



**PATIENT PRESENTING CLINICAL SIGNS**

**Allie Falcon** History: Patient with a history of diabetes and Cushing's had presented for vomiting and diarrhea, but that has resolved. At the time renal values had elevated from previous blood work, and amylase and lipase were elevated. On Humulin N 7 units BID, Vetoryl 5mgs SID - was lowered from BID.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: PLT 566, BUN 73, creat. 1.8, ALP 1008, chol. 402, amylase 1828, lipase 5719. U/A: 3+ protein, USG 1.015.

Canine

**BREED**

Maltese Yorkie mix

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal General on Hudson

**REFERRING VET**

Dr. Tierney

**INVOICE**

97717

**DATE**

3/23/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** wall serosa to serosa measured 0.27 cm. The pelvic urethra was mildly thickened. The remainder of the bladder was unremarkable.

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. Non-obstructive mineralization was noted. The largest calculus in the left kidney measured 0.25 cm. The right kidney measured 4.67 cm.

**Adrenal Glands**

The left **adrenal gland** was normal in shape and measures 1.23 x 0.36 x 0.35 cm. The right adrenal gland was slightly swollen, yet uniform and measures 1.89 x 0.76 x 1.0 cm.

**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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Gallbladder calculus was noted and measured 1.6 cm. The gallbladder was otherwise unremarkable.

**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



**PATIENT**

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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**SPECIES**

**Pancreas**

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The **pancreas** revealed hyperechoic areas of remodeling. This is consistent with history of pancreatitis. Low-grade inflammation is suspected given the patient's history.

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**ULTRASONOGRAPHIC FINDINGS**

Pancreatic remodeling.

**SEX**

Gallbladder calculus.

Spayed Female

Benign hepatopathy.

**AGE**

Thickened urethra.

12 years

Moderate degenerative renal changes with mineralization.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Note that the patient may be passing calculi periodically causing urethral hypertrophy. However, I cannot rule out the possibility of emergence of urethral tumor/carcinoma. This should be monitored for any progression. Cytospin of free catch urine is recommended to assess for the possibility of abnormal transitional cells. Recheck sonogram is recommended in a month. Ursodiol therapy is recommended. Given the gallbladder calculus; however, this is a large calculus and was non-obstructive at the time of the sonogram. The kidneys appear to have moderate degenerative changes. The renal values should be monitored carefully. Subjectively the kidneys appear near end stage.

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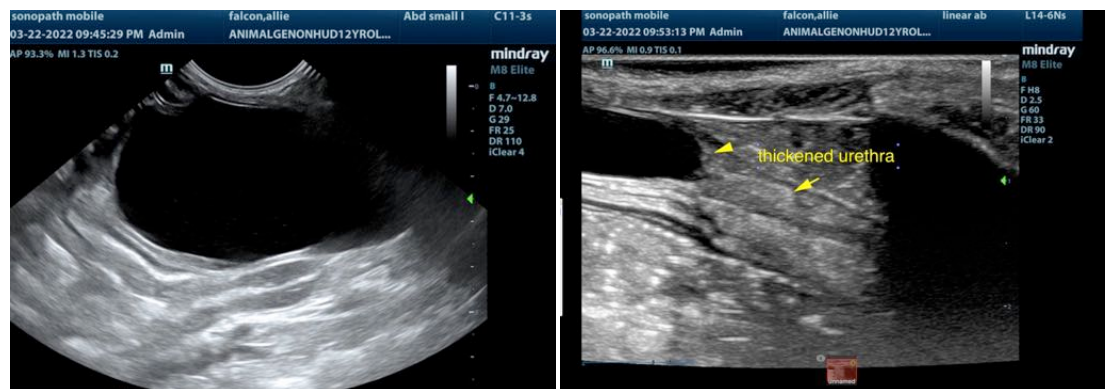
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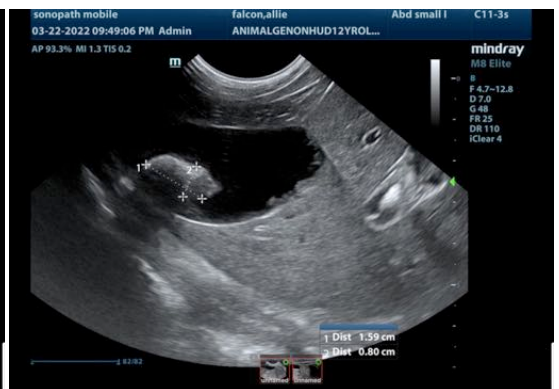
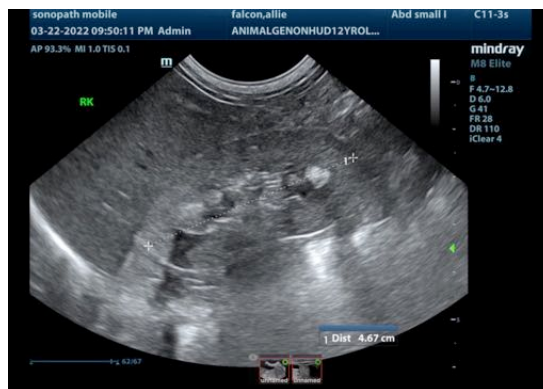
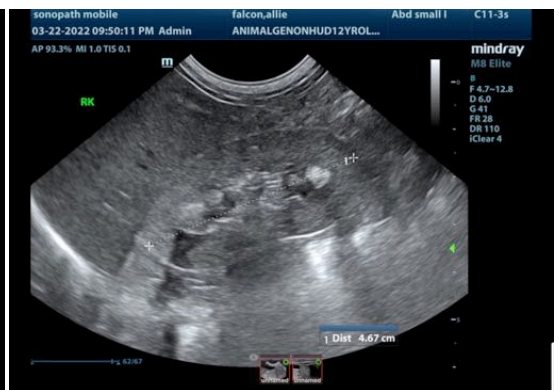
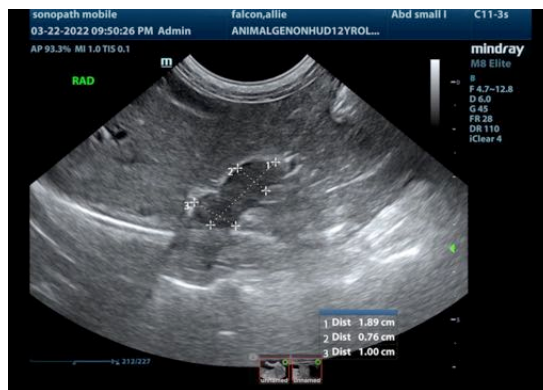
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Info@SonoPath.com

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