

PATIENT

Iggy Paoli

SPECIES

Canine

BREED

Labrador Cross

SEX

Spayed female

AGE

8 years

WEIGHT

50.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great
and Small VC

REFERRING VET

Dr. Marszewski

INVOICE

46431

DATE

8/3/23

PRESENTING CLINICAL SIGNS

History: Seen for annual exam 5/23 - increase in water consumption noted @ home, otherwise no concerns.

Abnormal PE/Chem/CBC/UA Results: Unremarkable exam BW/UA: CBC: UR Chem: ALT (852), AP (278), Crea (1.5) U/A: USG (1.040), PH (9.0), Protein 1+ (UPC 0.1), struvite crystals Bile acids: Pre: 32.1 Post: 83.2

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 was noted. Ureteral papillae were normal.

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 5.6 cm and the left kidney measured 5.97 cm.

Adrenal Glands

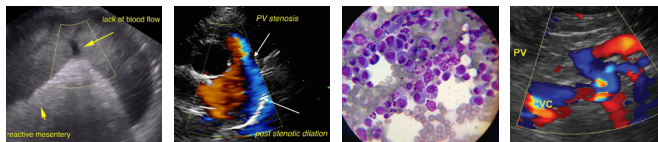
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.68 x 0.48 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 3.2 x 0.65 cm at the cranial pole and 0.56 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 mild coarse architecture. Intrahepatic vascular volume appeared to be normal. There was no evidence of intrahepatic or extrahepatic shunting. The gallbladder and common bile duct were unremarkable with slightly increased portal markings.



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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. 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

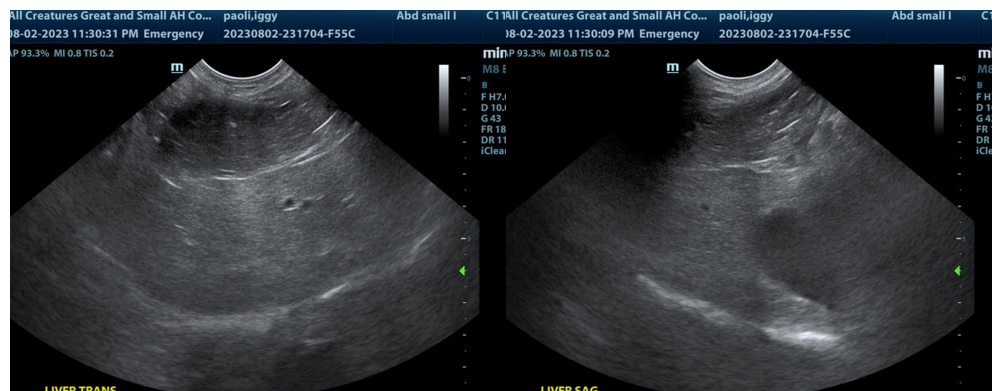
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

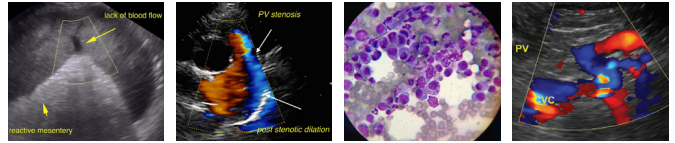
ULTRASONOGRAPHIC FINDINGS

Mild hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. FNA of the liver is warranted. Given the ALT elevation and bile acid elevation the bile acid is likely elevated owing to a recent acute or subacute insult. Leptospirosis titers are indicated. Hepatic nutraceuticals, Ampicillin and Metronidazole combination are warranted. Treatment can be further refined based on Leptospirosis serology and FNA. Eventual core biopsy can be considered to assess for microvascular dysplasia/portal hypoplasia, yet this is not expected.





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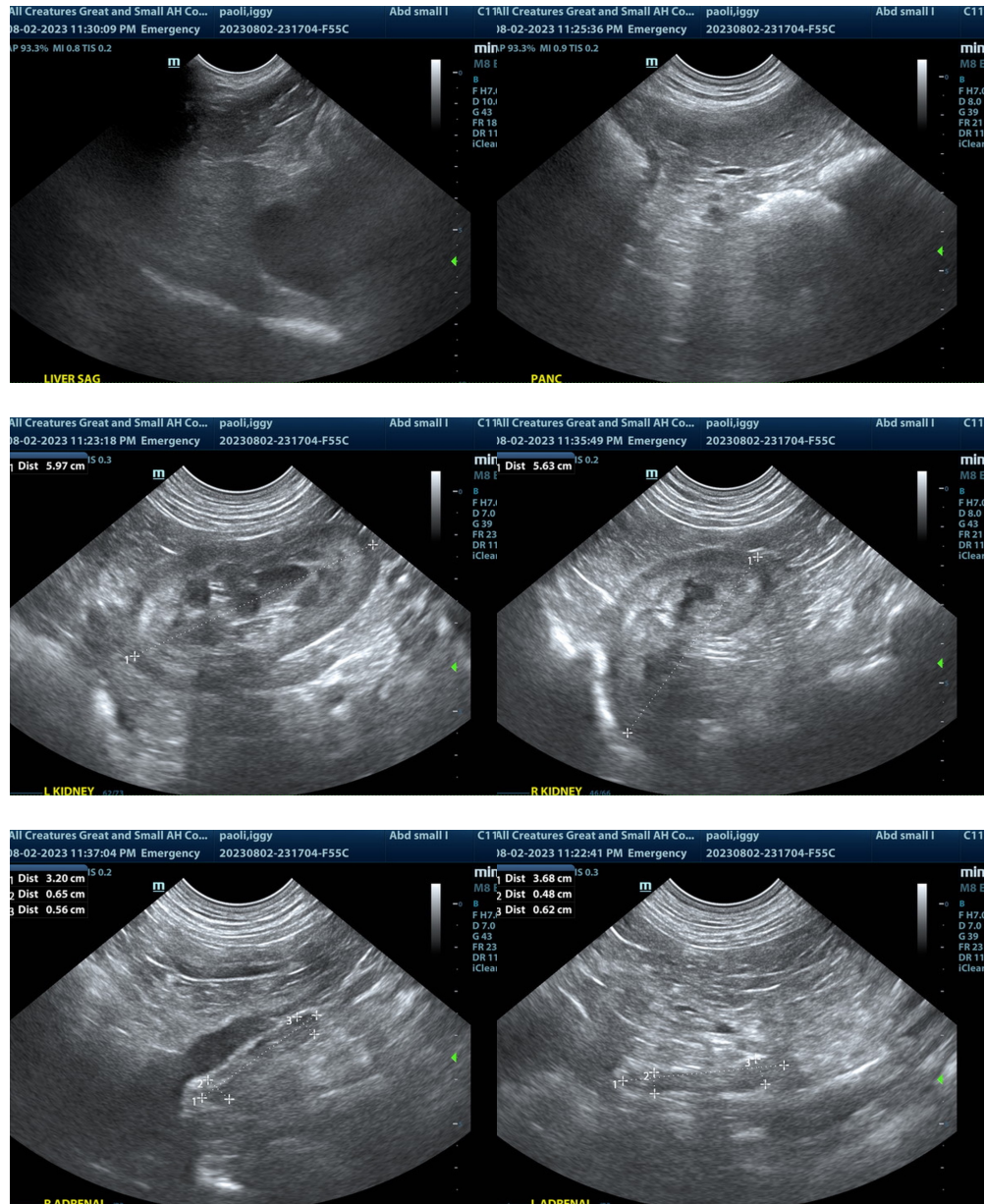
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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