

**PATIENT**

Kayla Popkin

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

2.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rosen

**HOSPITAL NAME**

South Bellmore VG

**REFERRING VET**

Dr. Rosen

**INVOICE**

32544

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

History: chronic bronchitis, increased ALT from 160 up to >600. Decreased appetite, painful after eating.

Lateral VD radiograph revealed mildly excessive intestinal gas, yet was otherwise unremarkable. No evidence of masses.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

\*\*\*Only 15 videos were submitted. \*\*\*\*\*

**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 **left kidney** 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 capsule was acceptably uniform without significant irregularities. The left kidney measured 3.0 cm. The right kidney was not visualized.

**Adrenal Glands**

The **adrenal glands** were not visualized.

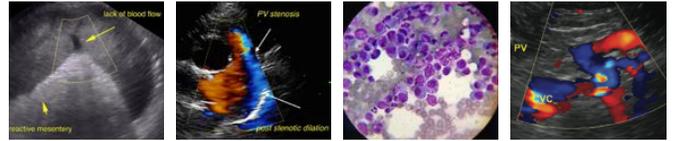
**Spleen**

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 mild excessive gallbladder debris with mild over distension and dependent debris. There was some striating bile, yet not full mucocele formation. Mildly increased portal markings were noted in the liver.

**Gastrointestinal**



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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 visible **pancreas** appeared unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

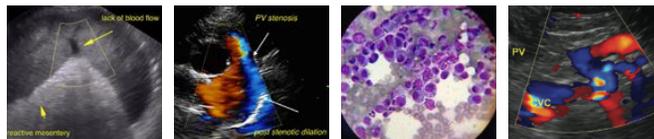
Acute cholangitis liver pattern with minor, excessive gallbladder debris, yet not to mucocele formation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I do not believe that the gallbladder is a primary issue in this patient. Leptospirosis titers are warranted. FNA of the liver is recommended. There is no cause of overt pain in this patient. Minor ingesta was noted in the stomach, yet transit of chyme into the small intestine appeared normal. Although the visible pancreatitis appears unremarkable, low grade pancreatitis cannot be completely ruled out. Referred back pain should be considered as a potential. There was no evidence of neoplasia.



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.



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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.

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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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