



PATIENT

Meeka McQuillan

PRESENTING CLINICAL SIGNS

History: Lethargy, Anorexia, Diabetic
Abnormal PE/Chem/CBC/UA Results: Anaplasma Positive

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 was noted. Ureteral papillae were normal.

BREED

Mix

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 this age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia was noted in the left kidney and measured 1.0 x 0.5 cm. The right kidney also revealed mild pyelectasia with a cortical infarct at the caudal pole and mineralization.

AGE

15 years

WEIGHT

14 lbs

Adrenal Glands

The right **adrenal gland** was slightly enlarged and measured 1.0 cm. The left adrenal gland was mildly enlarged and irregular.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 was noted.

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

Veterinary Center of
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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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in

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the stomach. 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

Pancreas

The right limb of the **pancreas** was hypoechoic to the surrounding mesentery. There is a potential for low-grade inflammation and slight, coarse architecture.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Mild bilateral adrenal hypertrophy.

Metabolic hepatopathy.

Chronic renal changes with mineralization.

AGE

15 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

14 lbs

Urinalysis is warranted if there is any evidence of urinary tract infection then chronic pyelonephritis should be considered. There is a potential that low-grade pancreatitis is playing a role. Diffuse, hepatic metabolic hepatopathy may also be playing a role. FNA of the liver is indicated for further definition. Otherwise, other causes of anorexia and lethargy such as pain related disease should be considered. There was no evidence of neoplasia.

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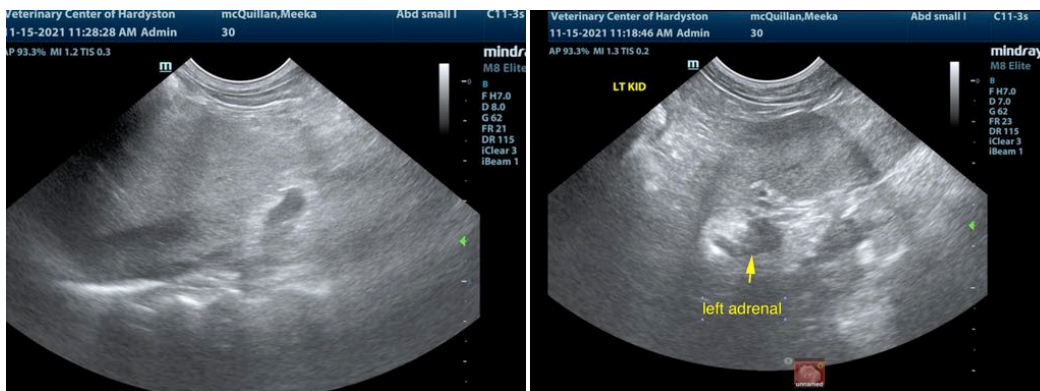
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SEX

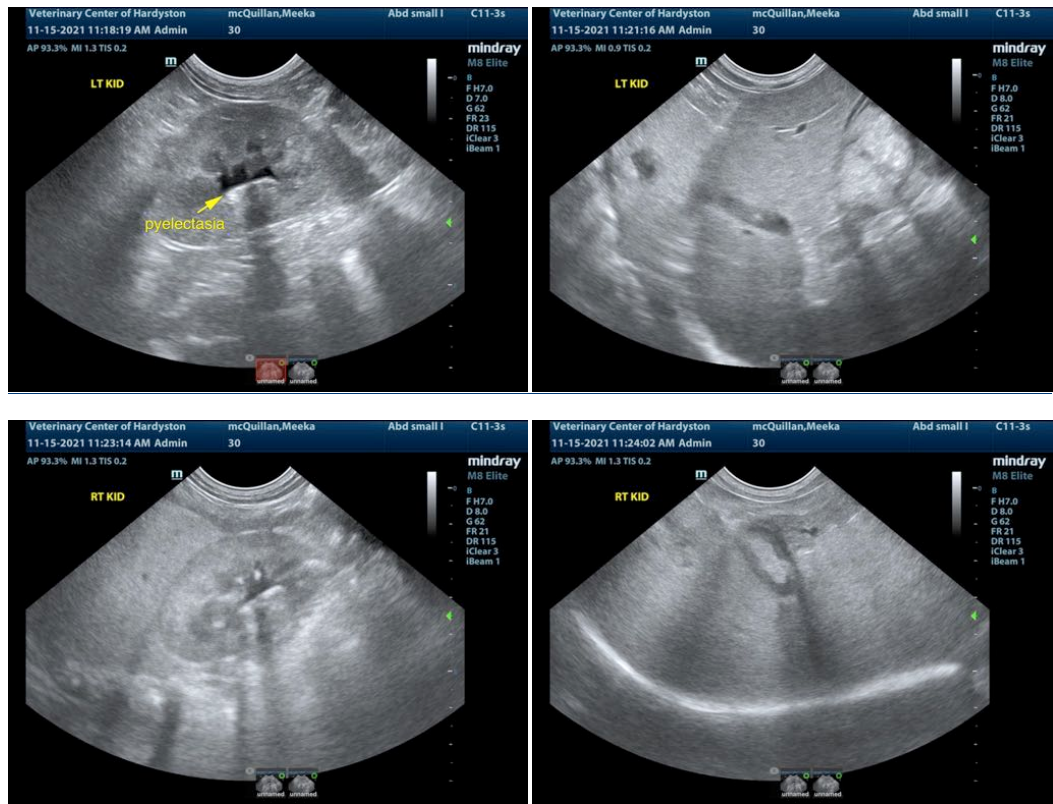
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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