



PATIENT

Aussie Gregory

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed female

AGE

7 years

WEIGHT

4.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Maro

INVOICE

32793

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: Aussie Gregory is a post-op cholecystectomy patient with inappetence and possible complication of EPI that has not been investigated. Lymphocytic Plasmocytic liver infiltrates at the time when surgery was performed. When palpating the region of T10-L4 pet makes a crying sound- suspect pain response. Recently sent out a Spec cPL which was WNL.

Abnormal PE/Chem/CBC/UA Results: RBC: 5.33 (5.39-8.70) HCT: 37.3 (38.3-56.5) HGB: 12.2 (13.4-20.7) Lymphocytes: 1.011 (1.06-4.95) Eosinophils: 0.013 (0.07-1.49) CREA: 0.3 (0.5-1.5) ALB: 2.3 (2.7-3.9) ALT: 197 (18-121) CIALP: 52 (0-35) ALP: 2,243 (5-160) T. BIL: 0.5 (0.0-0.3)

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.6 cm. The left kidney measured 3.2 cm.

Adrenal Glands

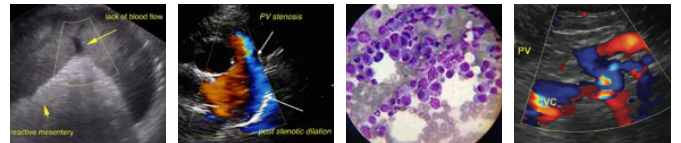
The **adrenal glands** were not visualized.

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 slight coarse architecture with minor increased portal markings and was mildly subnormal in size. This is consistent with chronic inflammatory hepatopathy. Poor acoustic windows were available for the portal hilus in this patient. A hypoechoic area was noted in the region of the gallbladder fossa and measured approximately 1.3 cm. This may be a dilated cystic duct, cyst or abscess. The common bile duct was not visible. Further imaging would be necessary. Lobar biliary dilation was not an issue; therefore, I do not believe overt biliary obstruction is an issue.



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Gastrointestinal

Aussie Gregory

Some ingesta was noted in the stomach obscuring complete visibility of the portal hilus. The small intestines and colon were unremarkable.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Mild subnormal hepatic size. Undefined hepatic nodule.

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Ingesta in the stomach.

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4.1 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend full sedation, n.p.o. status and further imaging of the common bile duct.

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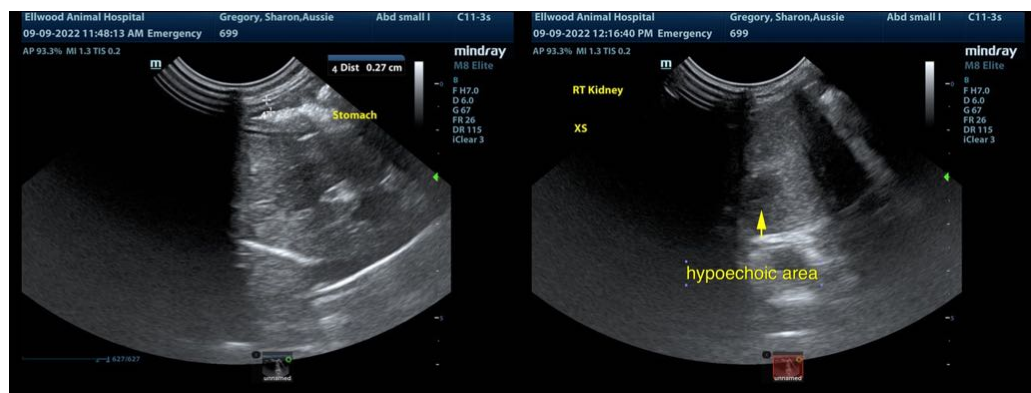
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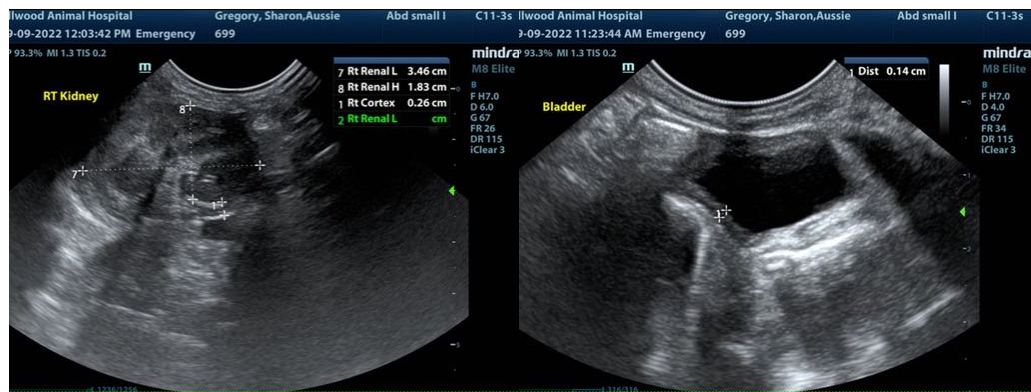
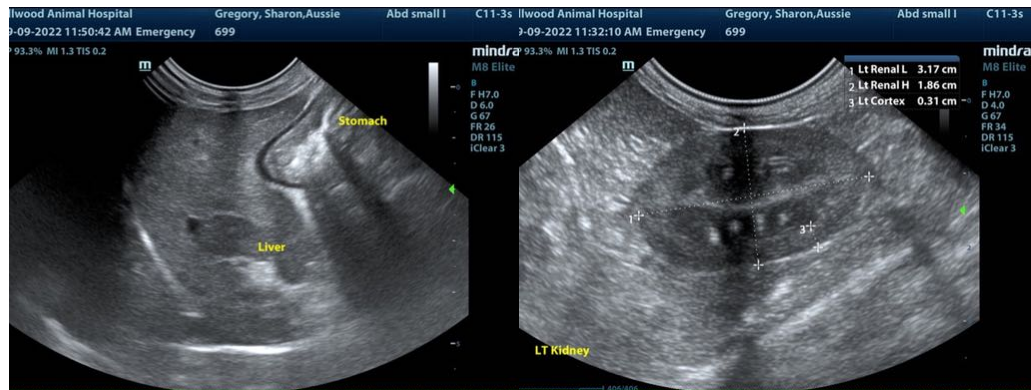
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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