


**PATIENT PRESENTING CLINICAL SIGNS**

**Daisy Sokoloski** History: "Slowing down", hiding, acting odd past few months. Trouble rising, and walking slower, past month.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Tense abdomen, possible T-spine pain? Bloodwork reveals very high liver values (alt>3000), mild anemia. UA (free catch) dilute, WBC 9/hpf adn rbc 1/hpf, 1.012 SG and pH=6.0 no bacteria or casts noted.

Canine

**BREED**
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Golden Retriever Mix

**Urinary System**
**SEX**

The bladder, trigone and visible pelvic urethra were normal in tone and thickness. The bladder contents were mainly anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The ureters were not visible, which is normal. The urethra was visualized to a distance of 3.00 cm beyond the cystourethral junction.

Female Spayed

**AGE**

10 years

Both kidneys were a normal size and shape, with a smooth capsule contour. A normal 1:3 cortex to medulla ratio was maintained. The echogenicity of the cortex was normal. There was a hyperechoic corticomedullary band, consistent with a medullary rim sign. This is a non-specific finding. It has been associated with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it is non-specific and can be seen in normal kidneys. The left kidney measured 5.30 cm in length. The right kidney measured 5.30 cm in length.

**WEIGHT**

34.4 lbs

**INTERPRETED BY**

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

**Adrenal Glands**
**IMAGING PERFORMED BY**

The left adrenal gland was indistinctly visualized and measuring 7.00 mm at the caudal pole. The right adrenal gland was not visualized.

Susan Lincoski VMD

**Spleen**
**HOSPITAL NAME**

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

University Drive VH

**Liver/Gallbladder**
**REFERRING VET**

The liver was markedly enlarged in size with a possible torsed liver lobe on the left. The liver lobe has free fluid around the base, mesenteric inflammation around it, and potential for necrotic areas and/or cystic bleeding areas internally. There could be a liver lobe mass within the torsed liver lobe that is not apparent currently. The remainder of the liver was normal in structure and size, with no over pathology. There was moderate sludge in the gallbladder, but no gallbladder obstruction or inflammation.

Susan Lincoski VMD

**INVOICE**
**Gastrointestinal**

14059

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.

**DATE**

8.11.23

**Pancreas**

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.



**PATIENT**      **ULTRASONOGRAPHIC FINDINGS**

Daisy Sokoloski

- Suspected liver lobe torsion in left liver
- Pockets of free fluid and peritonitis adjacent to liver lobe pathology
- Medullary rim sign (mild) both kidneys

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Golden Retriever Mix

**SEX**

Female Spayed

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**WEIGHT**

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**INTERPRETED BY**

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PERFORMED BY**

Susan Lincoski VMD

**HOSPITAL NAME**

University Drive VH

**REFERRING VET**

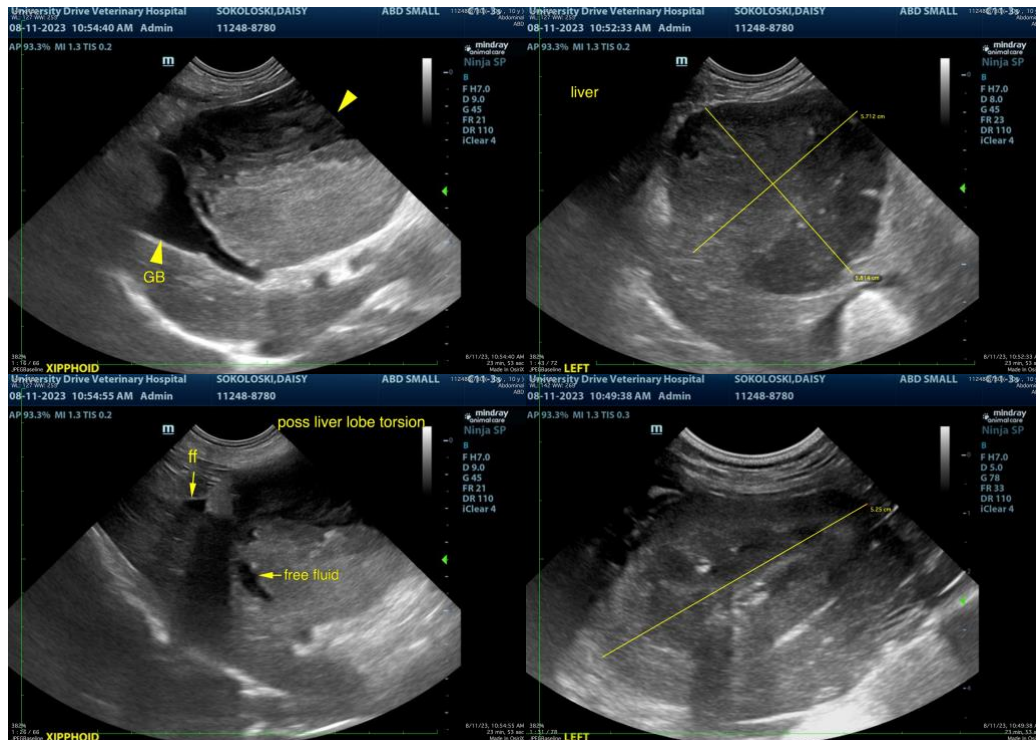
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**PATIENT**

Daisy Sokoloski

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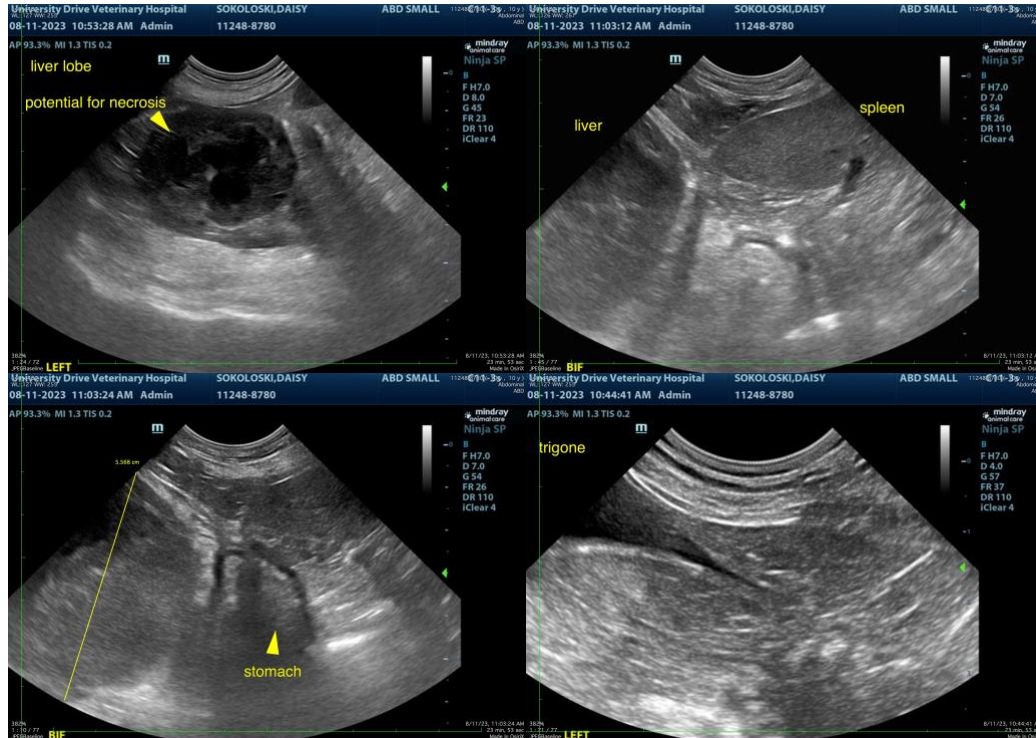
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com