



**PATIENT PRESENTING CLINICAL SIGNS**

**Luna Swayne**  
**HISTORY:** On/off gastrointestinal signs. Previous medical treatment for early mucocele - has been doing well on ursodiol. Rechecking for progression and monitoring liver enzyme values.  
**Abnormal PE/Chem/CBC/UA Results:** Calcium 12.7 (8.4 - 11.8 mg/dL) ALP 3,186 (5 - 160 U/L) Lipase 287 (0 - 250 U/L)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Pitbull

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

**SEX**

Spayed Female

**AGE**

12 years

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. The right kidney measured 6.3 cm. The left kidney measured 6.5 cm with a 0.5 cm anechoic cyst in the dorsal cortex.

**WEIGHT**

73 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

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 0.8 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 0.58 cm at the caudal pole and 0.47 cm at the cranial pole.

**IMAGING PERFORMED BY**

Dr. Reese

**Spleen**

**HOSPITAL NAME**

Willow Run VC

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**REFERRING VET**

Dr. Reese

**Liver**

The **liver** was uniform with a vacuolar hepatopathy pattern with lobar biliary mineralization. Excessive gallbladder debris was noted along with minor, immobile striation.

**INVOICE**

30741

**Gastrointestinal**

**DATE**

5/25/22

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.



**PATIENT**

Luna Swayne

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Pitbull

**ULTRASONOGRAPHIC FINDINGS**

Immature gallbladder mucocele with lobar biliary mineralization.  
Benign hepatopathy.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

12 years

I recommend continuation of Ursodiol therapy in this patient likely a lifetime nutraceutical. Gallbladder motility study would be ideal. However, the gallbladder does appear stable. The cause of hypercalcemia is not evident in the abdomen. Hypercalcemia panel is warranted +/- anal gland imaging, cranial mediastinal imaging and parathyroid imaging. The gallbladder appears similar to slightly progressed compared to the prior sonogram on 8/4/21.

**WEIGHT**

73 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

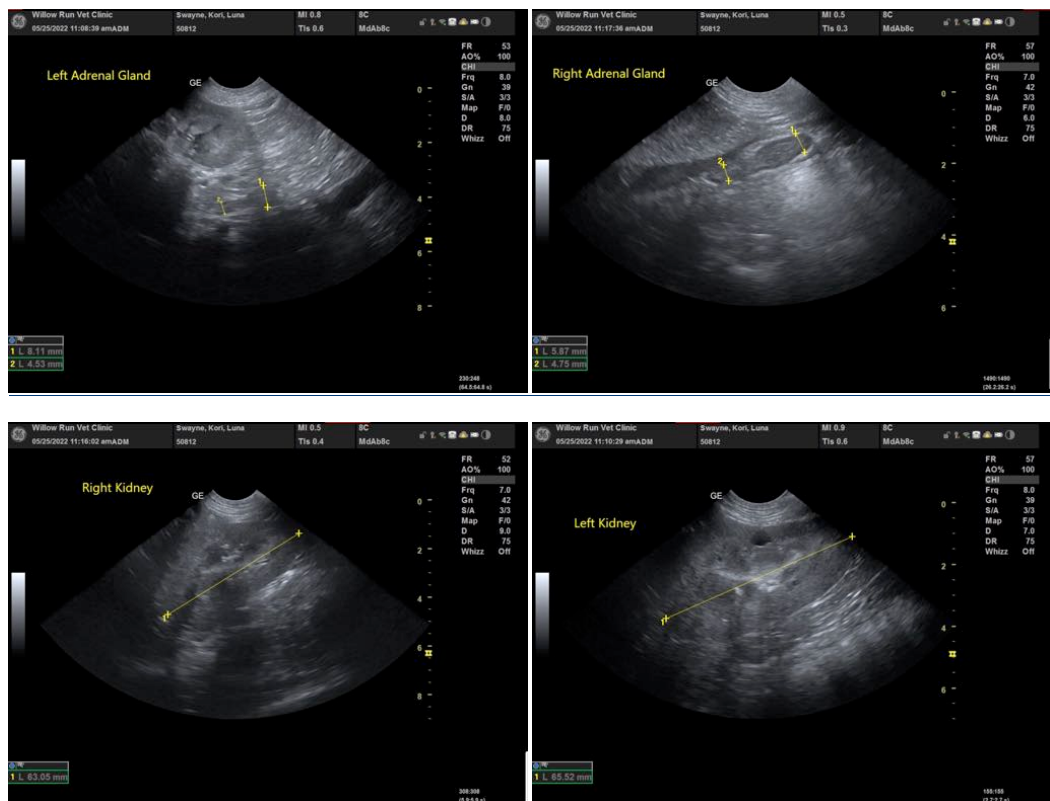
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**DATE**

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**PATIENT**

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**BREED**

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**DATE**

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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.

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