



**PATIENT**

Allie Falcon

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General  
on the Hudson

**REFERRING VET**

Dr. Daniel Tierney

**INVOICE**

37370

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

Poor appetite, chronic diarrhea. Patient had urethral thickening on 3/23/22, recheck ultrasound recommended within 2 months. Patient is diabetic and Cushingoid. Current meds: Humulin N 7 units BID, owner stopped Vetoryl (thought it caused bloody stool recently).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** itself was unremarkable. Urethral thickening has progressed to approximately 4.0 mm in thickness and extending 2.3 cm. The urethral thickening was persistent both in short and long axis. The iliac trifurcation was unremarkable.

The **right kidney** presented increased cortical echogenicity. The right kidney measured 4.81 cm. Corticomedullary mineralization and minor pyelectasia noted. The **left kidney** measured 4.07 cm. Hyperechoic medullary rim sign noted in both kidneys.

**Adrenal Glands**

The **left adrenal gland** was enlarged at 2.13 cm x 0.88 cm at the caudal pole and 0.71 cm at the cranial pole. The **right adrenal gland** was uniformly enlarged, measuring 2.06 cm x 0.94 cm at the caudal pole and 0.58 cm at the cranial pole.

**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.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver 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. There was no overt suspicion of neoplasia. Similar to prior sonogram.

**Gastrointestinal**

Shadowing and translucent material noted in the **stomach**, consistent with kibble and ingesta, possible medications. The small intestine and colon were unremarkable.

**Pancreas**

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.

**ULTRASONOGRAPHIC FINDINGS**

- Progressive urethral thickening
- Bilateral adrenal enlargement – consistent with pituitary dependent hyperadrenocorticism
- Vacuolar hepatopathy liver pattern



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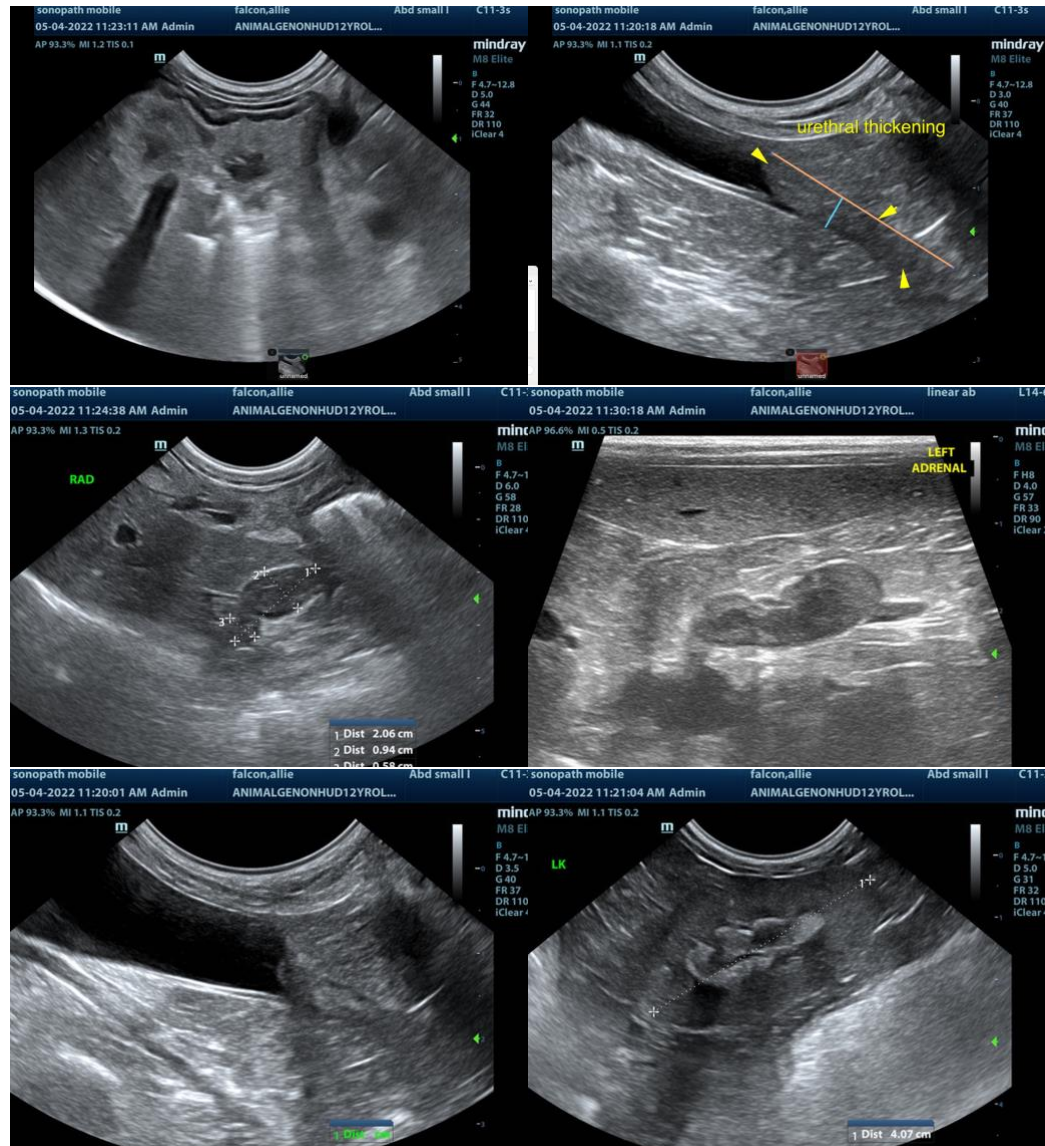
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strongly recommend cystoscopy in this patient, if at all possible. The gallbladder calculus on the prior sonogram has resolved. The liver is most consistent with vacuolar hepatopathy with some remodeling. Free catch urine sample with cytospin would also be appropriate to assess for abnormal transitional cells. Strong concern for slow-growing transitional cell carcinoma of the urethra.



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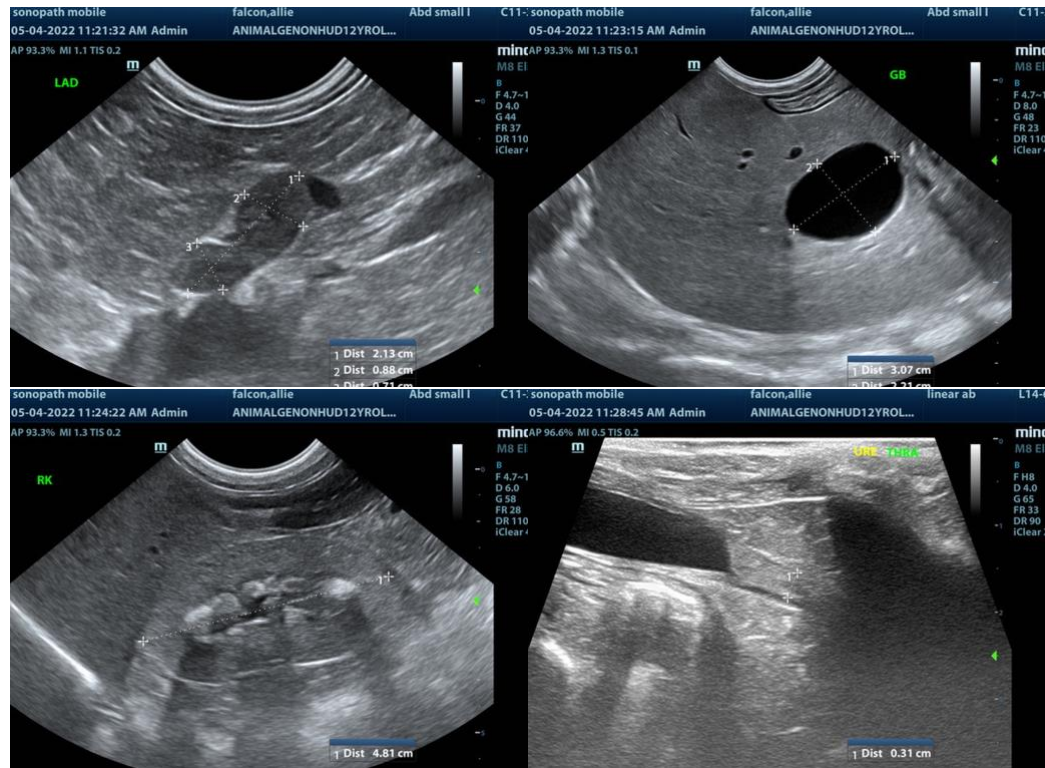
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)

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