



**PATIENT**

Cece Glasser

**PRESENTING CLINICAL SIGNS**

previous scan 2/14/22; benign splenic nodule, gastroenteritis pattern  
Abnormal PE/Chem/CBC/UA Results: 10/5/22: ALKP 268

**SPECIES**

Canine

**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.

**BREED**

Portugese Water Dog

**SEX**

Spayed Female

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.09 cm. The left kidney measured 6.23 cm.

**AGE**

11.5 Years

**Adrenal Glands**

**WEIGHT**

60.5 Pounds

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 1.0 cm at the caudal pole and 0.63 cm at the cranial pole. Length measured 2.82 cm.

The **right adrenal gland** was mildly enlarged, measuring 2.4 cm x 1.86 cm at the cranial pole and 0.75 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

The **spleen** was mildly enlarged. Multifocal hyperechoic lipogranulomatous changes noted.

DABVP, Cert. IVUSS

**Liver**

**IMAGING PERFORMED BY**

Diane McFadden

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

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**Pancreas**

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.

**DATE**

11/10/22



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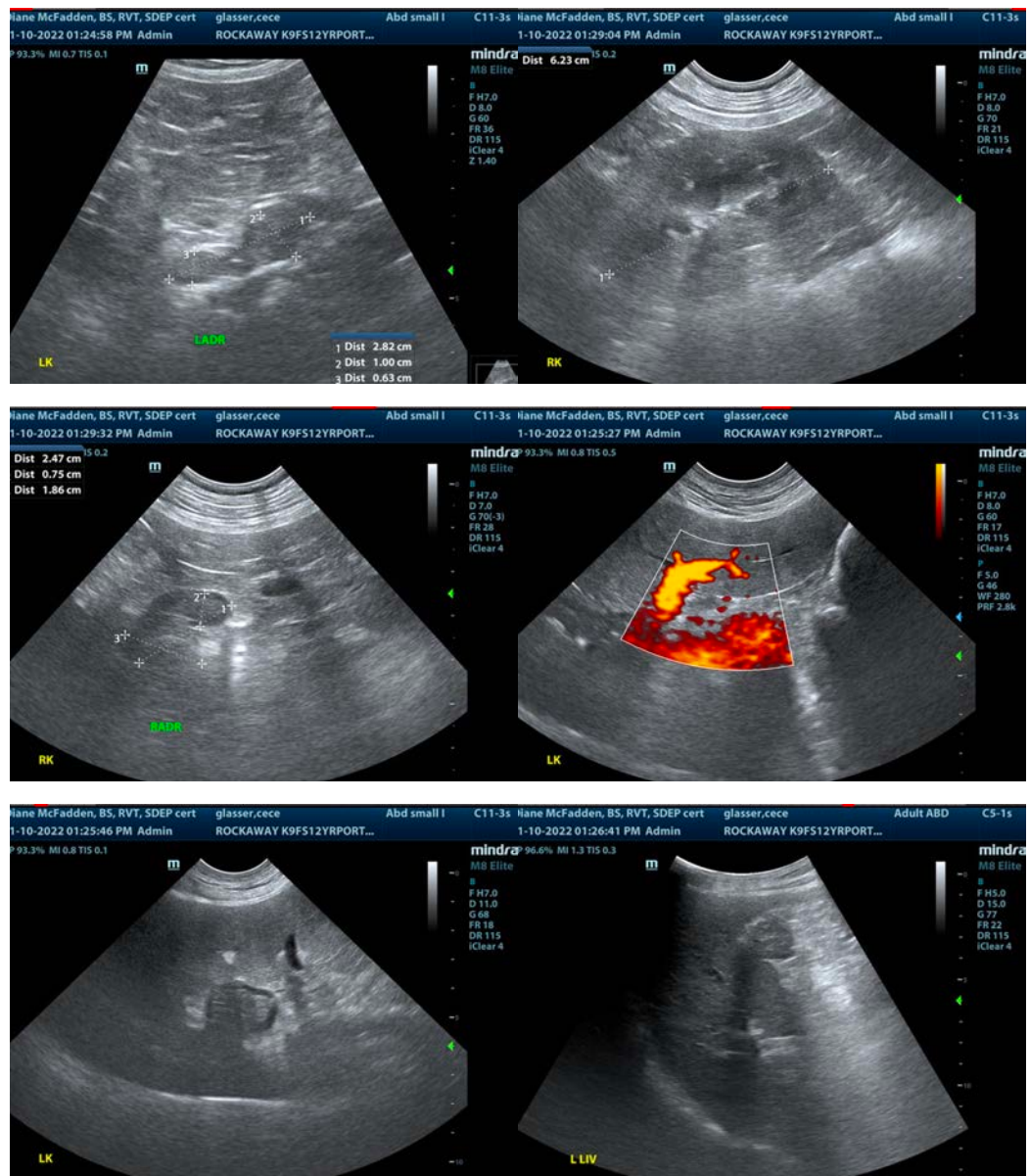
11/10/22

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen with age related renal and hepatic changes
- Minor hypersplenism with lipogranulomas
- Bilateral adrenal hypertrophy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient appears Cushingoid, then workup for pituitary dependent Cushing's indicated. Unremarkable abdomen otherwise.





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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**

[info@SonoPath.com](mailto:info@SonoPath.com)