

PATIENT

Murphy Olsen/Olney

SPECIES

Canine

BREED

West Highland Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

27.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Sarah Yamanda

INVOICE NUMBER

12814

DATE

8/27/21

PRESENTING CLINICAL SIGNS

History: Hx periodic vomiting for many years, but over the past few weeks P has been on and off his food.... Will eat well one day, then go the next couple without eating hardly anything, then eats again. Last weekend P vomited a large amount of bile. Hx of CCL rupture in left stifle which has likely lead to compensatory favoring of the right leg. P originally presented for sedated rads for evaluation of a hop/skipping gait, and elevated liver enzymes were found on pre-sedation screening labwork. Exam abnormalities - - Constant skipping gait which seems to alternate limbs, with periodic subtle hopping gait. Marked medical buttress R stifle, some in left as well. Negative for cranial drawer sign in both limbs but P is very tense. OK ROM in all limbs, no pain in neck or back - T: 101.6°F, HR: 170bpm with no murmurs/arrhythmias, RR: 30 breaths/min - Asteroid hyalosis in eyes OU - Lick granuloma on R carpus. O says P has been licking more, used to be on apoquel but is no longer taken - Tense abdomen on palpation, no palpable abnormalities - Peripheral Inns are WNLs Current Medications Rimadyl PRN, hip/joint supplement OTC Primary Question/Differential to Be Answered in This Exam What is driving the elevation in liver values on labwork? Does it relate to P's poor appetite? Is P safe to sedate for sedated orthopedic radiographs to assess his lameness?

Abnormal PE/Chem/CBC/UA Results: PAB for sedation - CBC - Thrombocytosis 577k, good hemogram (Hct 38.8%)/leukogram (WBC 12.23k with no abnormal patterns) Comprehensive - Evidence of hepatic injury (ALKP >993, ALT 744, GGT 50, TCHOL >450, but normal Tbili <0.1), low BUN 8.1, creat normal 0.7 Lytes - Hypochloremia 97, otherwise WNLs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

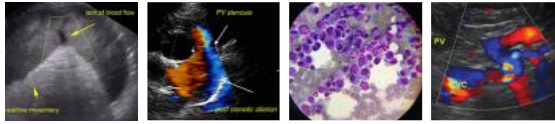
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 1.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 4.44 cm. The left kidney measured 5.43 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 1.5 cm x 0.5 cm.

The region of the **right adrenal gland** was imaged yet sedation would likely be necessary for complete imaging of this region if adrenal disease is suspected. The right adrenal gland measured 2.16 cm x 0.94 cm at the cranial pole and 0.73 cm at the caudal pole.



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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.

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The hepatic lymph nodes were unremarkable. The caudate process was slightly swollen in this patient.

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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. No associated abnormal lymphatic activity was noted.

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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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Heart

A rapid view of the **heart** revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable geriatric abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hyporexia is unclear. Given the breed disposition, screening for Addison's would be appropriate. Leptospirosis titers warranted. FNA of the liver would be warranted to assess inflammatory cell type- structurally the liver appears unremarkable other than minor age related changes.

REFERRING VET

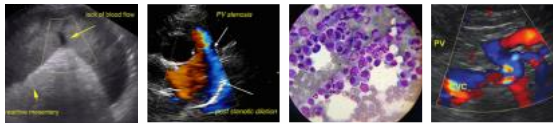
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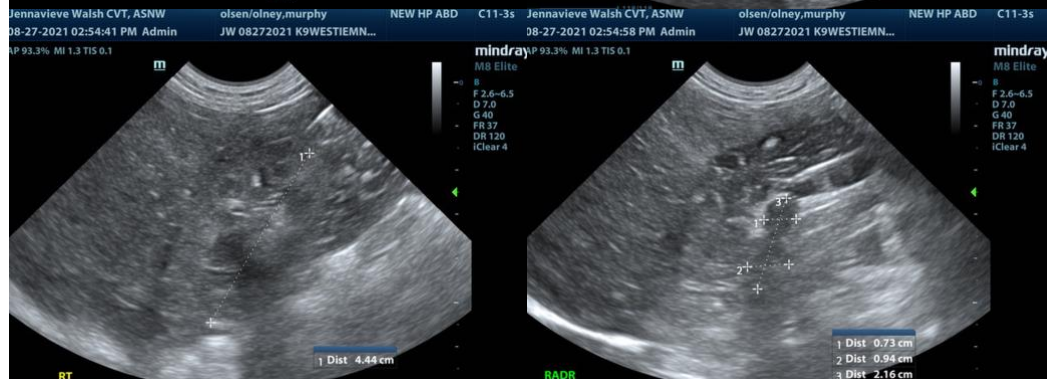
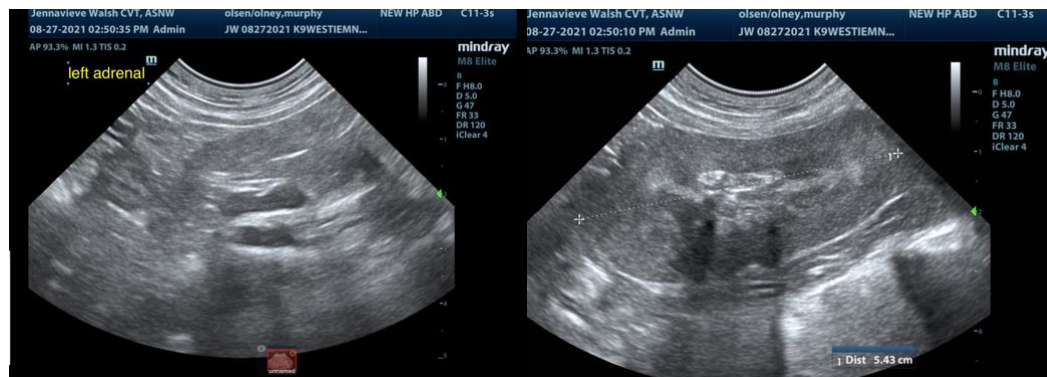
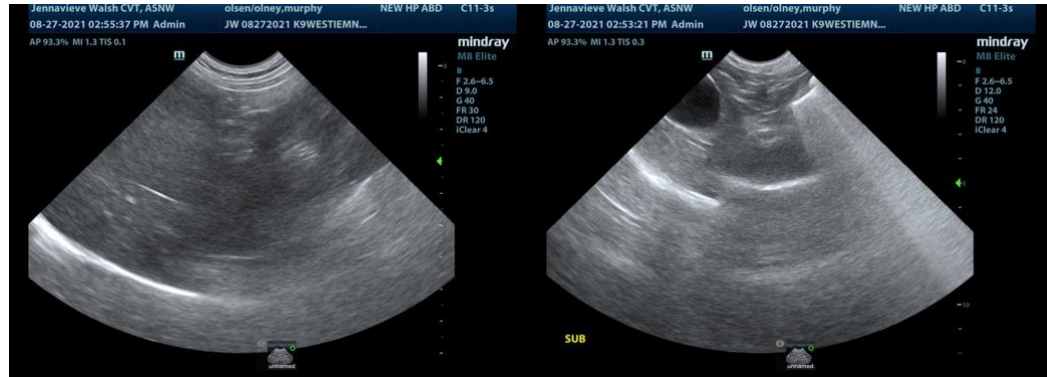
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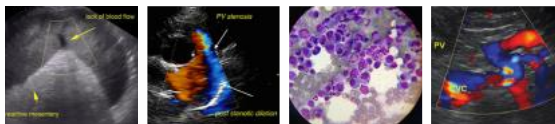
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The information and recommendations provided are based on the images presented by



PATIENT the referring veterinarian. 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@SonoPath.com

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