



PATIENT

PJ Cullen

SPECIES

Canine

BREED

Pitbull Boxer

SEX

Neutered Male

AGE

2 Years

WEIGHT

56.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Ideal Pet Vet Clinic

REFERRING VET

Dr. Kolta

INVOICE

24901

DATE

08/24/21

PRESENTING CLINICAL SIGNS

History: Elevated ALT, losing weight, black stool

Bruising/swollen R hind limb

AST 105, ALT 438

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented minor micropolypoid changes, yet likely owing to recoil given the minimal amount of urine present.

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 right kidney measured 5.87 cm. The left kidney measured 6.71 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 right adrenal gland measured 2.1 cm x 0.74 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 2.63 cm x 0.53 cm at the caudal pole and 0.57 cm at the cranial 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

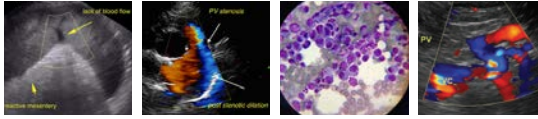
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Minor gallbladder debris noted.

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. 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.



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ULTRASONOGRAPHIC FINDINGS

- Subacute inflammatory hepatopathy, unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

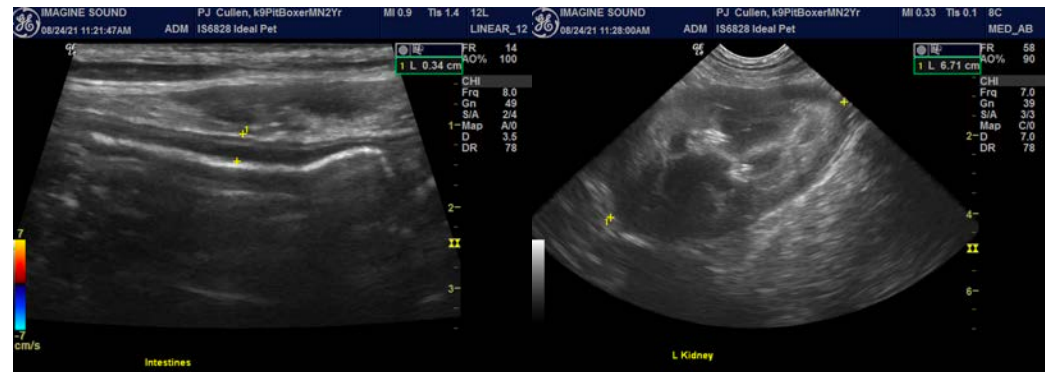
BREED

Pitbull Boxer

FNA indicated. Likely reactive hepatopathy due to dietary indiscretion or intolerance. Low-grade Leptospirosis is also a potential. Leptospirosis warranted. Ultrasound guided FNA of the liver recommended to assess inflammatory cell type. Amoxicillin/Metronidazole recommended over a 10 day period and reassessment of the liver as well as possible diet change to hydrolyzed diet with reassessment of the clinical signs.

SEX

Neutered Male



AGE

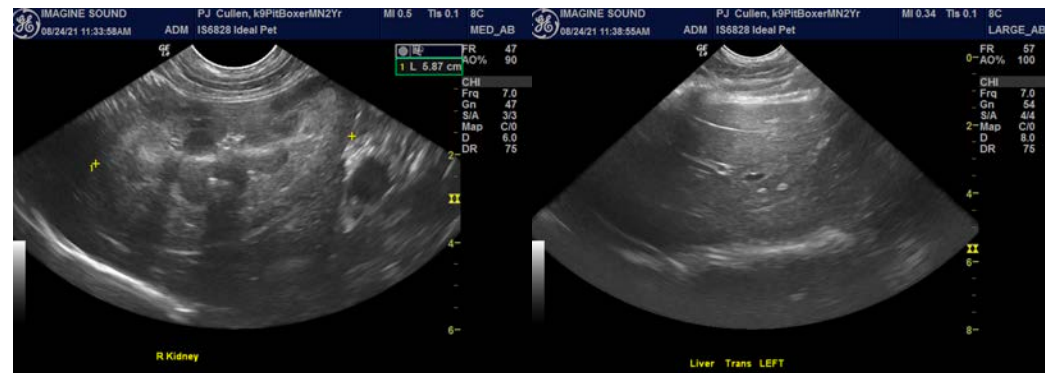
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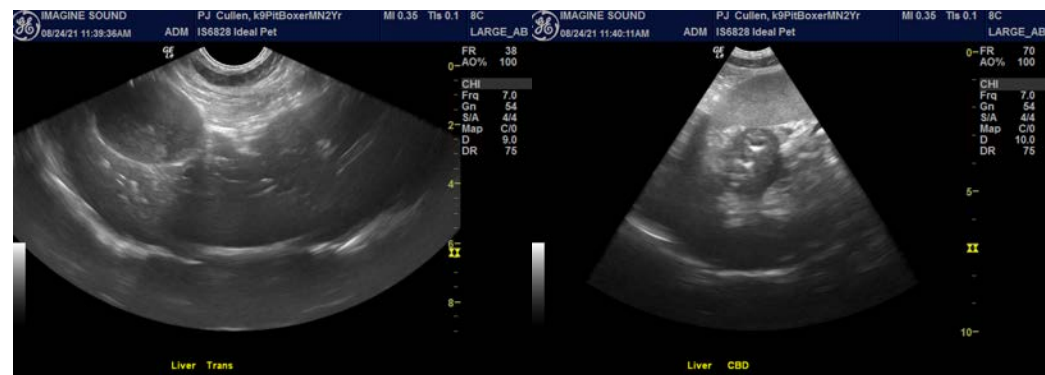


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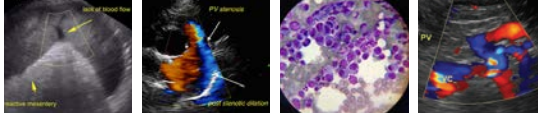
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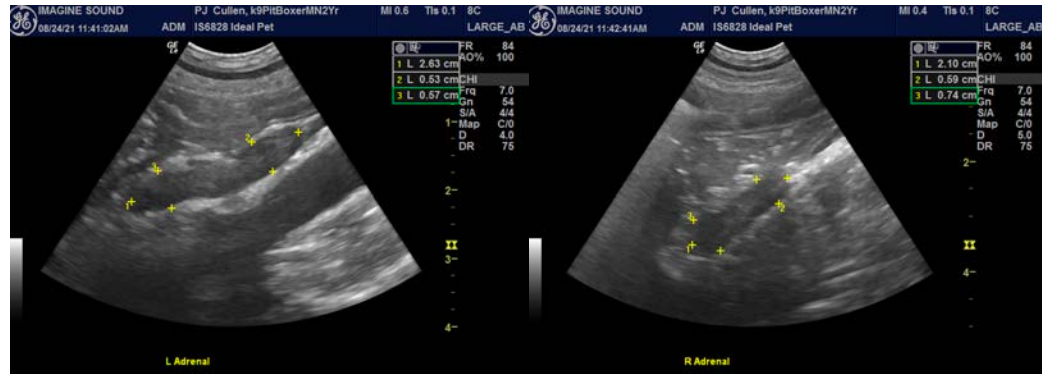
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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