



PATIENT

Cooper Jamroz

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

11 years

WEIGHT

15.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

43552

DATE

3/28/23

PRESENTING CLINICAL SIGNS

History: Mineralized appearance to part of liver gallstones on abdominal radiographs. Has had stones in the past - has had previous ultrasound. Sudden increase in liver enzymes.

Abnormal PE/Chem/CBC/UA Results: ALT 210, ALP 354, GGT 15 (as of 3/28/23).

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 3.69 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 right adrenal gland measured 1.46 x 0.61 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 1.6 x 0.46 cm at the caudal pole and 0.66 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was riddled with multiple lobar biliary calculi and common bile duct calculi measuring up to 0.65 cm. Gallbladder debris was noted without over distension. Multiple, other common bile duct calculi were noted. Grouping of which measured 1.3 cm. Increased portal markings were noted in the liver.

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. 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.



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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. 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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ULTRASONOGRAPHIC FINDINGS

BREED

Multiple biliary calculi in the common bile duct and lobar parenchyma.

Chihuahua

Chronic inflammatory hepatopathy.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

Surgical intervention with lavage of the common bile duct, cystic duct and gallbladder can be considered with liver biopsy. However, it is debatable on utility. There was no overt obstruction noted at this time and discomfort in the common bile duct region/portal hilus may be an issue. FNA of the liver can be considered to assess inflammatory cell time. Bile acid profile is indicated. Liver oriented diet with Ursodiol therapy is recommended.

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Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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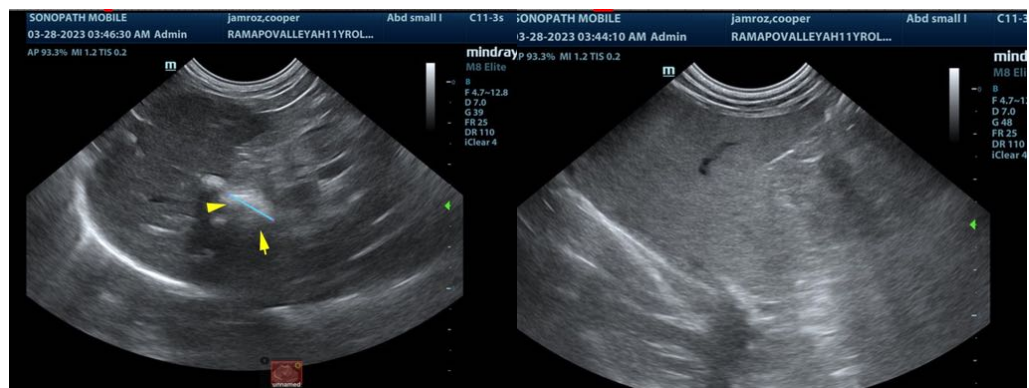
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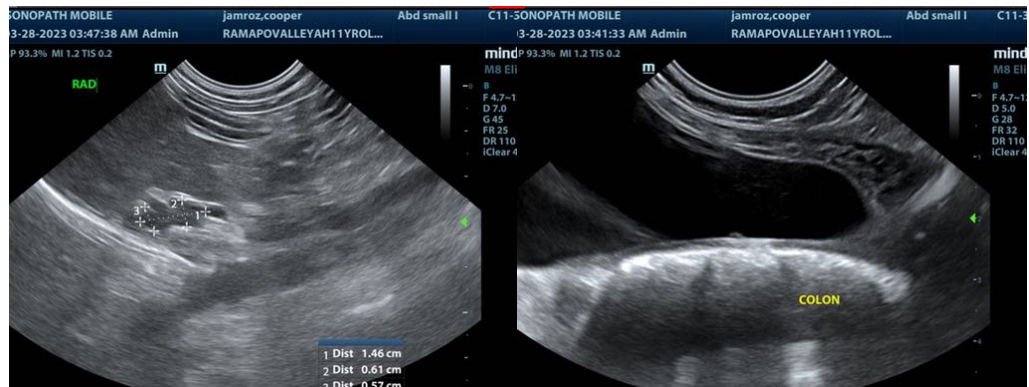
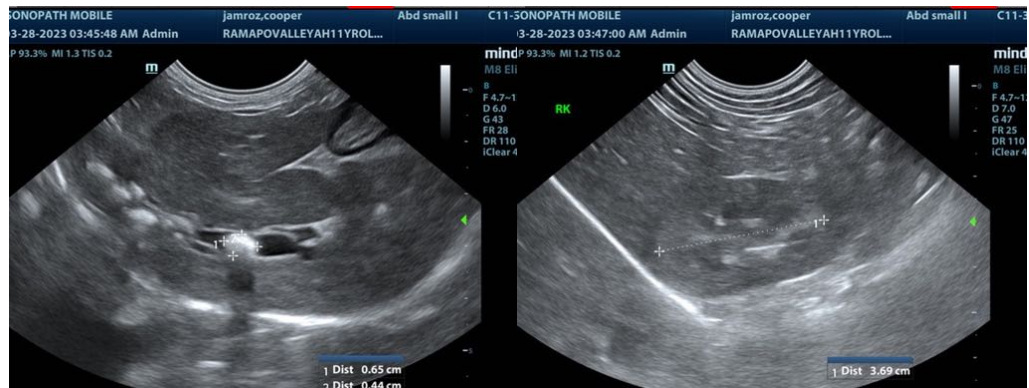
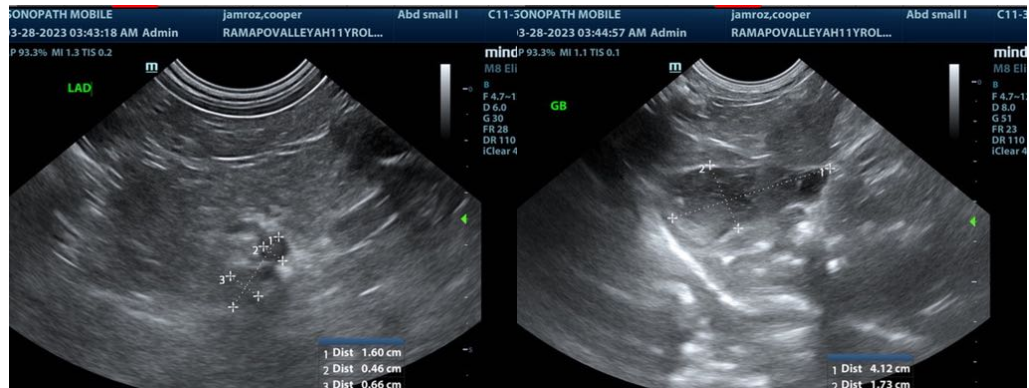
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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