



PATIENT

Shelby Jean Clarke

SPECIES

Canine

BREED

Bichon/Yorkie

SEX

Spayed Female

AGE

1 Year 7 Months

WEIGHT

7.5 Pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Bociulis

INVOICE

44792

DATE

8/18/23

PRESENTING CLINICAL SIGNS

Recheck AUS, asymptomatic. Elevated liver enzymes. Current Meds: Metronidazole.

Abnormal PE/Chem/CBC/UA Results: ALT 391 (125 H); ALKP 384 (212 H); GGT 32 (11 H); AMYL 199 (500 L); BUN 29 (27 H); CL 108 (109 L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no sediment or uroliths. The ureters were not visible, which is normal. The bladder trigone were normal. The pelvic urethra was visualized to a depth of 1.0 cm and was normal in thickness and tone.

Both **kidneys** were subjectively normal in size for breed and body weight. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no evidence of pyelectasia or renoliths. The renal perfusion and vascularity were normal on power doppler. The left kidney measured 4.0 cm. The right kidney measures 4.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and found to be normal in size and shape for breed. The capsule of each gland was smooth with no evidence of capsular expansion. The echogenicity and echotexture of each gland was normal. There was no evidence of vascular invasion or inflammation around either adrenal gland. The left adrenal gland measured 0.30 cm at the cranial pole, 0.30 cm at the caudal pole and 1.5 cm in length. The right adrenal gland measured 1.0 cm at the cranial pole and 0.30 cm at the caudal pole.

Spleen

The **spleen** was normal size and shape with a smooth capsule contour. The spleen was in a normal position. The parenchyma had a finely textured and homogenous echogenicity. The vasculature was normal in structure, with no evidence of thrombus on power doppler examination.

Liver

The **liver** was normal in size and shape with a smooth capsule contour. The liver lobe edges were appropriately sharp. The parenchyma had a normal coarse and homogenous texture. The hepatic and portal vasculature were normal in size and volume. There were no visible focal lesions, masses or inflammation present. The portal hilus was clearly visualized, showing a normal portal vein and CVC ratio.

The **gallbladder** was normal in size and shape. The gallbladder wall was thin and echogenic, with no sign of luminal or surrounding inflammation. The gallbladder contents were largely anechoic. The cystic duct and common bile duct were visualized and found to be normal in size and shape.



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Gastrointestinal

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The stomach wall is improved overall but still maintains a thickened mucosal layer in one area measuring 1.0 cm in thickness. The mucosal surface in this area is irregular and the mucosa is hyper- to mixed echogenicity. This is most consistent with an area of focal inflammation or healing ulcer. The small intestines were mildly thickened with maintained wall layering. There was speckling within the mucosa, which is of unknown significance in this case. The colon wall was normal. The previously noted enlarged mesenteric lymph nodes were normal.

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Pancreas

The left limb, body and right limb of the **pancreas** were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The left limb was mildly hypoechoic with no current inflammation that was noted previously. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

Free Abdomen

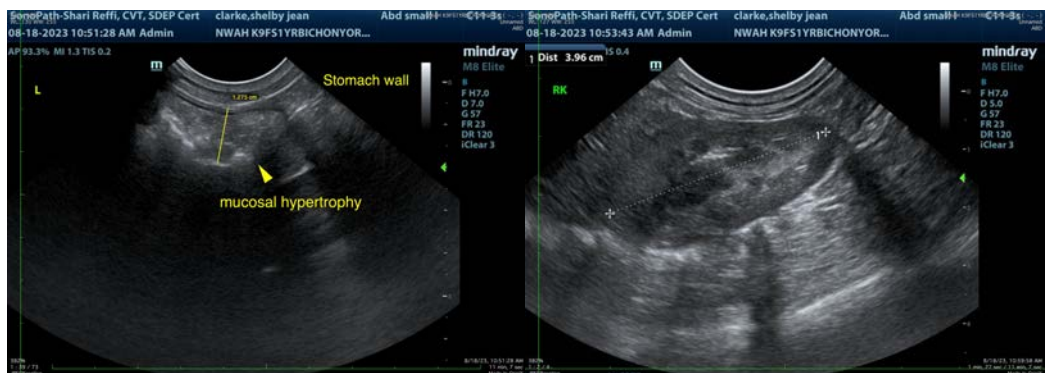
No peritoneal effusion or lymphadenopathy was noted on examination of the peritoneal cavity.

ULTRASONOGRAPHIC FINDINGS

- Moderate focal gastric inflammation – potential for healing ulcer.
- Largely resolved left limb pancreatitis
- Normal liver
- Normal mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation has greatly improved with resolution of the previously noted lymphadenopathy, pancreatitis, and hepatic swelling. There still is residual gastric mucosal inflammation, very focal. I would recommend addition of Omeprazole, Sucralfate, and possibly Misoprostol, even if there are no clinical signs to improve the resolution of the stomach presentation.





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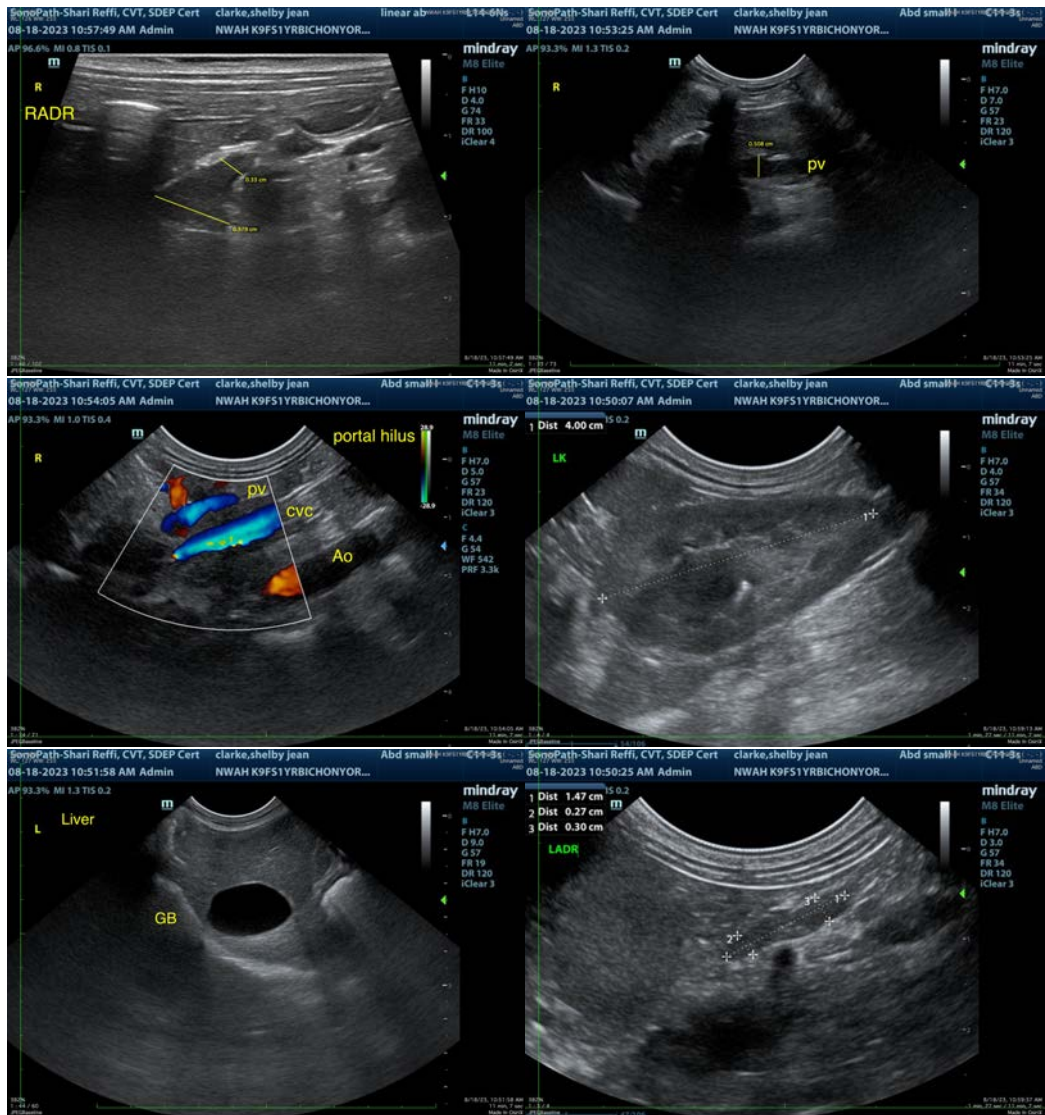
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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