



PATIENT

Molly Hawley

SPECIES

Canine

BREED

Malchon

SEX

Spayed Female

AGE

8 years

WEIGHT

26 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Favis

HOSPITAL NAME

Ruidoso AC

REFERRING VET

Dr. Favis

INVOICE

94220

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Pot-bellied appearance
Abnormal PE/Chem/CBC/UA Results: Elevations in ALT and ALP noted on BW - hepatomegaly on radiographs. ALT 188, ALP 413

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** were mildly swollen with trace pyelectasia noted. Occasional cortical cyst was noted in the right kidney. The left kidney measured approximately 5.0 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.56 cm at the caudal pole and 0.7 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 was noted.

Liver

The **liver** was uniformly swollen. 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. Minor hepatic vein dilation was noted in this patient. This would be normal if the patient was sedated; however, if not sedated then causes of thoracic passive congestion should be considered. 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.



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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Mild bilateral adrenal hypertrophy.

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Subjectively benign vacuolar hepatopathy liver pattern with remodeling and excessive gallbladder debris.

Bladder debris with swollen kidneys and trace pyelectasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the liver is warranted. Gallbladder motility study would be ideal. There was no evidence of neoplasia. Ursodiol over the next 6-8 weeks is warranted with a recheck sonogram. Full urinary work-up is warranted to assess for urinary tract infection. If there is any evidence of urinary tract infection present then treatment for 3-4 weeks is indicated. If the urine specific gravity after that point is less than 1.020 then work-up for emerging pituitary dependent hyperadrenocorticism would be appropriate.

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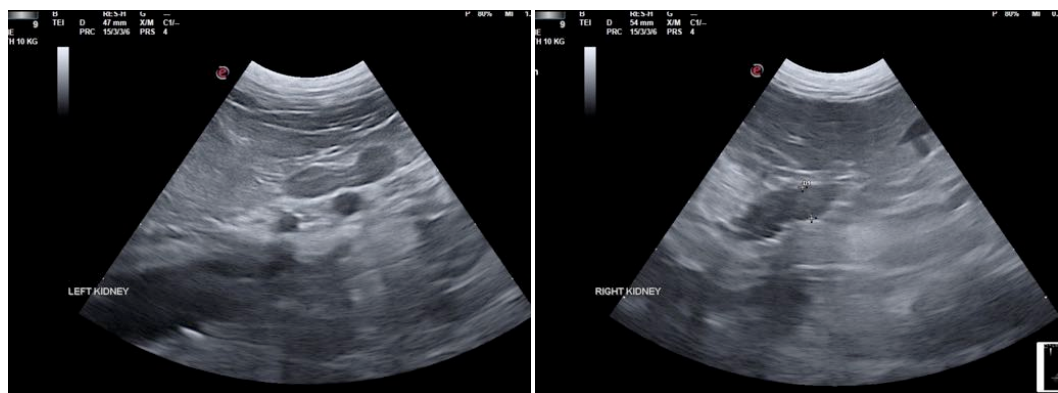
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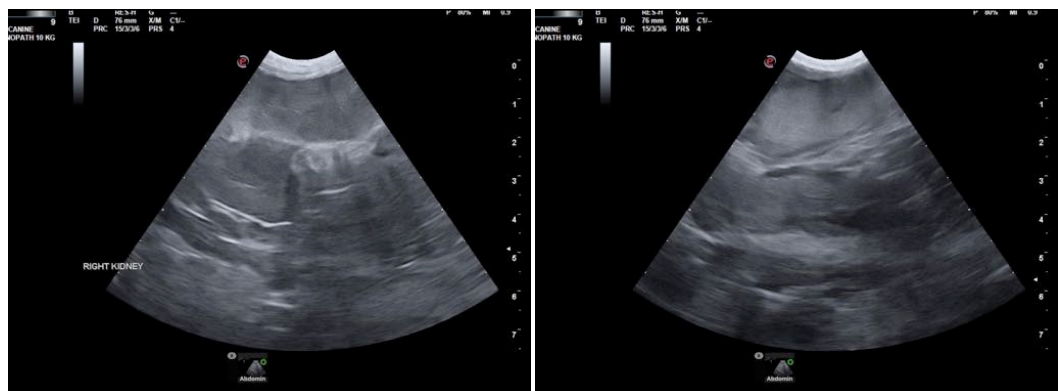
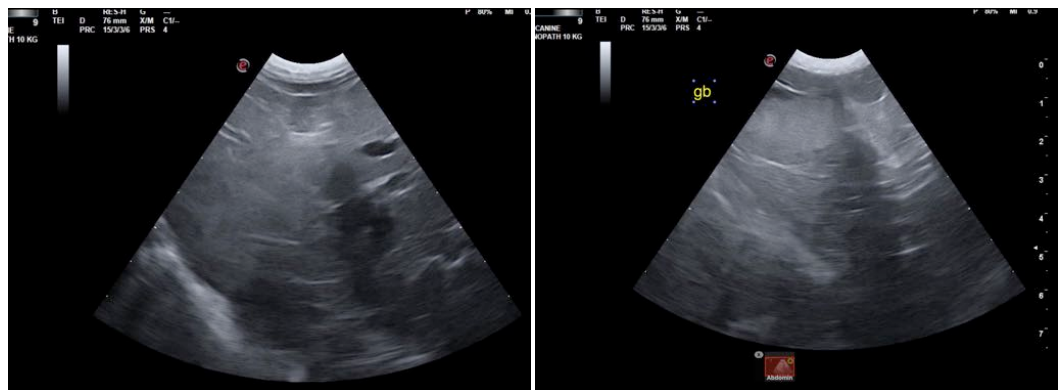
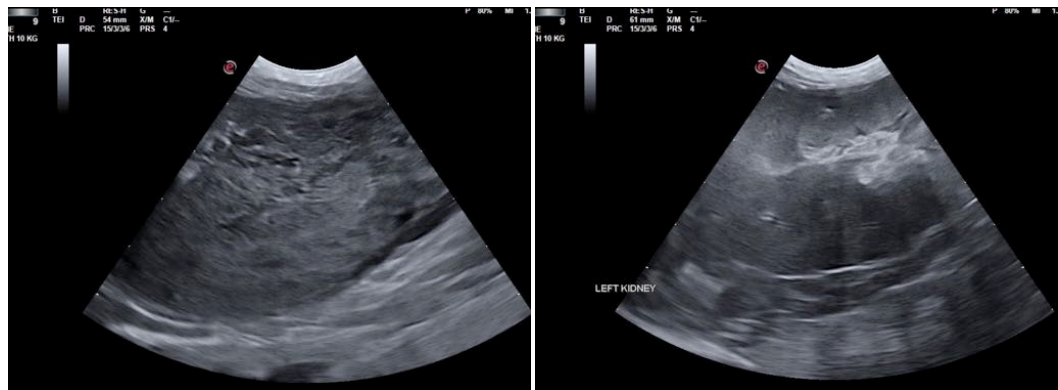
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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