies

DATE

8/16/21

INVOICE

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PATIENT *Gastrointestinal*

Hunter Ott Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable. Minor hypertrophied polypoid mucosal changes noted in the stomach.

SPECIES *Pancreas*

Canine 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.

BREED **ULTRASONOGRAPHIC FINDINGS**

Chihuahua X

SEX

Neutered Male

- Acute on chronic cholangiohepatitis
- Moderate degenerative renal changes on the right with infarcts
- Minor degenerative changes on the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

Ultrasound guided FNA of the liver recommended. Leptospirosis titers warranted or assessment for other forms of acute insult. Ampicillin, Metronidazole, nutraceuticals, IV fluid support all indicated.

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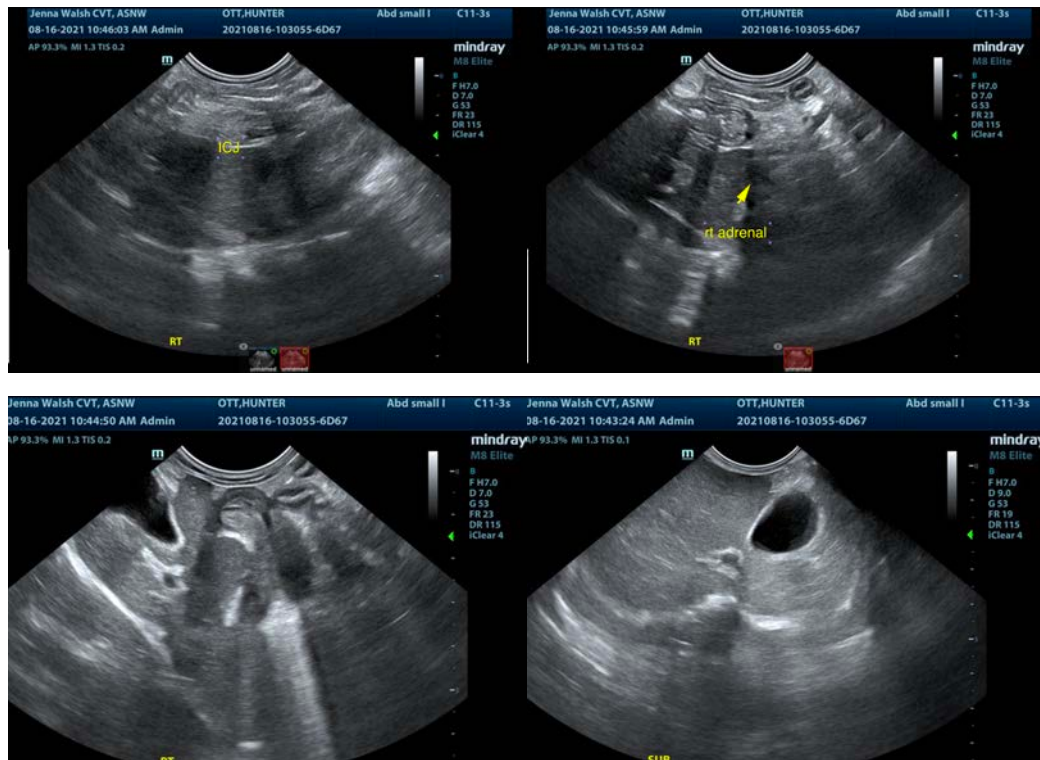
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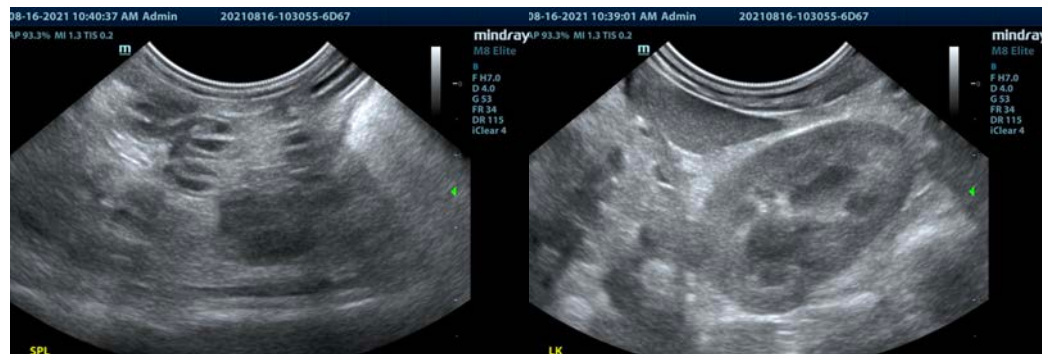
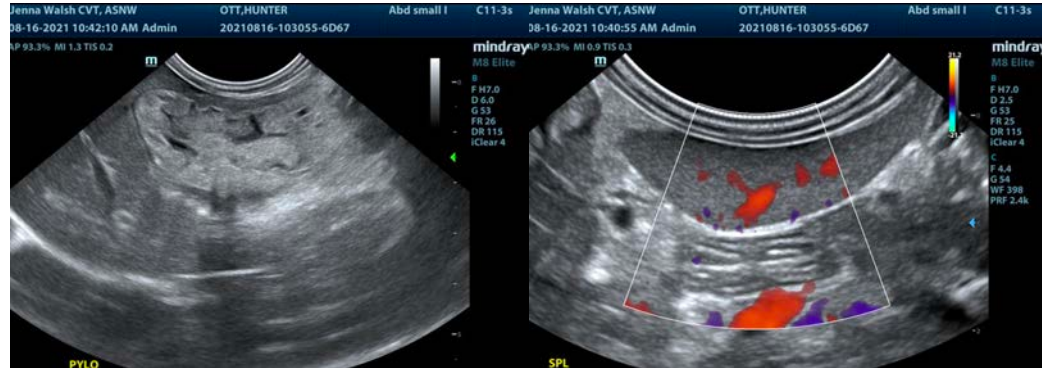
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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