



PATIENT

Lilly Hagenruber

SPECIES

Canine

BREED

English Setter

SEX

Spayed Female

AGE

11 Years

WEIGHT

47.3

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Erica Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Erica Harmon

INVOICE

25316

DATE

9/10/21

PRESENTING CLINICAL SIGNS

P seen for GI signs at rDVM 9/3, labs consistent with pancreatitis and started with outpatient supportive care, minimal improvement, not eating, follow up 9/10, elevated liver values and T Bili, very dehydrated, p now mildly icteric. No longer vomiting but not eating for owner
Abnormal PE/Chem/CBC/UA Results: RDVM labs: 9/3- CBC NSF, CHEM 17, ALKP 270, AMYL 2108, LIPA 5559, Lytes-WNL (T bili 0.7, ALT 97) 9/10-CBC; RBC 10.65, HCT 69%, Lymph 1.02, CHEM ALT 428, ALKP 1951, GGT 19, T BILI 3.9, Lytes WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a small, non-shadowing calculus, measuring 1.5 mm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.0 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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was enlarged with variable hypoechoic heterogeneous changes noted in the mid body. The region in question measured approximately 3.0 cm. Micronodular changes noted elsewhere in the spleen.

Liver

The **liver** presented slight coarse architecture, increased portal markings, and hypoechoic nodules. The gallbladder was unremarkable. No evidence of post-hepatic obstruction.

Gastrointestinal

The **stomach** was mildly thickened with empty lumen. The small intestine and colon were mildly thickened. Reactive mesentery noted throughout the cranial abdomen around the stomach and pancreas.

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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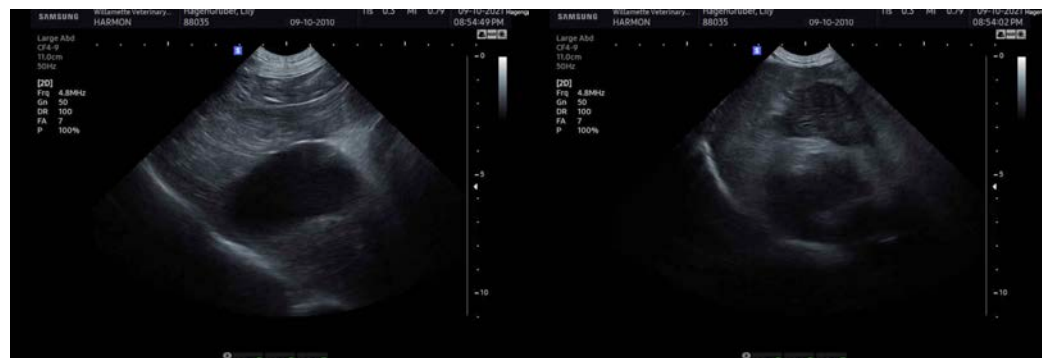
9/10/21

ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis liver pattern
- Gastritis
- Minor pancreatitis
- Undefined nodular splenic and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Only a minor potential for round cell neoplasia, yet cannot rule it out without FNA of the spleen and liver. Recommend FNA spleen and liver and Leptospirosis titers as well assessment for other causes of hepatic toxin. Ampicillin/Metronidazole, plasma expanders, pain management all indicated.





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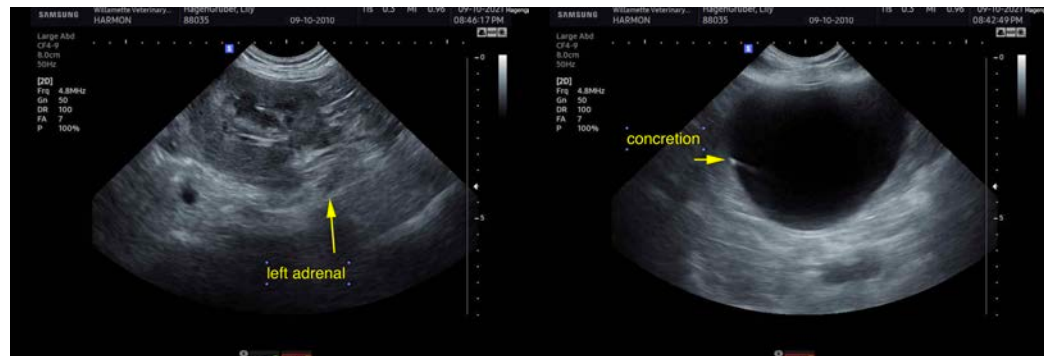
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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