



**PATIENT**

Violet Cantatore

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

26.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

17770

**DATE**

10/17/22

**PRESENTING CLINICAL SIGNS**

History: diabetic hepatopathy

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is a mild change, consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The right kidney measured 5.06 cm. The left kidney measured 4.91 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 left adrenal gland measured 1.57 cm x 0.58 cm at the caudal pole and 0.52 cm at the cranial pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** was diffusely hyperechoic to the falciform fat with occasional hypoechoic, non-disruptive nodular change. The liver revealed mild generalized enlargement. There is no suspicion of neoplasia; however, diffuse disease is present. Bile acid profile would be ideal as well as FNA.

The **gallbladder** was over distended with striating bile and enhanced surrounding mesentery, consistent with mucocele formation. Right subxiphoid palpation is recommended to assess for discomfort. This is consistent with mild inflamed gallbladder mucocele. The gallbladder measured approximately 5.0 cm x 4.0 cm.

**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.

**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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Diabetic hepatopathy with mildly inflamed gallbladder mucocele
- Diabetic nephropathy

**BREED**

Cockapoo

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder should be monitored carefully, may be medical. If liver enzymes are elevated and hyporexia is present, then cholecystectomy is recommended. Broad spectrum antibiotics, such as enrofloxacin/metronidazole combination (over the next 10-14 days) and ursodiol (over the next 6 weeks) are warranted. Recheck sonogram in 7-10 days or earlier if clinical signs develop.

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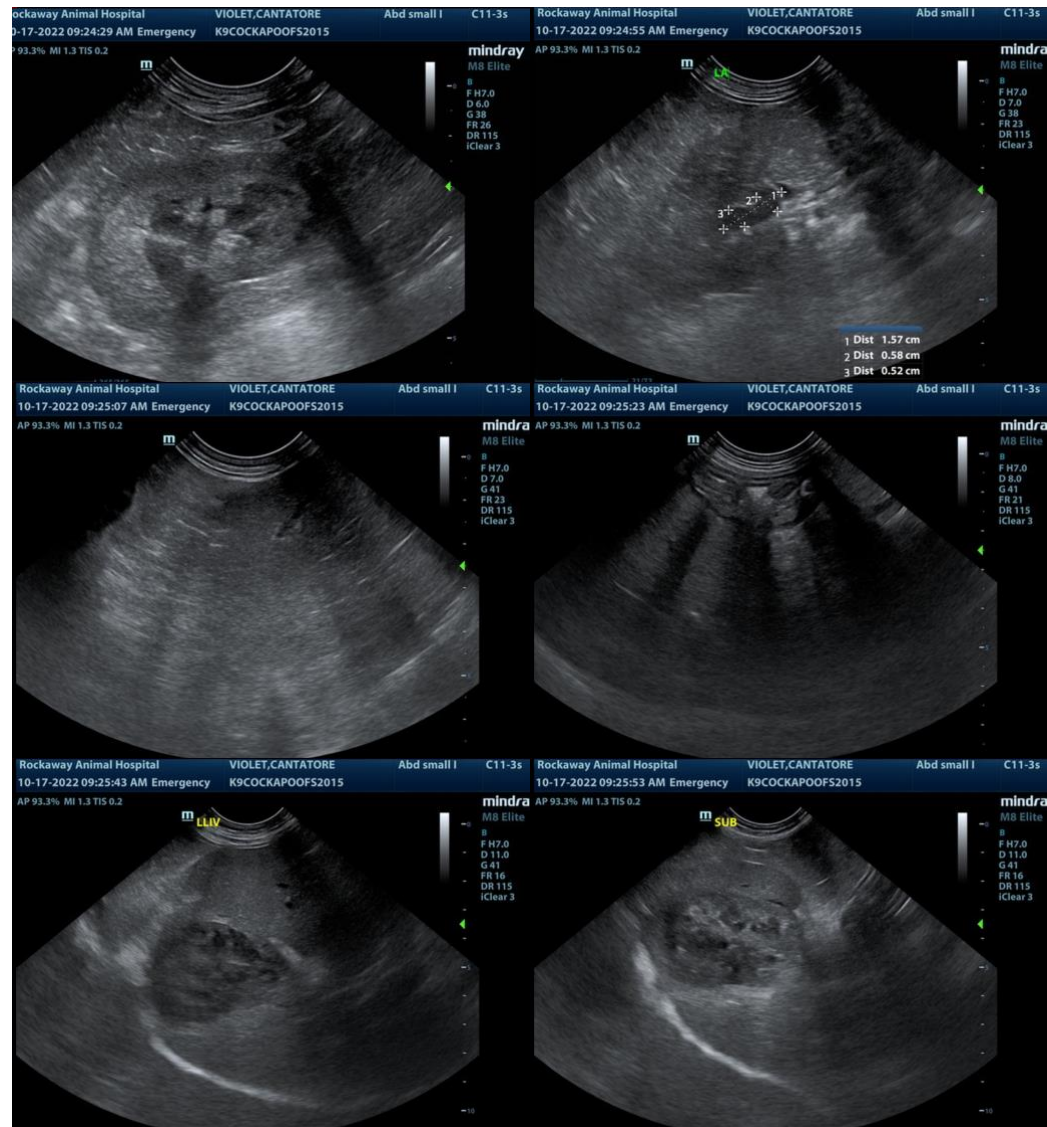
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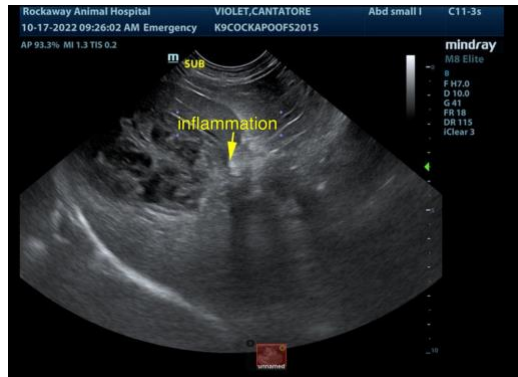
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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