



PATIENT	PRESENTING CLINICAL SIGNS
Maggie Donaldson-Mooj	recheck-liver/spleen possibly enlarged, having some diarrhea echo-murmur heard previous US reports attached.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Affenpinscher	
SEX	The right kidney is normal in size (4.16 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Spayed Female	
AGE	The kidneys are small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Cortical cysts and pyelectasia are noted (mild pyelectasia on the left and scant pyelectasia on the right). The left kidney measures 3.38 cm. The right kidney measures 4.16 cm.
15 Years	
WEIGHT	Adrenal Glands
6.9 Pounds	The right adrenal gland is normal in size (1.78 cm long x 1.19 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (1.56 cm long x 0.59 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Eric Lindquist, DMV	
DABVP, Cert. IVUSS	Spleen
IMAGING PERFORMED BY	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
Kelly Reschny	
HOSPITAL NAME	Liver
Maples AH	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
REFERRING VET	The gallbladder is not well visualized in these images.
Dr. Kazienko	Gastrointestinal
INVOICE	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is mildly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
42855	
DATE	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions
11/18/22	



PATIENT	per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Maggie Donaldson-Mooj	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SPECIES	Pancreas
Canine	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
BREED	Free Abdomen
Affenpinscher	There is no evidence of free peritoneal effusion noted in these images.
SEX	There is no apparent lymphadenopathy noted in these images.
Spayed Female	PRIMARY FINDINGS
AGE	<ul style="list-style-type: none"> • Chronic Kidney Disease with bilateral cortical cysts and mild pyelectasia – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. • Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
15 Years	SECONDARY FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Urinary bladder debris • There was no history provided regarding a previous cholecystectomy, but the gallbladder was not well visualized in these images.
6.9 Pounds	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY	Other than the absence of a visible gallbladder, the pathology described in previous ultrasounds is relatively static. Given this patient's reported diarrhea, further GI workup is recommended in the form of a fecal exam if not recently evaluated.
Eric Lindquist, DMV	A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function +/- a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
DABVP, Cert. IVUSS	In the meantime, empirical deworming with a 5-day course of Panacur is recommended as well as a probiotic such as Visbiome or Provable.
IMAGING PERFORMED BY	
Kelly Reschny	
HOSPITAL NAME	
Maples AH	
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PATIENT

Maggie Donaldson-Mooj

SPECIES

Canine

BREED

Affenpinscher

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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REFERRING VET

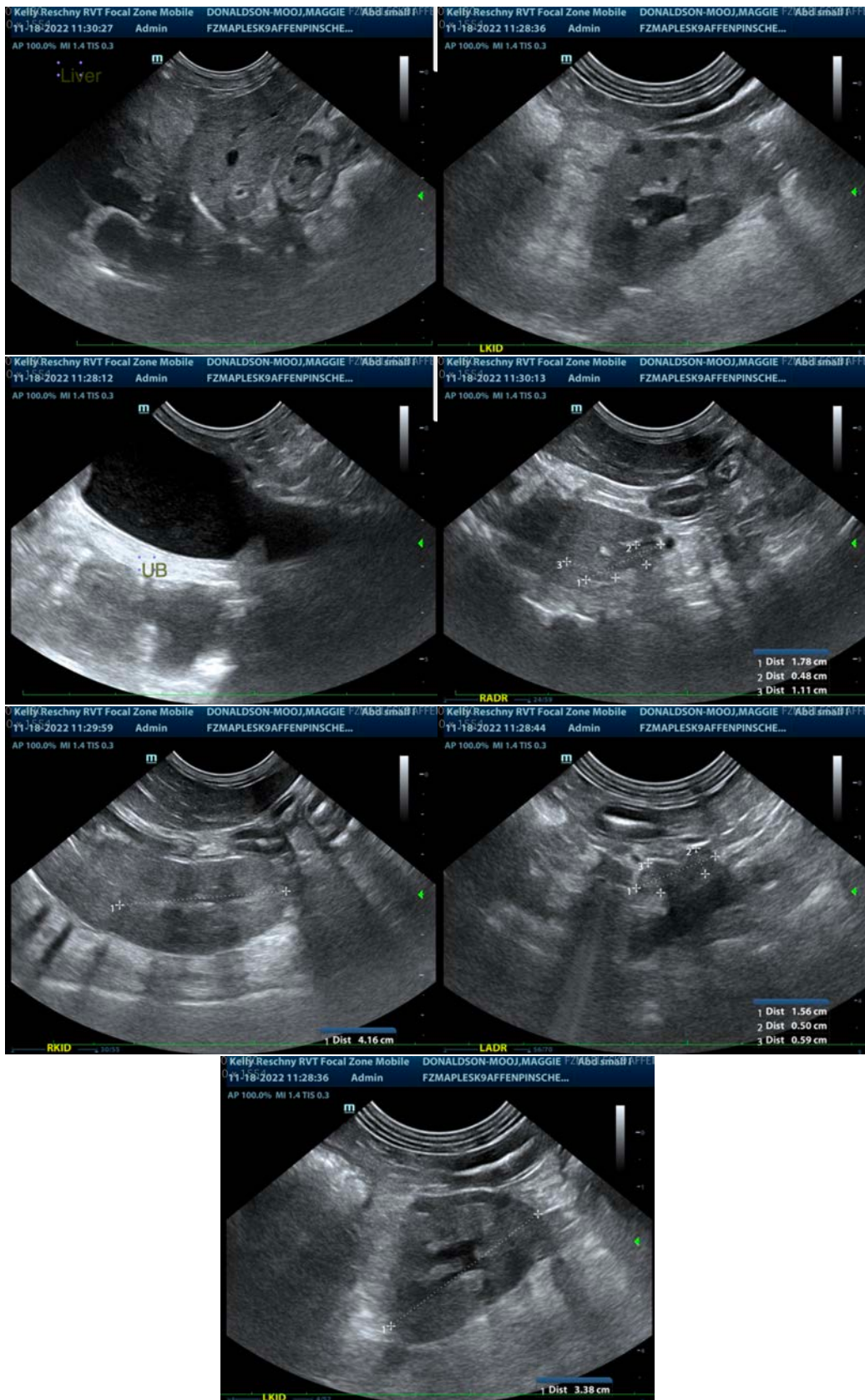
Dr. Kazienko

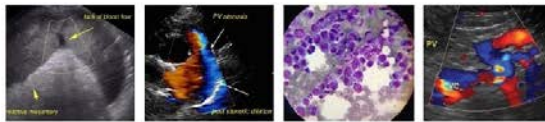
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SPECIES

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AGE

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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.

Beth Johnson, DVM, DACVIM
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