



**PATIENT**

Gracie Zaccario

**SPECIES**

Canine

**BREED**

Cocker Spaniel/Poodle

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

23 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gabriel

**HOSPITAL NAME**

Central Jersey

**REFERRING VET**

Dr. Gabriel

**INVOICE**

40199

**DATE**

10/20/22

**PRESENTING CLINICAL SIGNS**

History: hx of diabetes grade 3 heart murmur currently seeing by ophthalmologist and taking Amlodopine for her eye  
CBC, chem WNL xray : WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Bladder wall thickness measured up to 0.7 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.6 cm.

**Adrenal Glands**

The region of both adrenal glands were imaged with no evidence of pathology.

**Spleen**

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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**Gastrointestinal**

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The gastric fundus was slightly thickened with no loss of mural detail noted. The small intestines and colon.

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**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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Benign metabolic hepatopathy.

Prominent gastric fundus.

**AGE**

12 years

Age related renal changes.

Chronic cystitis bladder pattern.

**WEIGHT**

23 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient has a history of vomiting present then endoscopy is indicated. Urinary work-up is warranted in this patient to assess for inflammatory sediment or evidence of UTI. The hepatic presentation is likely owing to underlying metabolic state.

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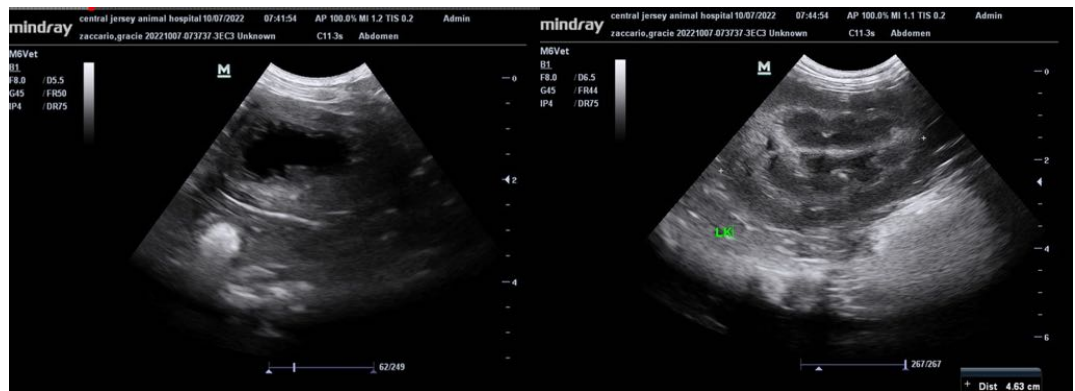
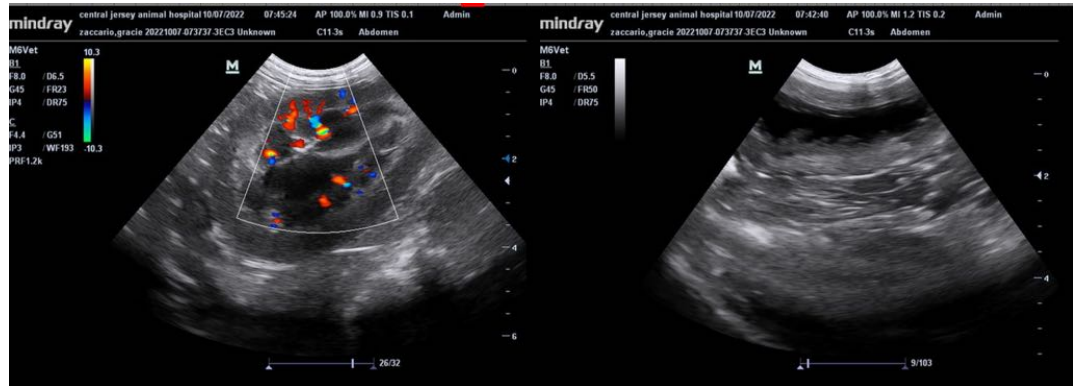
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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