

**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Chenoweth Recent vomiting and hyporexia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**  
*Urinary System*

Canine

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.

**BREED**

Maltese X

**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. Slight pyelectasia noted in both kidneys. The right kidney measured 4.0 cm. Blood flow to the kidneys appeared to be adequate. The left kidney measured 3.69 cm.

**AGE**

2008

*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 1.67 cm x 0.62 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.0 cm x 0.46 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
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*Spleen*

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. Hyperechoic lipogranulomatous changes also noted.

**IMAGING PERFORMED BY**

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*Liver*

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. This is consistent with chronic inflammatory hepatopathy. The gallbladder presented excessive debris, largely dependent. No significant striation. However, overdistention that is present is most consistent with emerging mucocele. No active inflammation noted. Multifocal lobar biliary mineralizations noted, non-obstructive. The common bile duct measured 2.0 mm. Biliary mineralization on the left liver measured up to 1.0 cm.

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Pomerantz

*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. 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**

33868

**DATE**

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*Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. The patient was note painful upon imaging. No evidence of active inflammation.



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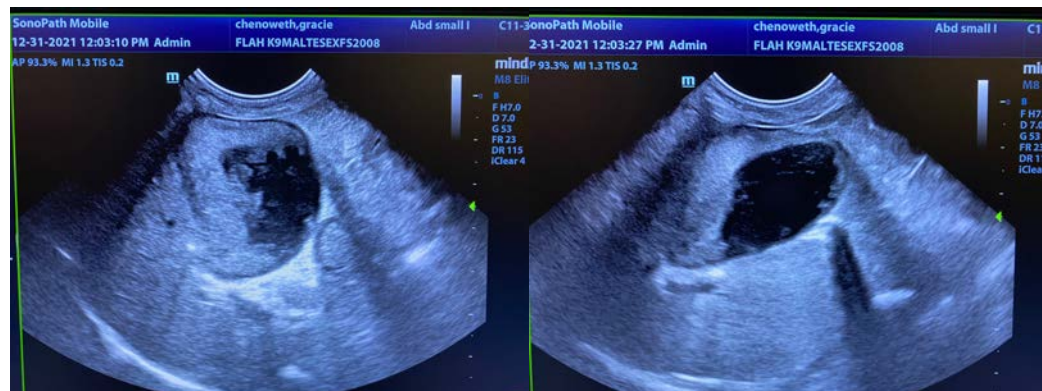
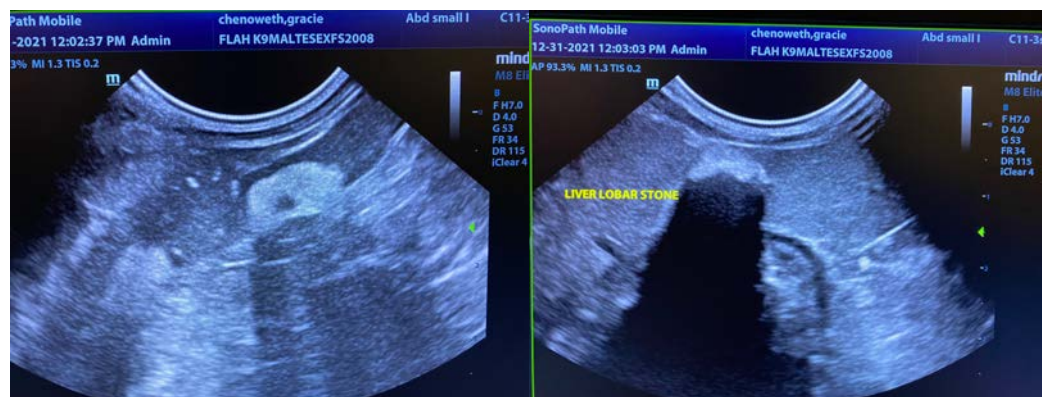
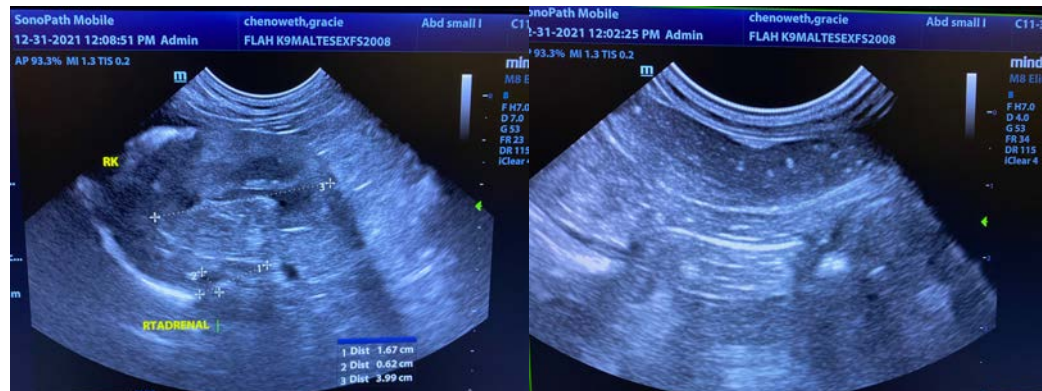
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**ULTRASONOGRAPHIC FINDINGS**

- Structurally normal adrenal glands
- Moderate degenerative renal changes with minor pyelectasia
- Splenic mineralization
- Dystrophic hepatic mineralization with benign hepatopathy
- Emerging gallbladder mucocele

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for UTI warranted. Gallbladder motility study and continuation of Ursodiol therapy warranted (if already utilized). However, the gallbladder may be causing low-grade clinical signs. Note that the patient was significantly painful in a referred back pain manner upon imaging. Assessment of the spine for pain related anorexia warranted. No evidence of pancreatitis present. However, history of pancreatitis likely given the pancreatic remodeling.





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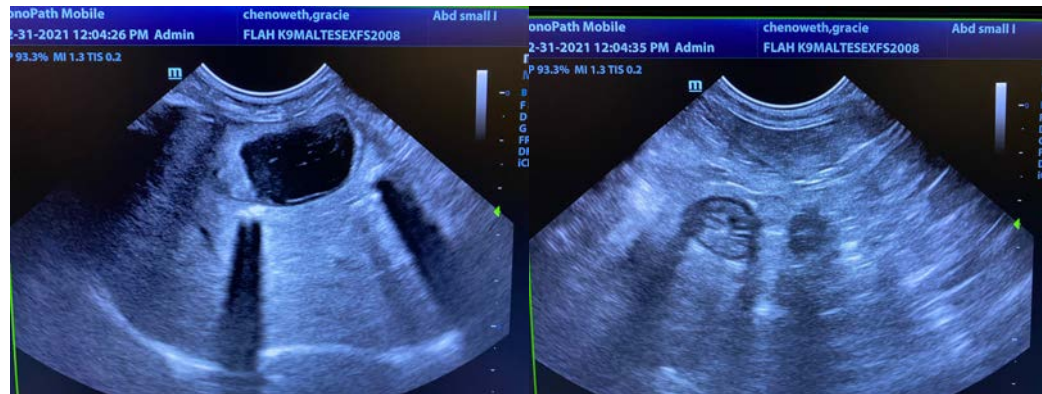
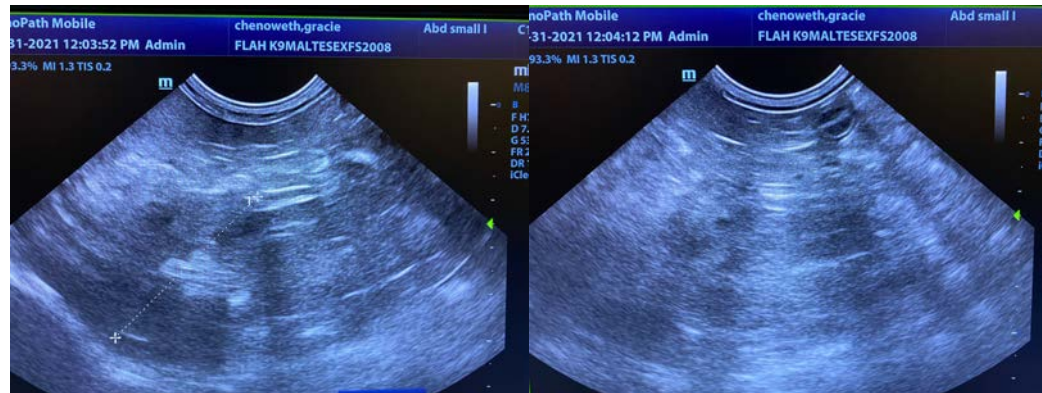
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**DATE**

12/31/21

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