



PATIENT

Roxy Lorna

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.11 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. G. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Mayra Fonseca

INVOICE

40731

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Roxy presented as a un urgent abdominal ultrasound from the Emergency Clinic. PT was presented for exam, pet has been vomiting. Pet has a chronic elevation of hepatic enzymes. Currently on denamarin. Indoor canine, on hepatic diet, but if she gets into anything (specially chicken) gets GI c.s. Vaccines were due this year, but last year she had an allergic reaction from Vx. Currently on Cerenia, famotidine and metronidazole. DDx: hepatopathy, hepatic dz, neoplasia, open. Tx: hospitalization, IV fluids and monitor overnight. Recommended Abdominal U/S ASAP. Poor prognosis is possible due to severe elevation of hepatic enzymes.

Abnormal PE/Chem/CBC/UA Results: Roxy is QAR and very nervous. PR: CV/Resp- WNL, LN-WNL, MM/CRT-PK/<2sec, Abd palp- enlarged cranial abdomen and moderate tense upon palpation, NPO for abdominal ultrasound. Chem: elevation of TBIL, ALKP, GGT and ALT GI: soft non painful abdomen, no obvious masses or organomegaly noted Integument: healthy coat Abdominal fast scan- gall bladder filled with hyperechoic content (sludge), unable to fully evaluate the biliary duct, liver parenchyma seemed enlarged but normal appearance, rest WNL.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.67 cm. The left kidney measured 4.89 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 1.16 cm x 0.60 cm at the cranial pole and 0.33 cm at the caudal pole.

The **left adrenal gland** was mildly enlarged and nodular with minor capsular expansion, measuring 2.75 cm x 0.90 cm at the cranial pole and 0.59 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** itself was uniform, mildly enlarged. The gallbladder presented suspended and dependent debris with suspended calculi. Gallbladder wall was unremarkable. Calculi measured up to 0.59 cm. Gallbladder wall was echogenic. No evidence of post-hepatic obstruction.



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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. No obstructive or overt infiltrative disease was noted. A mesenteric lymph node measured 1.5 cm x 0.40 cm.

Pancreas

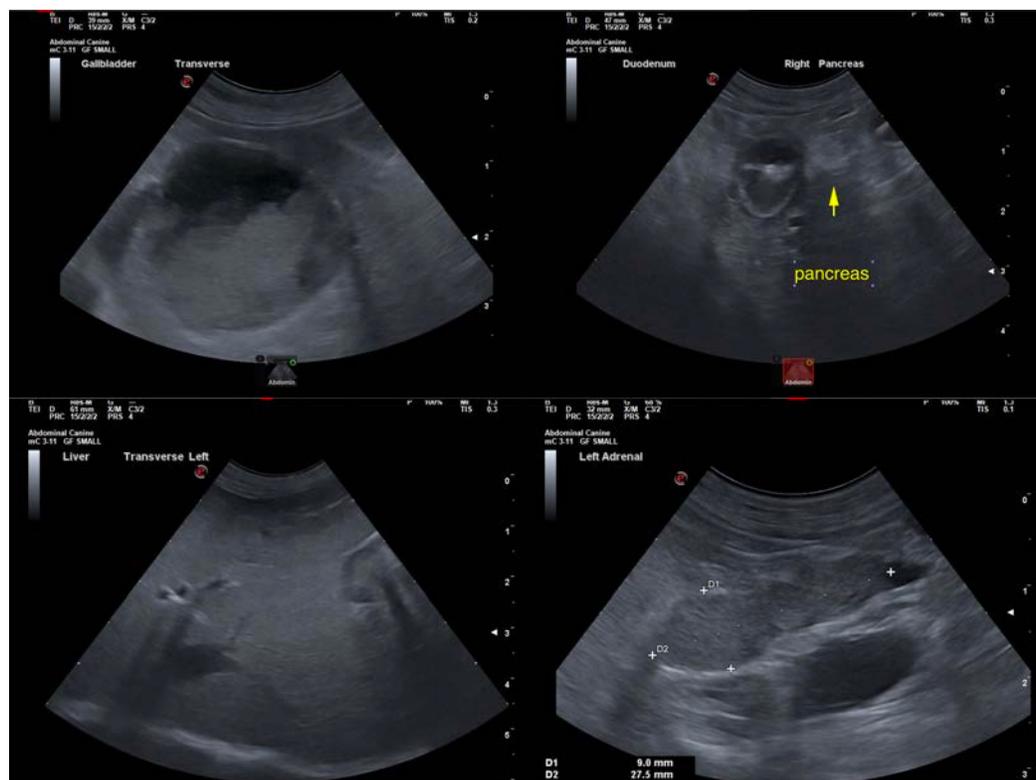
The pancreas was hyperechoic with mixed echogenic changes in the right limb, consistent with remodeling from prior episodes of pancreatitis.

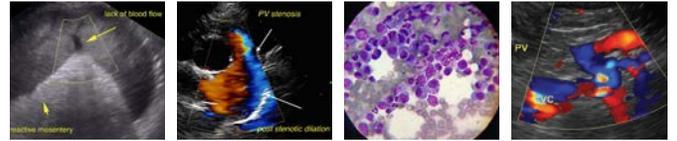
ULTRASONOGRAPHIC FINDINGS

- Nodular left adrenal gland – nodular hyperplasia likely, emerging carcinoma or pheochromocytoma less likely.
- Gallbladder debris and calculi – not justifiable to be the entire cause of the clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute hepatic insult such as Leptospirosis suspected. IV Ampicillin, Metronidazole, Leptospirosis titers, Ursodiol therapy warranted long-term. Eventual cholecystectomy may be necessary. However, I do not feel this is the complete cause of the clinical profile. Serial blood pressures recommended. Hepatic FNA indicated. No evidence of neoplasia.





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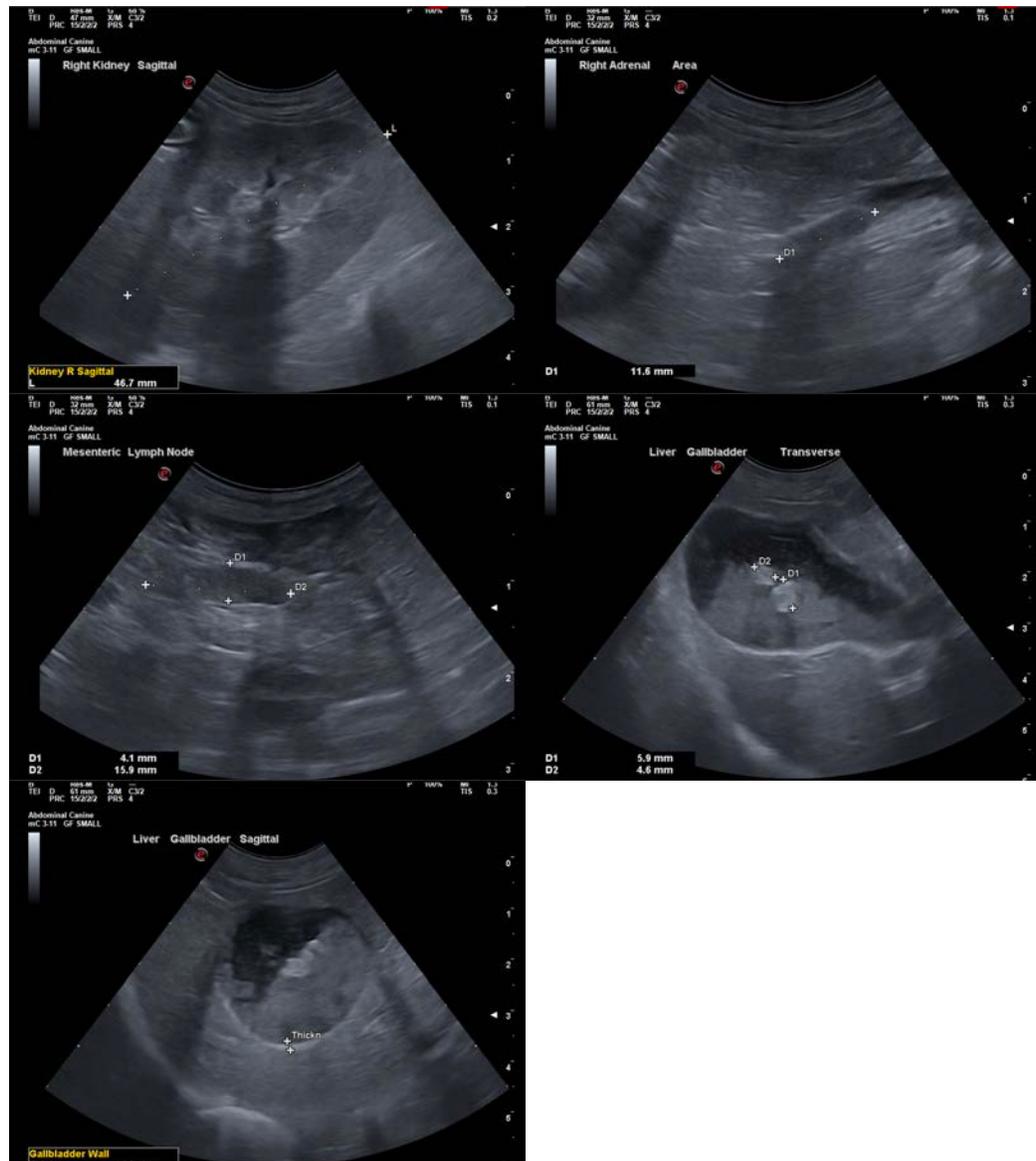
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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