



**PATIENT**

Maggie Hoon

**SPECIES**

Canine

**BREED**

Cocker Spaniel X

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

25.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ohad Barnea

**HOSPITAL NAME**

Tenafly Vet Center

**REFERRING VET**

Dr. Ohad Barnea

**INVOICE**

37743

**DATE**

5/18/22

**PRESENTING CLINICAL SIGNS**

hX OF PLN ON TELMISARTEN CC- RECENTLY ELEVATED ALT /ALP AND AZOTEMIA NOW ANOREXIA AND WT LOSS , DIARRHEA HOSPITALIZED ON IV CHECKING FOR LEPTO ,URIJNE CULTURE ,STARTED AB

**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 increased cortical echogenicity, irregular contour and pyelectasia, consistent with remodeling. The left kidney measured 5.55 cm. The right kidney measured 5.07 cm. The kidneys are subjectively near end stage.

**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 left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.80 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 were noted.

**Liver**

The **liver** was uniformly swollen and 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. Multiple small, non-obstructive suspended and dependent calculi/sand present in the gallbladder, not likely a clinical issue at this time. There was no overt suspicion of neoplasia.

**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.

**Pancreas**



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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.

## SPECIES

Canine

## ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with remodeling
- Gallbladder sludge and small calculi
- Subjectively near end stage kidneys

## BREED

Cocker Spaniel X

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy recommended over the next 6-8 weeks and recheck sonogram at that time. The kidneys appear approximately 50-60% compromised. 72-hour IV fluid protocol warranted and treatment for acute on chronic renal disease. Guarded long-term prognosis depending upon response to therapy.

## SEX

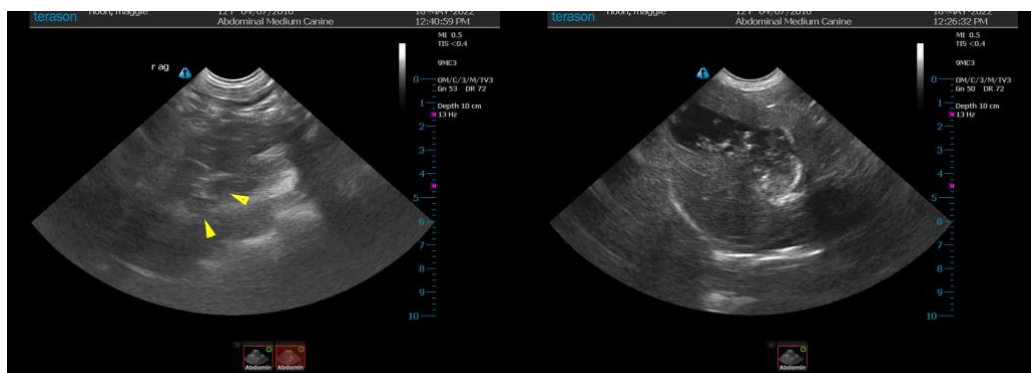
Spayed Female

## AGE

12 Years

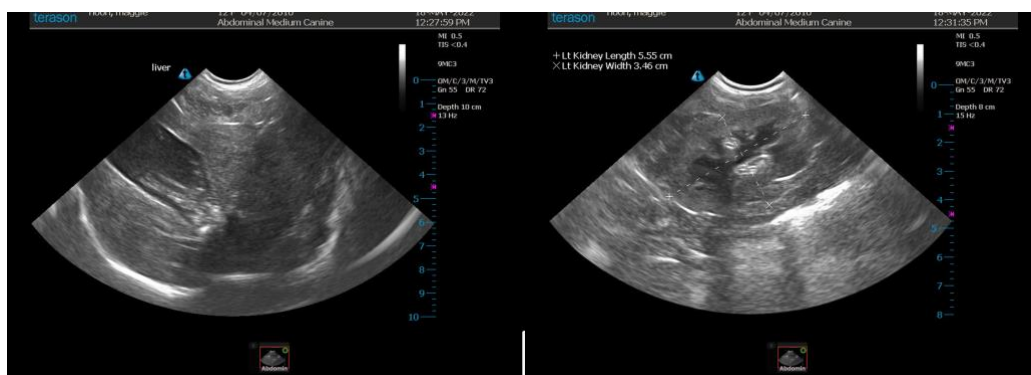
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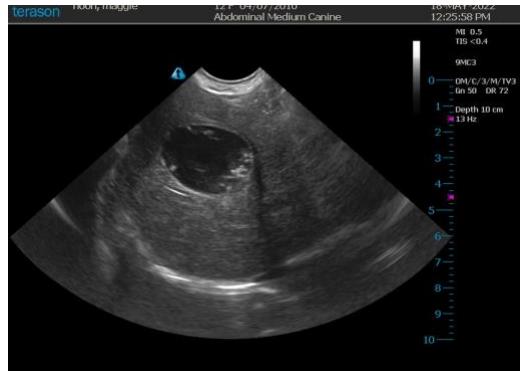
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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