



PATIENT

Apple Lezcano

SPECIES

Canine

BREED

Morkie

SEX

Spayed Female

AGE

9 Years

WEIGHT

6.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Megan Cassels-
Conway

INVOICE

33880

DATE

12/31/21

PRESENTING CLINICAL SIGNS

History of hepatomegaly and recurring pancreatitis. Yesterday defecated in house and started breathing heavily. Inappetence this morning. Given 100mg gabapentin and 2mg zofran. Ate well 1 hour following. Abdominal pain and distention. Increased respiratory effort, abdominal breathing, resp rate 45. Thoracic rads showed static left sided cardiomegaly (known mitral valve disease), mild hilar pulmonary infiltrates present today consistent with cardiogenic pulmonary edema. No evidence of foreign material or obstruction. P not fasted. Static bilateral renal diverticular mineralization. Abnormal PE/Chem/CBC/UA Results: CBC/chem WNL UA 1.050 Lepto titer NEG

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 **kidneys** presented mild cortical degenerative changes and minor loss of corticomedullary definition. Non-obstructive calculi noted, the largest of which measured 4.0 mm. The left kidney measured 3.07 cm. The right kidney measured 3.18 cm.

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. The right adrenal gland measured 1.33 cm x 0.57 cm. The left adrenal gland measured 1.0 cm x 0.32 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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 were noted.

Liver

The **liver** presented mild increased portal markings with occasional hyperechoic lipogranulomatous nodules noted, non-disruptive. The gallbladder was overdistended with some striating bile. In long axis, the gallbladder measured 3.0 cm x 2.5 cm. The gallbladder presentation is not to the level of mucocele formation.

Comet tail lung pattern noted through the diaphragm.

Gastrointestinal

Some retention of soft ingesta was noted in the **stomach** with progressive shadowing, consistent with ingesta or possible stuffing type material if the patient has a history of foreign body ingestion. The small intestine was empty from the duodenum to the ileocecal junction. The colon revealed normal stool consistency.



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Pancreas

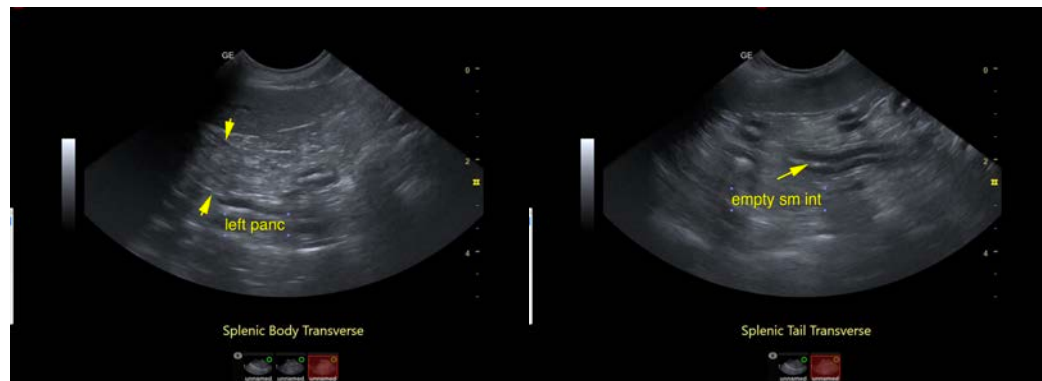
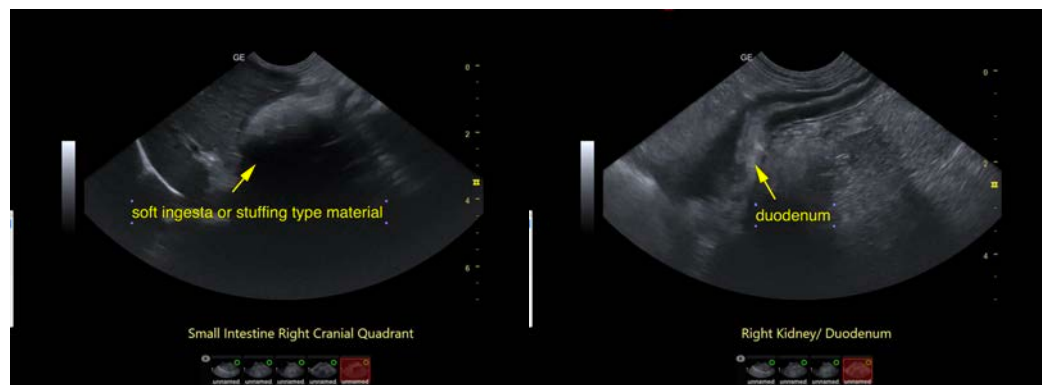
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Post-prandial gastric retention or possible soft foreign matter
- Renal calculi, non-obstructive
- Comet tail lung pattern – consistent with alveolar disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal pathology responsible for the thoracic signs. Further thoracic investigation recommended with chest radiographs and assessment for alveolar disease. The abdominal presentation appears stable.





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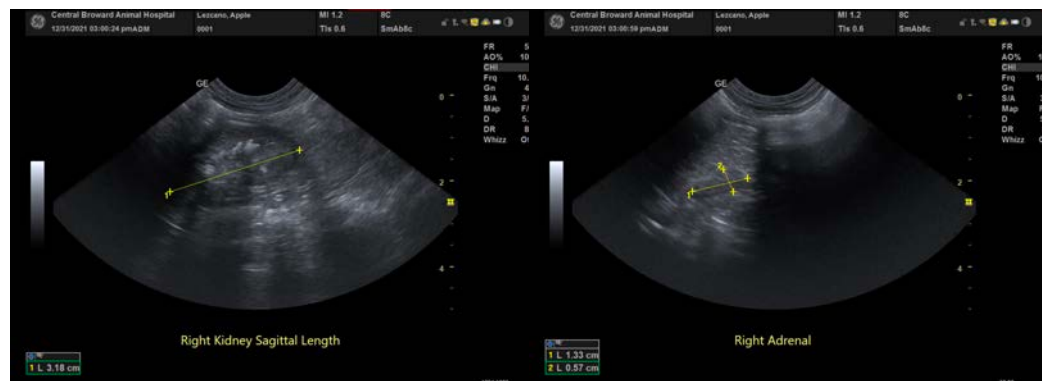
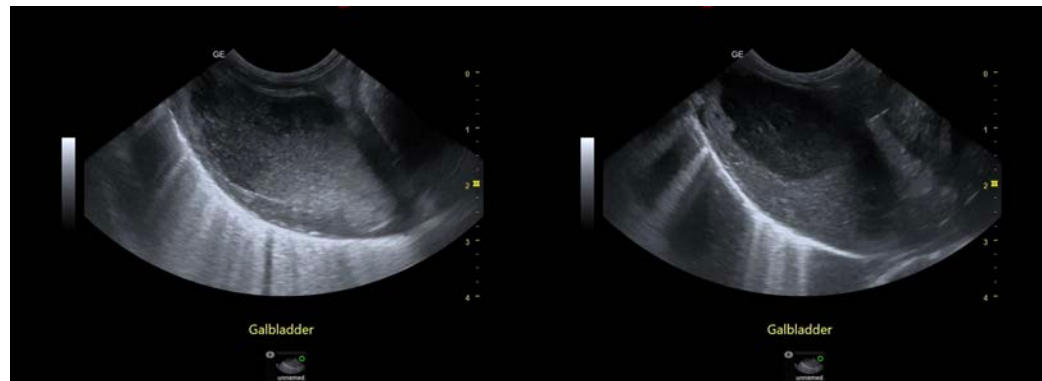
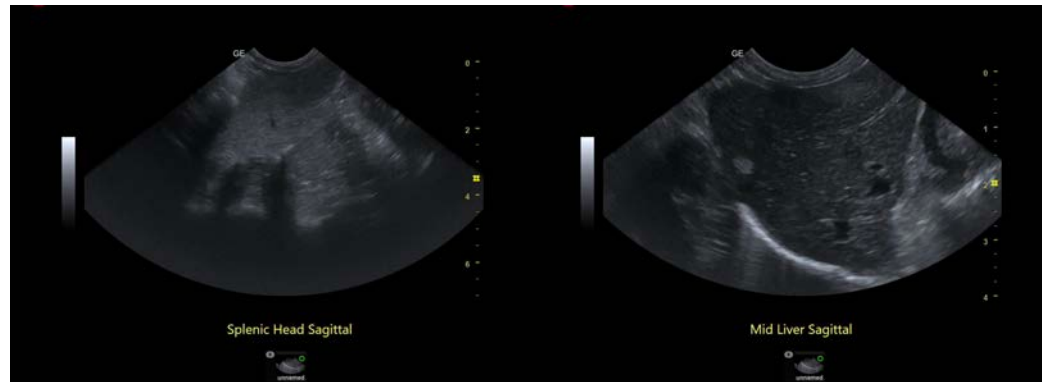
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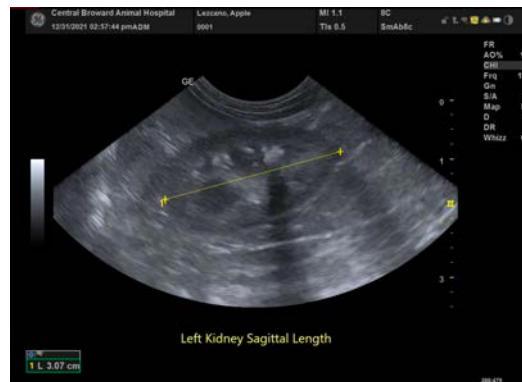
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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