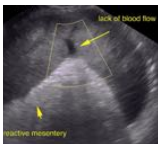
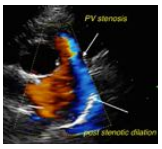
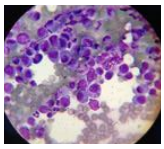
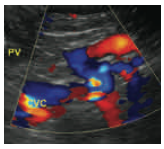

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1-800-838-4268 info@sonopath.com

PATIENT

Trevor Larry Gross

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

13 years

WEIGHT

13.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

92076

DATE

9/29/21

PRESENTING CLINICAL SIGNS

History: Poor appetite
Abnormal PE/Chem/CBC/UA Results: Jaundice, ALT 4860, AST 676, Alp 5353, t bili 11.6. then following amoxi/flagyl/Denamarin total bili 14.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The prostate measured 0.5 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.36 cm. The right kidney measured 4.86 cm.

Adrenal Glands

The left **adrenal gland** was slightly heterogenous and mildly enlarged measuring 0.8 cm.

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** was mildly swollen with increased portal markings along with lobar biliary duct dilation as well as gallbladder congestion. The visible proximal common bile duct was dilated at 0.68 cm. The distal aspect of the common bile duct was not able to be visualized; however, in that region a moderate amount of pancreatic remodeling was noted and slight, regional lymphadenopathy. This is most consistent with post hepatic obstructive pattern. Causes can be many including mucoduct, obstructive extrinsic and intrinsic neoplasia or adhesions owing to pancreatitis.

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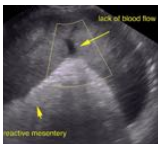

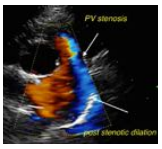

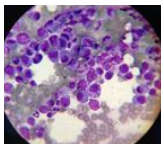
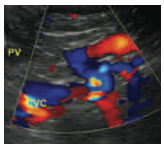

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The pyloric outflow was empty; however, regional inflammatory pattern was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Minor, epigastric lymphadenopathy was noted and measured 0.3 cm.

Pancreas

The right limb of the **pancreas** was heterogenous.

ULTRASONOGRAPHIC FINDINGS

Mildly swollen liver with increased portal markings along with lobar biliary duct dilation as well as gallbladder congestion. Causes can be many including mucoduct, obstructive extrinsic and intrinsic neoplasia or adhesions owing to pancreatitis.

Pancreatic remodeling. Heterogenous right limb.

Epigastric lymphadenopathy.

Enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis should be considered as a potential complicating factor. Medical therapy can be considered in this patient over the next 48 hours; however, surgical intervention to explore the common bile duct and cause of post hepatic obstruction may be the best option. Plasma expanders, IV Ampicillin and Metronidazole are recommended along with a recheck sonogram in 48 hours. FNA of the liver is also indicated along with Leptospirosis titers. Recheck sonogram is recommended in 48 hours to assess if surgical intervention is necessary.

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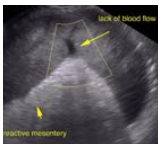
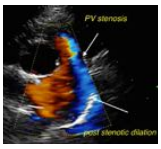
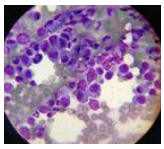
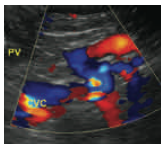

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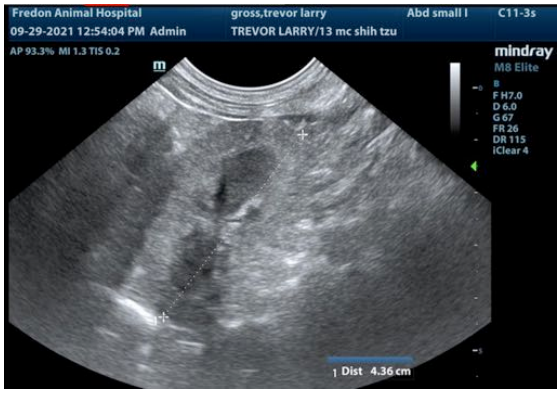

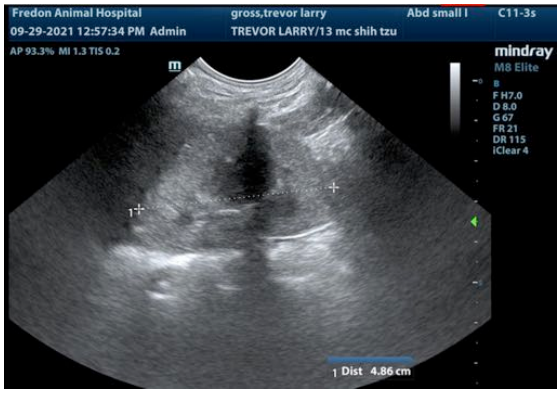

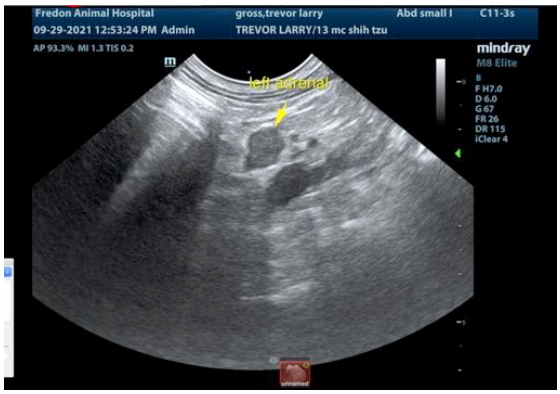

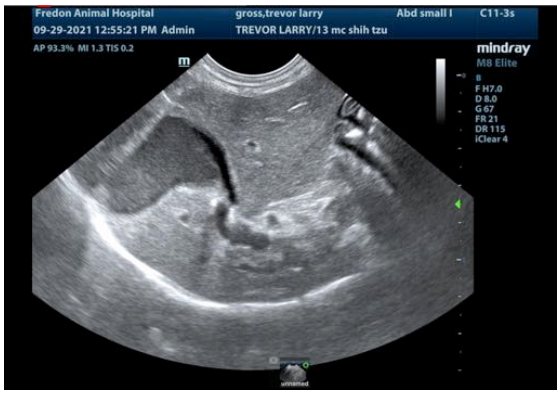

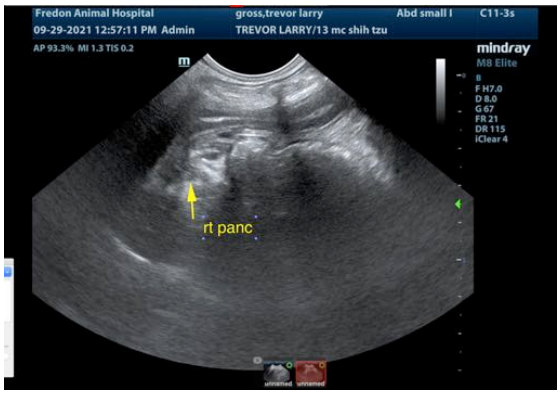

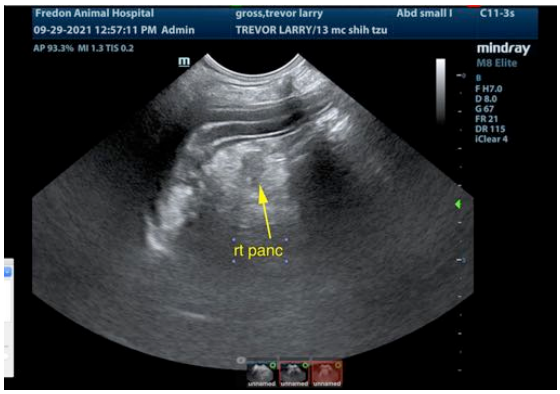

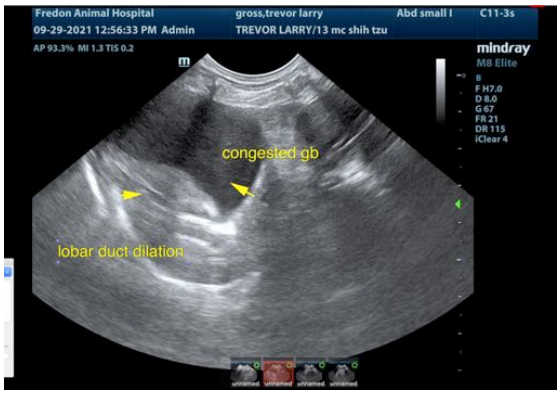

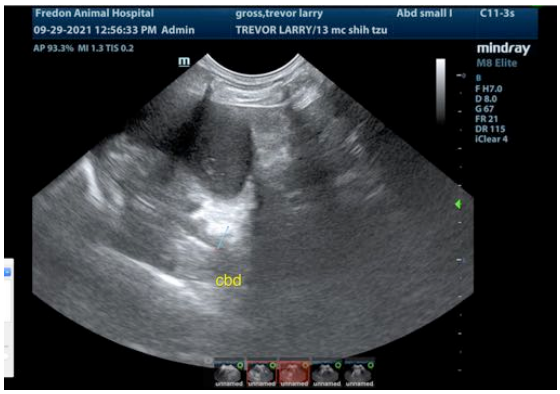

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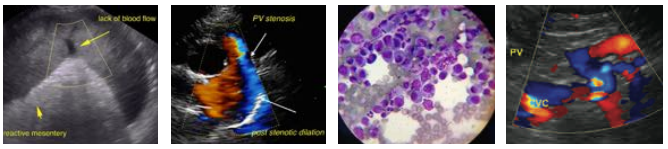

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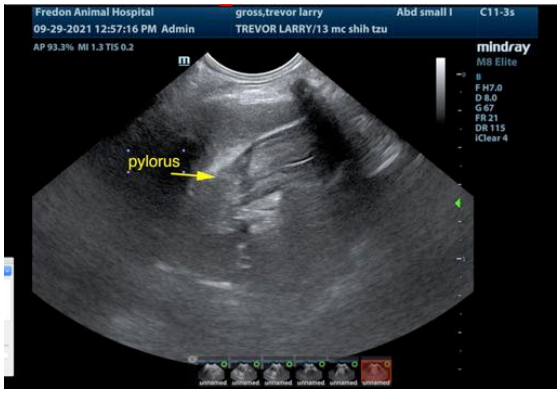

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com