



PATIENT PRESENTING CLINICAL SIGNS

Zoey Rae Frisbie
History: ICTERIC, ELEVATED LIVER VALUES, PU/PD; intermittent vomiting, will not eat dog food. vaccinated for lept. O declines lepto testing.
Abnormal PE/Chem/CBC/UA Results: globulin 3.9, AST 238, ALT 819, ALKP 327, t bili 4' UA: pH 7, protein trace, MA 2.6 high, bilirubin 2+, USPG 1.010

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

9 years

WEIGHT

64 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

42019

DATE

6/28/23

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 6.53 cm. The left kidney measured 6.19 cm.

Adrenal Glands

The left adrenal gland was heterogenous and was at the upper limits of normal with slight, irregular contour. The left adrenal measured 3.47 x 0.81 cm at the caudal pole and 0.86 cm at the cranial pole. The right adrenal gland was uniform and measured 2.03 x 1.24 cm at the cranial pole and 0.67 cm at the caudal pole.

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.

Liver

The **liver** revealed coarse architecture and increased portal markings. The liver revealed irregular contour. Irregular enlargement was noted in the right limb. The gallbladder and common bile duct are unremarkable.



PATIENT

Gastrointestinal

Zoey Rae Frisbie

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

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Chronic inflammatory hepatopathy.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Leptospirosis is a potential in this patient. FNA or core liver biopsy is warranted. Neoplasia is unlikely. Nodular changes may be consistent with hepatocutaneous syndrome if any crusting skin lesions are present. The prognosis is very guarded. Even if vaccinated for Leptospirosis Bratislava is still a potential. Copper storage is a potential; however, typically this manifests earlier. Core biopsy is likely the best option in this patient. FNA will provided cursory evaluation. Prognosis is very guarded.

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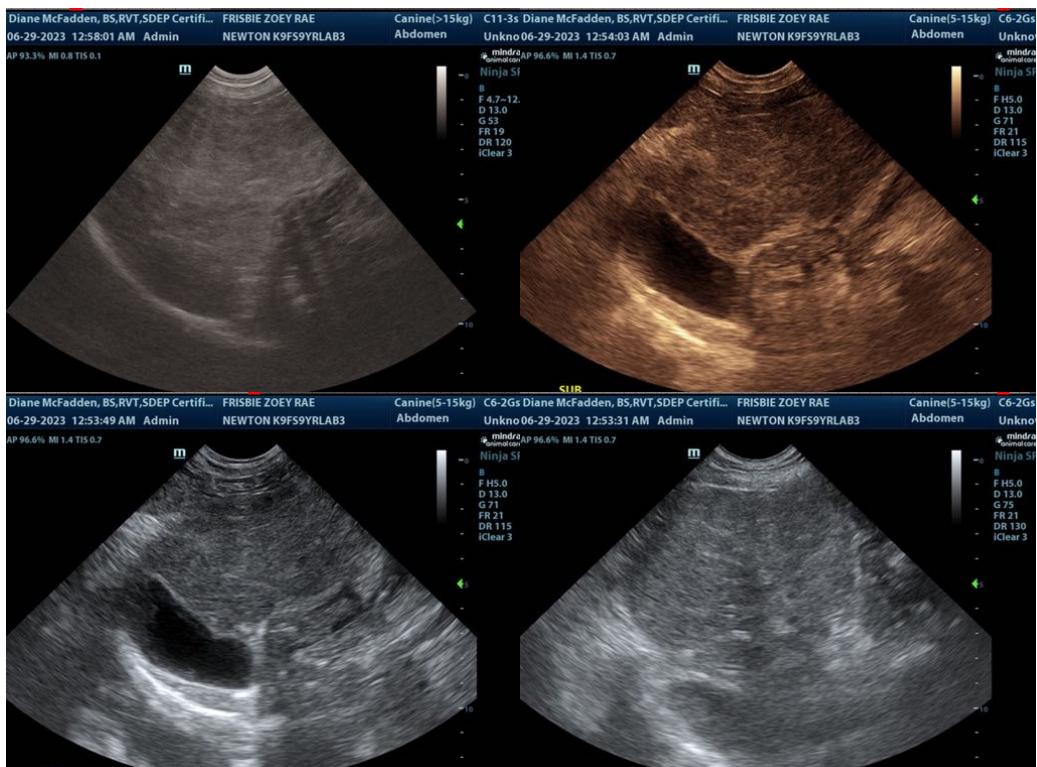
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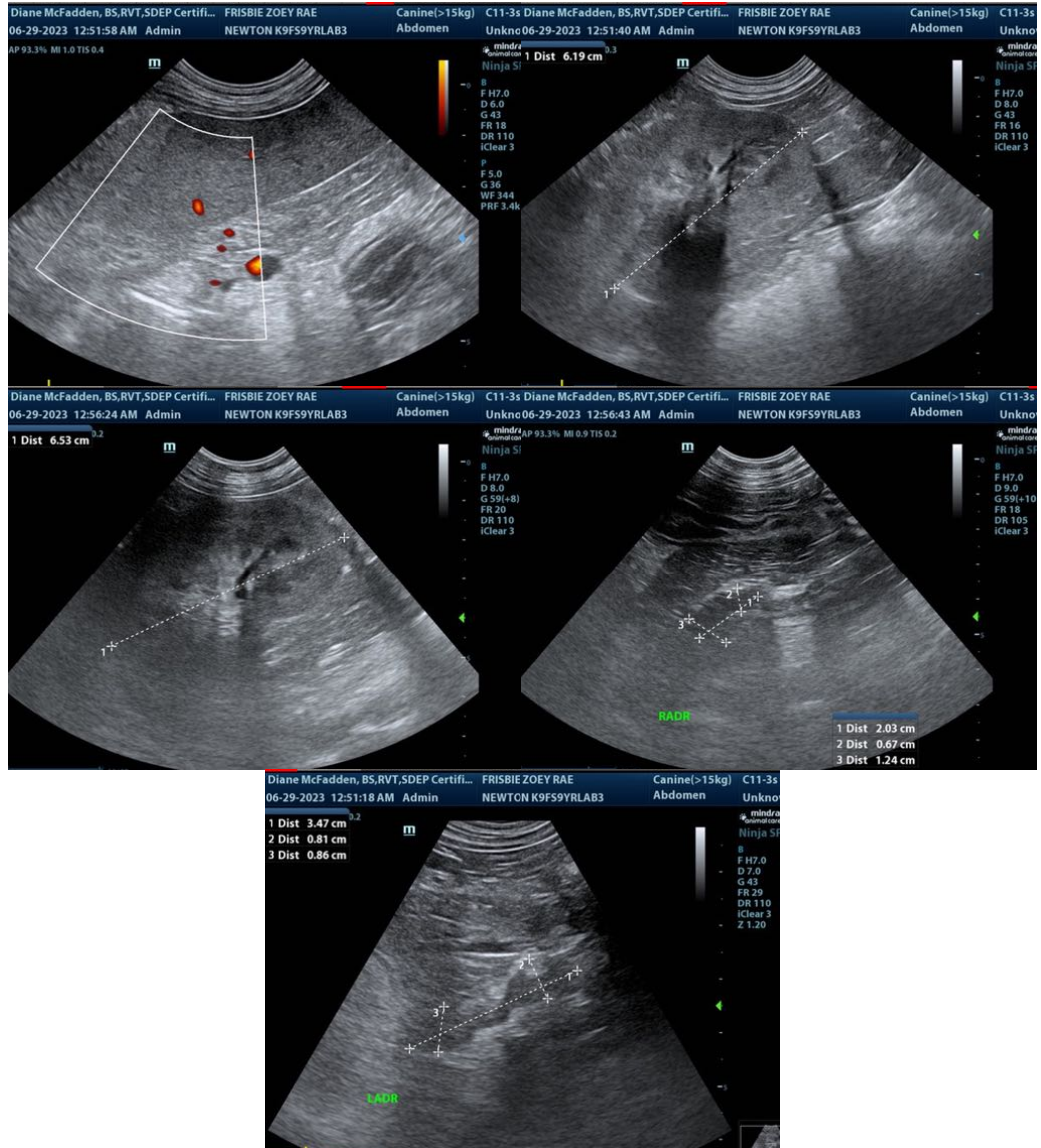
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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