



**PATIENT**

Maggie Meyer

**SPECIES**

Canine

**BREED**

King Charles Cavalier

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

6.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Moser

**INVOICE**

94457

**DATE**

12/10/21

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for bleeding from the nose and mouth Previous Health Concerns: heart condition, lumps on throat Then today presented for recheck due to bleeding from mouth and nose still. Previous Health Concerns: dental disease Current Medications: Amoxi/Clav and Yunnan baiyo ; heart meds Appetite/When did they eat last: Decreased appetite but ate well this morning Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 4/6 heart murmur Abdominal: Pendulous abdomen, soft and non-painful Bloodwork: Creat 0.3; Ca 8.9; TP 5.1; GLU 132; ALP 417; GGT 25; AMY 2232; Lip too high to read; Chlor 101; Cai 1.04; Anion G 24; Lactate 3.9; HCT 17; WBC 25.2; NEU 22.72; RBC 3.14; HGB 7.8 Rads: gas throughout SI, some firm stool in colon, gas distention of the stomach, liver enlargement.

**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. Mild mineralization was noted. The right kidney measured 5.2 cm. The left kidney measured 4.83 cm. Color flow assessment of the kidneys appeared adequate.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**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.



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The gallbladder was over distended with suspended and mildly striating bile and polypoid changes. This is consistent with emerging mucocele; however, this is an incidental finding.

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**Gastrointestinal**

The **stomach** was thickened with hypertrophied mucosal changes and remodeling. The stomach lumen was largely empty. The small intestine and colon were unremarkable.

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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**

Gastric mucosal hypertrophy.

Emerging gallbladder mucocele.

**WEIGHT**

6.4 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of hemorrhage in the abdomen in this patient. Given the pain around the kidneys thromboembolic events to the kidneys are a potential. GI blood loss is a possibility; however, the gastric hypertrophy may be incidental. CBC path review +/- bone marrow aspirate would be indicated. Ursodiol therapy is warranted for long term management of the gallbladder.

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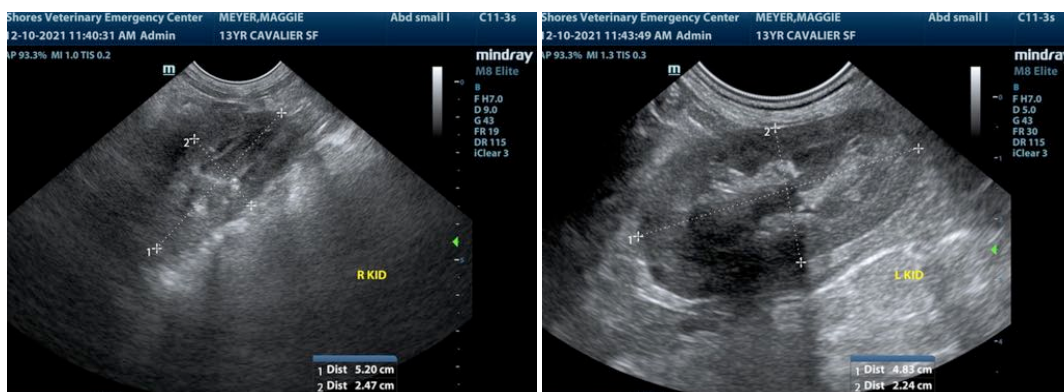
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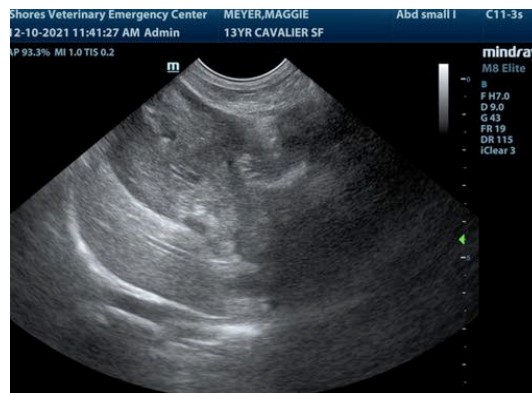
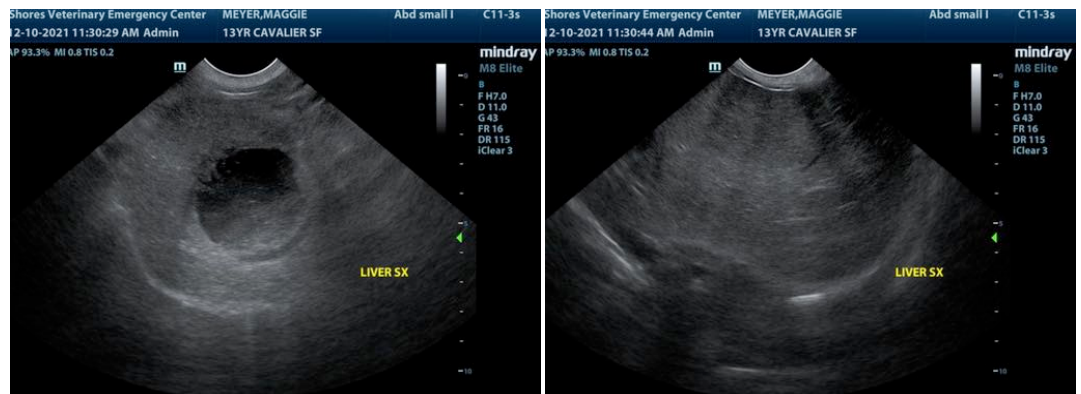
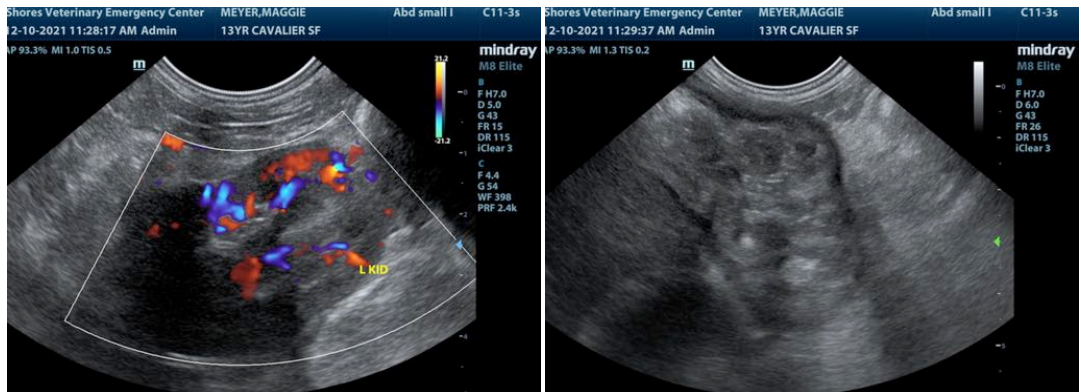
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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

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