



**PATIENT**

Sue Honey

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

**PRESENTING CLINICAL SIGNS**

History: Distended abdomen, seizure like symptoms, lethargy. Rads: Possible mass like effect, compressed intestines.

Abnormal PE/Chem/CBC/UA Results: ALT 313, ALP 668

**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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.06 cm. The right kidney measured 5.42 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.59 x 0.67 cm at the cranial pole and 0.84 cm at the caudal pole. The right adrenal gland measured 2.33 x 0.9 cm at the cranial pole and 0.81 cm at the caudal pole.

**Spleen**

The **spleen** revealed heterogenous parenchymal changes with remodeling. The spleen was folded upon itself cranially.

**Liver**

The **liver** revealed coarse architecture with mild, heterogenous parenchymal changes. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted. The gallbladder width in long axis measured 3.0 x 6.0 cm in length.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

North Warren AH

**REFERRING VET**

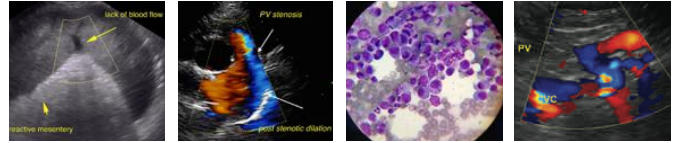
Dr. Corrado

**INVOICE**

92600

**DATE**

10/25/21



**PATIENT**

**Gastrointestinal**

Sue Honey

Some shadowing material was noted in the **stomach**. This is consistent with grass accumulation or similar. Transit of chyme into the small intestine was present. This may be a post prandial presentation. The intestines were 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.

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Hepatic, splenic and pancreatic remodeling with excessive gallbladder debris.

**WEIGHT**

Emerging mucocele.

Shadowing material in the stomach.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend Ursodiol therapy as a preventative over the next 6-8 weeks with a recheck sonogram at that time assuming the patient is non-clinical. FNA of the liver can be considered for further definition. Given the seizure activity CT of the CNS is indicated. There was no evident abdominal pathology that would be overtly responsible for seizure activity.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**ABOUT SONOPATH CT SERVICES:**

**HOSPITAL NAME**

North Warren AH

**SonoPath CT Services** are offered at the [Blairstown Animal Hospital](#). Blairstown, New Jersey. More information can be found at

**REFERRING VET**

Dr. Corrado

<https://sonopath.com/resources/sonopath-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

**INVOICE**

92600

**DATE**

10/25/21



**PATIENT**

Sue Honey

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

North Warren AH

**REFERRING VET**

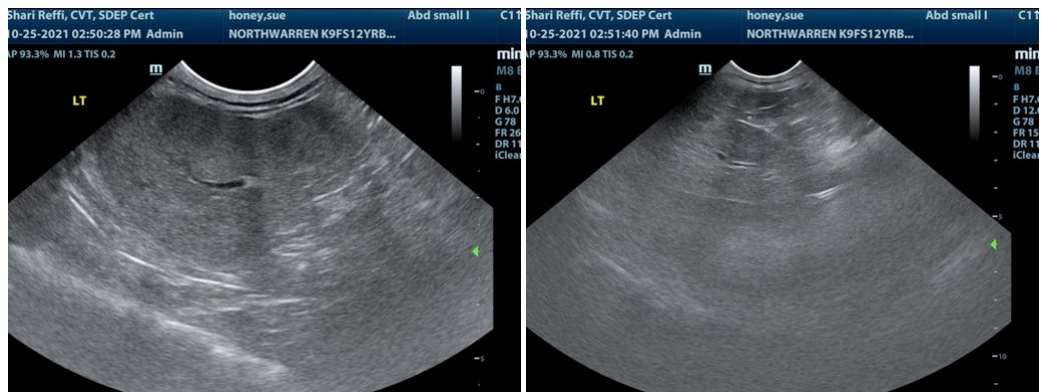
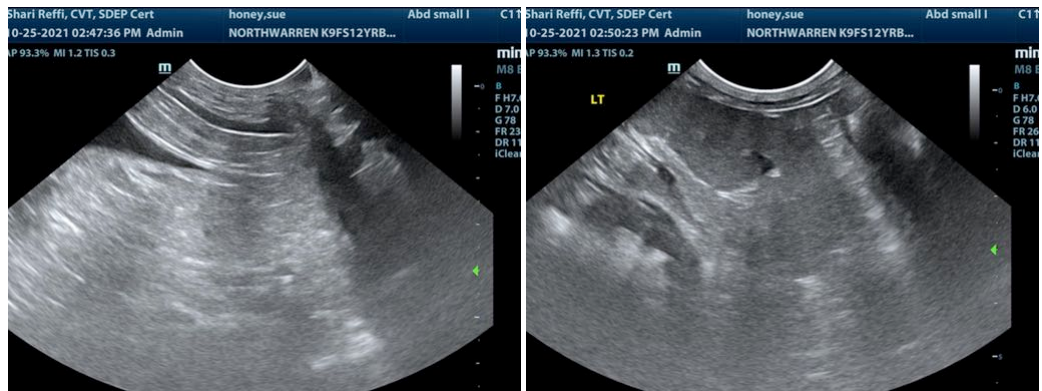
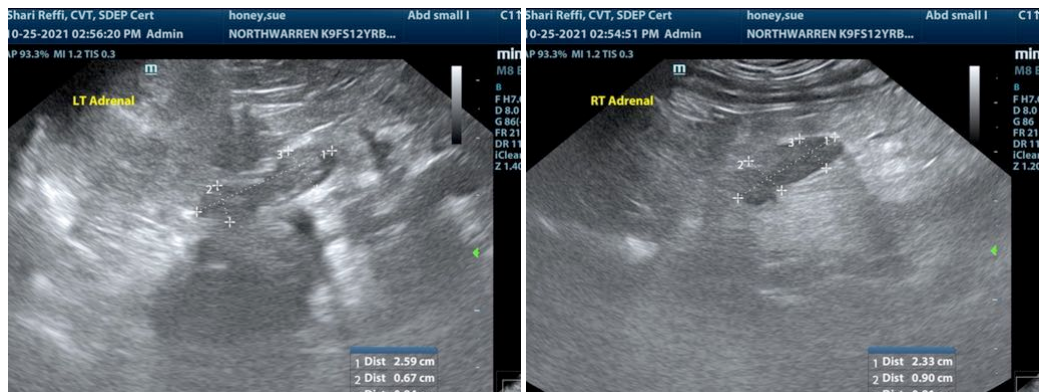
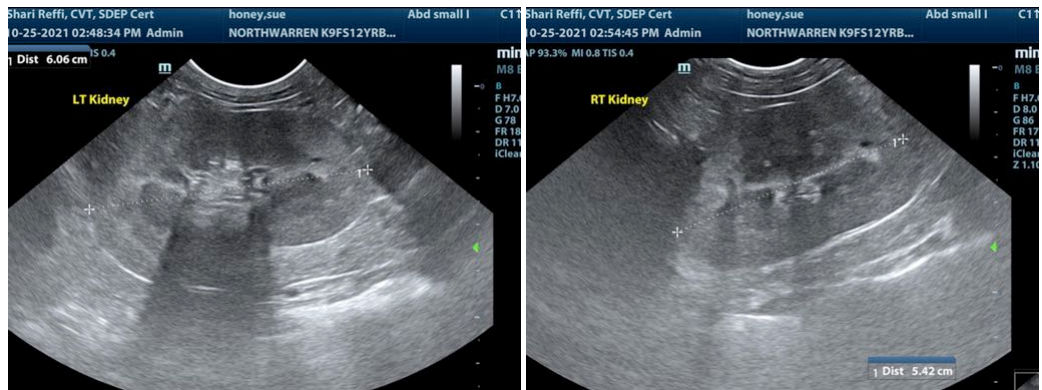
Dr. Corrado

**INVOICE**

92600

**DATE**

10/25/21





**PATIENT**

Sue Honey

**SPECIES**

Canine

**BREED**

Beagle

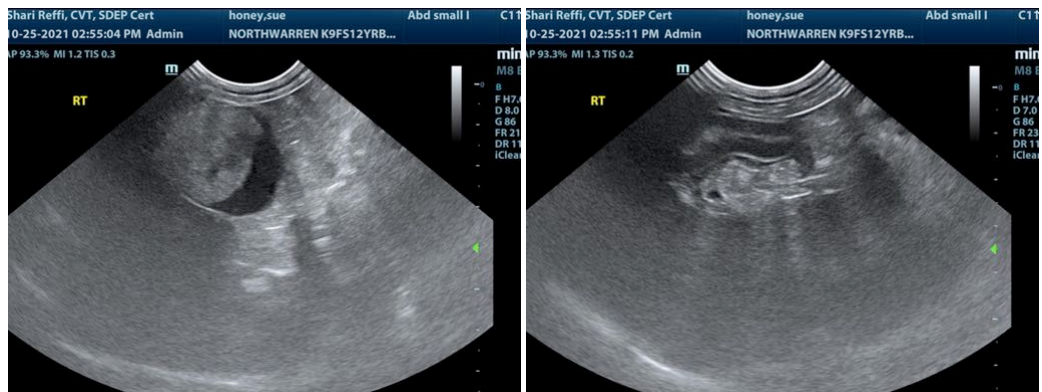
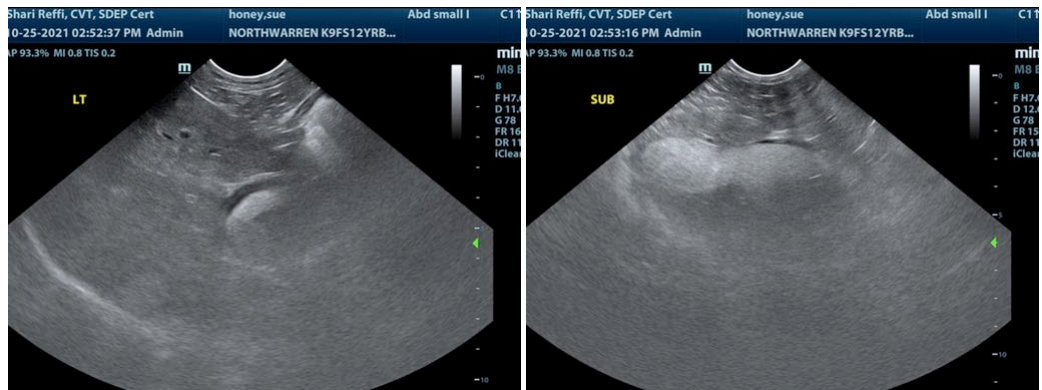
**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

North Warren AH

**REFERRING VET**

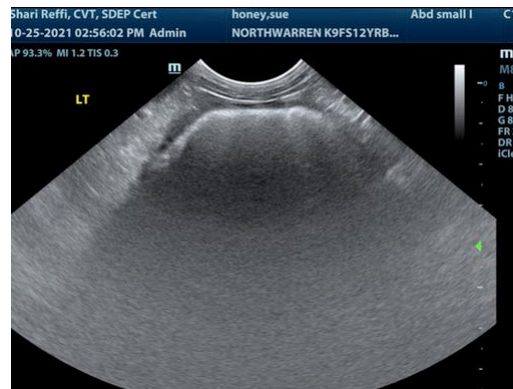
Dr. Corrado

**INVOICE**

92600

**DATE**

10/25/21



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