



PATIENT

Lucia Boll

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed female

AGE

3 years

WEIGHT

10.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

46752

DATE

8/23/23

PRESENTING CLINICAL SIGNS

History: pu/pd, inappetant, lethargic, losing weight Owner found 1 partially chewed extra strength tylenol, otherwise no toxins or medications

Abnormal PE/Chem/CBC/UA Results: Bright on exam but quieter than would expect CBC-nsf Chem-glc 71 (74- 143), ALT 898 (10-125) , Tbili normal Bile Acids 133- (0.0 - 14.9 umol/L) Preprandial Bile Acids 159- (0.0 - 29.9 umol/L) Postprandial Labwork was normal at time of spay.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed slight apical thickening with minor suspended debris.

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 pinpoint mineralization was noted. The left kidney measured 5.0 cm. The right kidney measured 4.8 cm.

Adrenal Glands

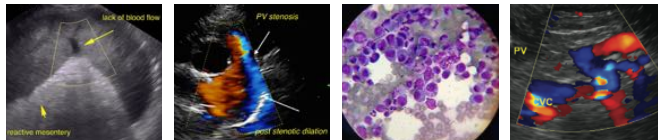
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.75 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 was noted.

Liver

The **liver** revealed increased portal markings and coarse architecture. The liver was mildly subnormal in size with irregular contour. The pattern is most consistent with fibrosing cholangiohepatitis with secondary microhepatica. Fibrosis/emerging cirrhosis is suspected. The gallbladder and common bile duct were unremarkable. There was no evidence of intrahepatic shunting. .



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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 slight amount of free fluid was noted.

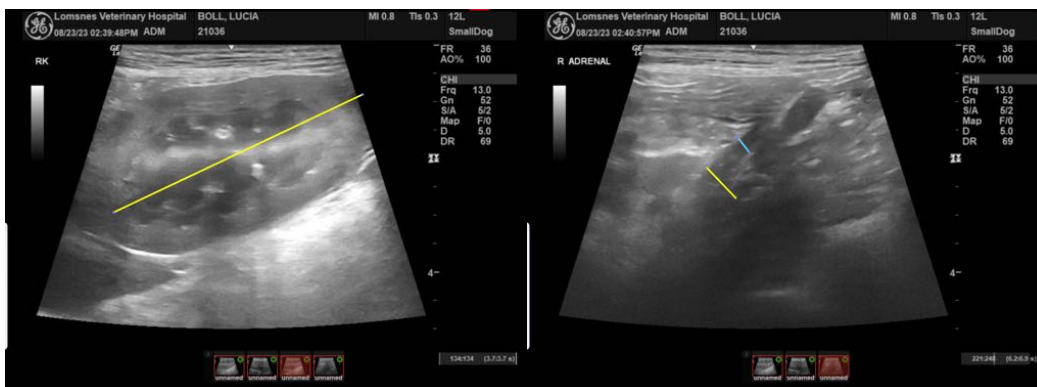
ULTRASONOGRAPHIC FINDINGS

Hepatic failure owing to fibrosing cholangiohepatitis.

Free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The slight free fluid is likely owing to portal hypertension. There was no evidence of portosystemic shunting noted. Core liver biopsy is indicated with potential copper evaluation to assess for copper storage disease. Leptospirosis titers are indicated. The sonographic presentation represents an acute on chronic issue that has been occurring for some time. There was no evidence of portosystemic shunting. The prognosis is extremely guarded. Empirical treatment with IV Ampicillin and Metronidazole combination, hepatic nutraceuticals and liver oriented diet as well as GI protectants would all be indicated with further treatment based on biopsy results.





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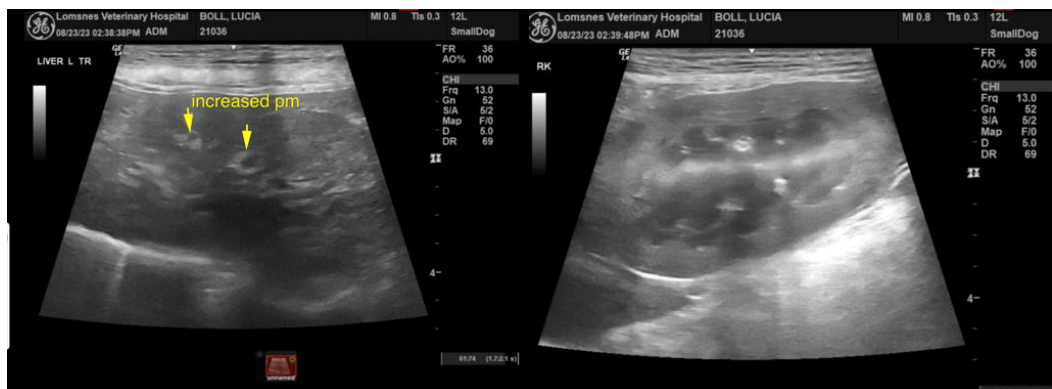
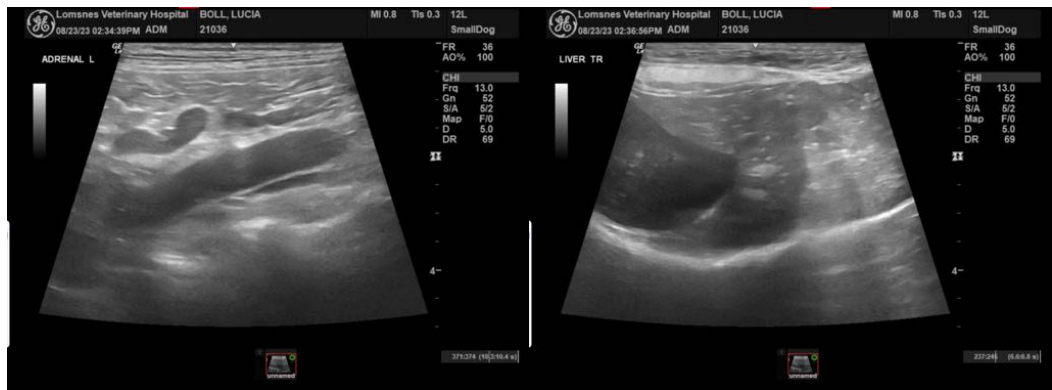
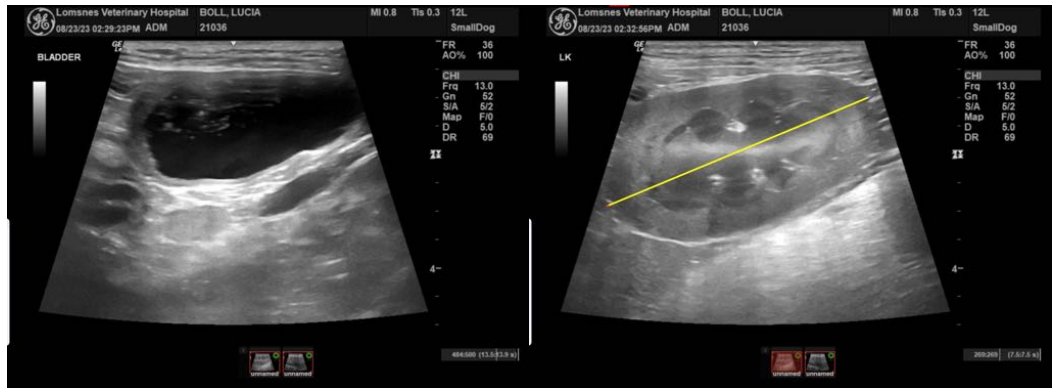
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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