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Clinical Sonography & Telecytology
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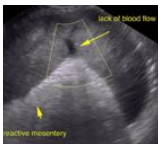

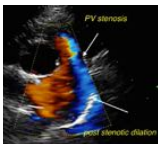

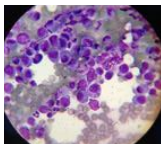
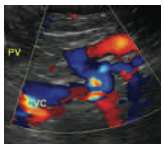

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1-800-838-4268 info@sonopath.com

PATIENT
Maggie Lawlis

SPECIES
Canine

BREED
Terrier Cocker Cross

SEX
Spayed Female

AGE
15 years

WEIGHT
5.7 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Aspen AC

REFERRING VET
Dr. Ross

INVOICE
95984

DATE
2/10/22

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea and pain in cranial abdomen. Seen at emergency clinic on weekend .
Abnormal PE/Chem/CBC/UA Results: Mild elevation of liver enzymes

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. Corticomedullary mineralization and infarcts were noted. The left kidney measured 3.85 cm.

Adrenal Glands

The right **adrenal gland** was slightly irregular and measured 0.58 cm at the caudal pole and 0.44 cm at the cranial pole. The left adrenal gland was slightly swollen and measured 0.64 cm at the caudal pole and 0.46 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed increased portal markings and generalized swelling. There was a moderate amount of remodeling. An isoechoic nodule was noted at the left cranial liver and measured 2.23 cm. The portal vein and vena cava ratio was 1:1. The gallbladder was significantly over distended and rounded with excessive debris. The common bile duct was normal at 0.22 cm. Coalescing debris was noted in the gallbladder and measured 2.8 x 4.0 cm.

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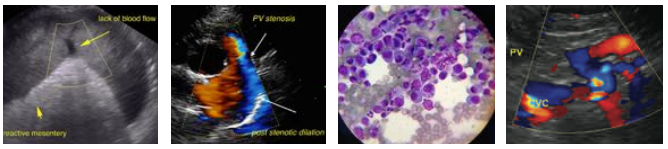

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal disease with calculi and remodeling.

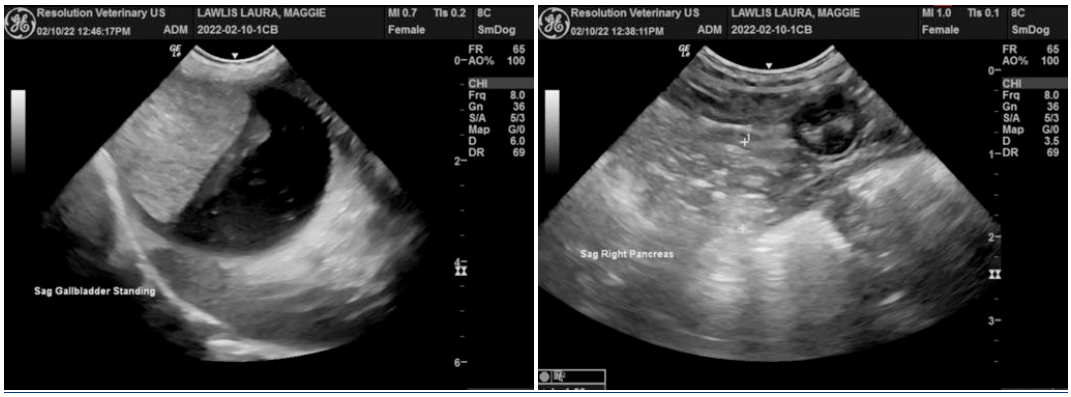
Atypical gallbladder mucocele.

Moderate hepatic remodeling.

Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally cholecystectomy is likely in this patient's best interest with liver biopsy and gastrointestinal biopsies given the GI signs. There was no evidence of neoplasia present.



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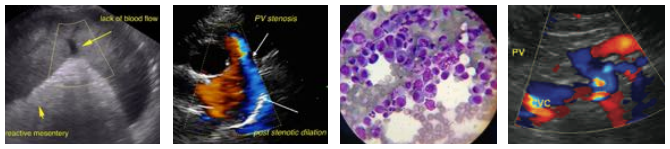

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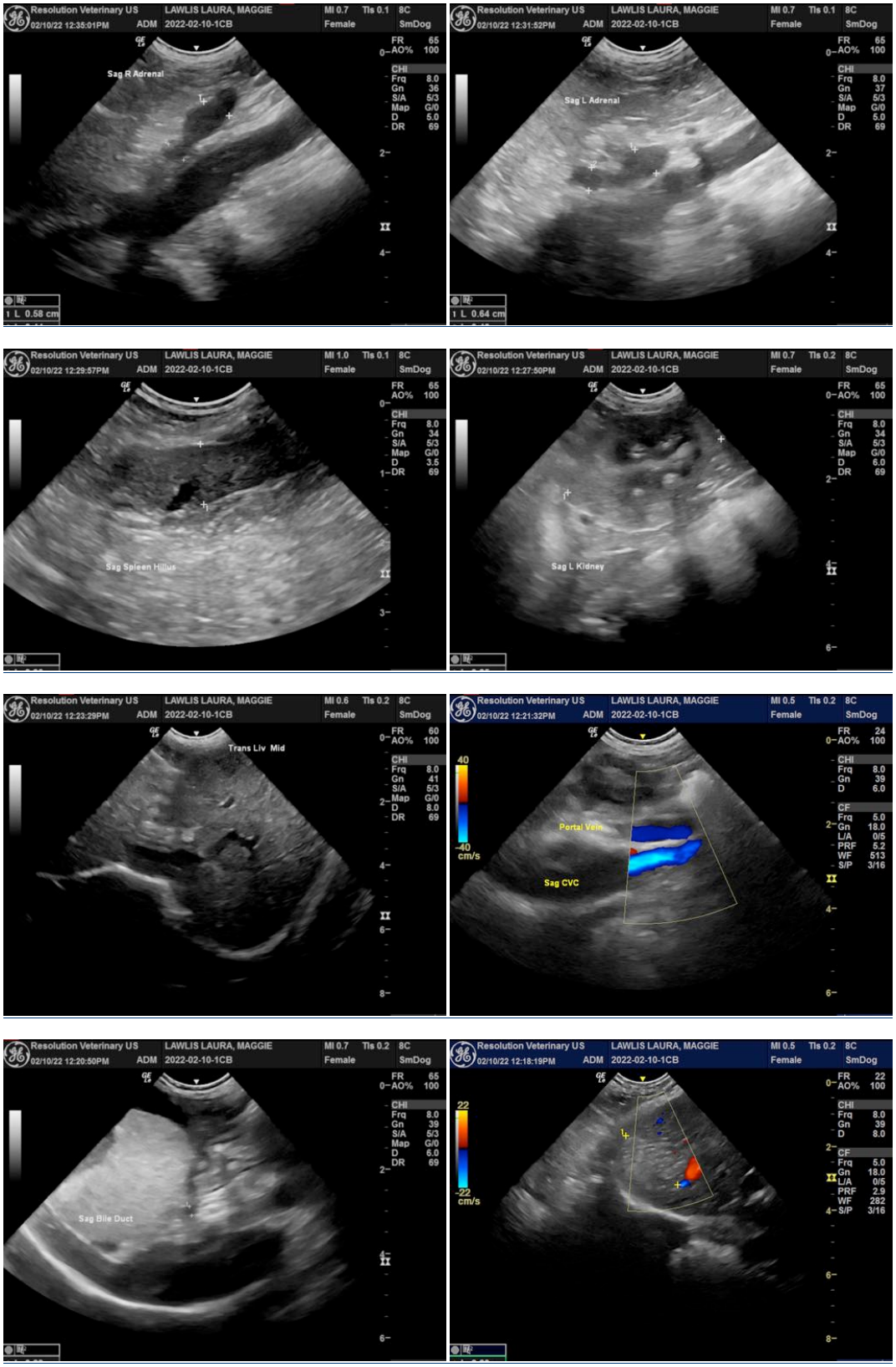

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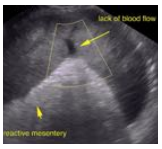

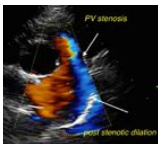

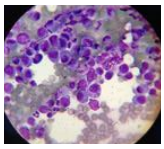
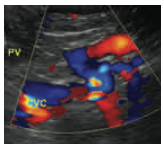

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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