

PATIENT PRESENTING CLINICAL SIGNS

Tesla Temple

SPECIES

Canine

BREED

Doberman Pinscher

History: Tesla presented to emergency on August 6 due to icterus noted at her primary veterinary clinic when she presented for a mass on her foot. Initial bloodwork and follow-up panels show persistent elevations in liver enzymes, most prominently GGT. Over the weekend, Tesla has been on IV fluids, ampicillin, and Denamarin. Tesla also has borderline anemia. Radiographs showed a bit of increased opacity in her lungs after a day on IV fluids, so fluid rate was decreased. A PCR test for leptospirosis is pending.

Abnormal PE/Chem/CBC/UA Results: Aug 7, 2021: ALP=361 (23-212) ALT=669 (10-125) GGT=18 (0-11) TBili=201 (0-15) HCT= 36.2% (37.3-61.7) Aug 8: ALP=353 ALT=664 GGT=16 TBILI=233 HCT=34.9%

SEX

Spayed Female

AGE

3 years

WEIGHT

37.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island VEC

INVOICE

91051

DATE

8/9/21

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.

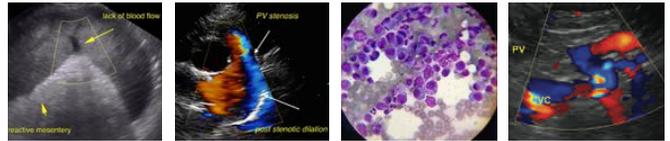
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.02 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 2.46 x 0.46 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.



PATIENT

Liver

Tesla Temple

The **liver** revealed increased portal markings and coarse architecture. Isoechoic nodular changes were noted. The contour was irregular. No overt masses were noted. However, significant parenchymal disease was evident. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was slightly edematous with a minor amount of excessive bile and rounded contour.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed gastric stasis likely owing to metabolic ileus. The intestines were 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.

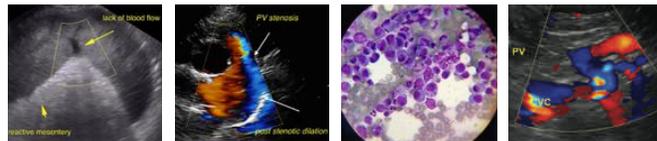
ULTRASONOGRAPHIC FINDINGS

Chronic cholangitis, cholangiohepatitis liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy is indicated. Emerging cirrhosis is suspected with the nodular changes. The prognosis is extremely guarded. Underlying copper storage may be an issue. Leptospirosis titers are also indicated. IV fluid support, nutraceuticals, Ampicillin and Metronidazole are all indicated. There is a minimal to low potential for neoplasia.





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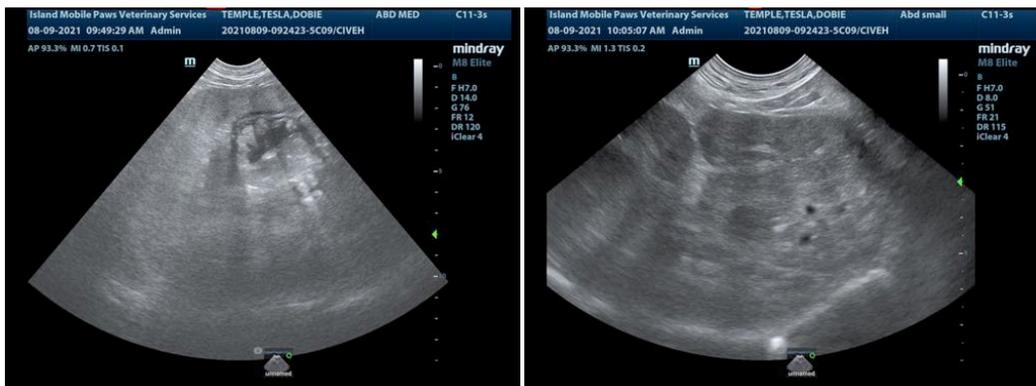
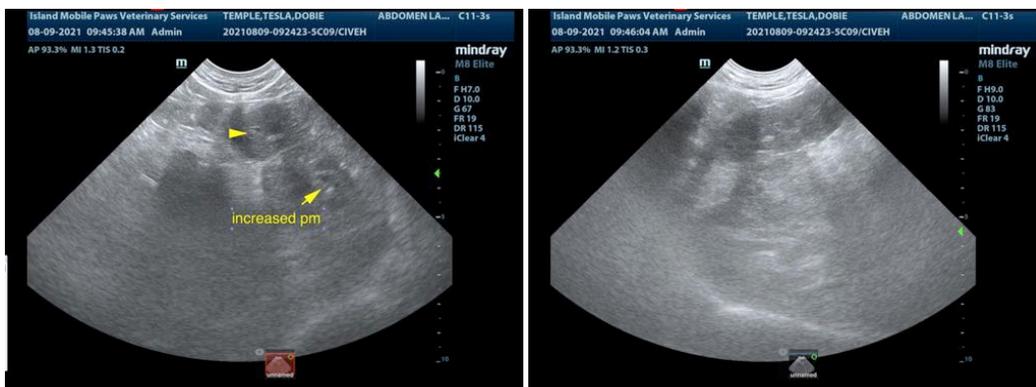
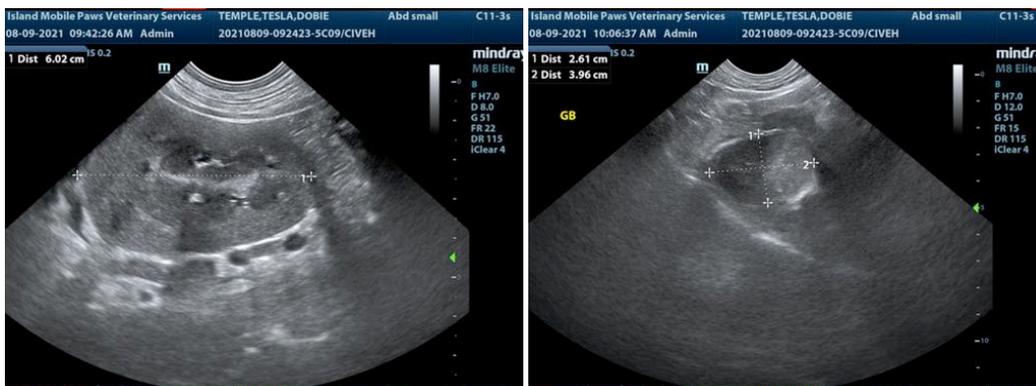
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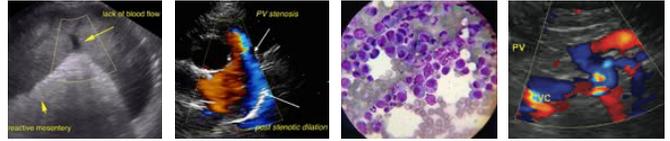
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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