



PATIENT

Dallas Volpe

SPECIES

Canine

BREED

Morkie

SEX

Neuterd male

AGE

10 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Rosen

HOSPITAL NAME

South Bellmore VG

REFERRING VET

Dr. Rosen

INVOICE

47890

DATE

6/22/23

PRESENTING CLINICAL SIGNS

History: march- was treated at ER for bout of HGE and recovered, was started on a urinary diet for stones, 6/14 came in for discomfort with legs and was started on galliprant for suspected arthritis, presented again today 6/21 for not eating much, having mucousy stool but no blood, lethargy, heavy breathing

Abnormal PE/Chem/CBC/UA Results: liver enzyme elevations, trending higher, today ALT 339, ALP 1991, GGT 39 pain in cranial abdomen esp just under the xyphoid and right kidney during scan debris in urine, still has stones present, easily passed ucath to get urine for urinalysis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was unremarkable with only minor excessive wall thickening. The bladder revealed a calculus that measured 1.1 cm. A separate calculus was noted in the prostatic urethra and measured 1.18 cm. Suspended debris was noted in the bladder. This is suggestive for inflammation and/or infection. An apical polyp was noted and would be at the site for urachal remnant. Given the position of the polyp it is often proliferative tissue forms when a urachal remnant has been present for a long time.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pelvic mineralization was noted in the left kidney measuring 1.0 cm. The left kidney measured 4.2 cm. The right kidney measured 4.7 cm with slight pinpoint mineralization noted.

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 0.7 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

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.



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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. Occasional, non-disruptive nodular change was noted. A hyperechoic nodule in the left liver measured 1.8 cm and was non-disruptive.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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

Bladder and proximal urethra calculi, partially obstructive.

Minor apical bladder polyp, possible underlying urachal remnant.

Moderate, degenerative renal changes with non-obstructive nephrolithiasis.

Chronic inflammatory hepatopathy. Nodular hyperplasia pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver and nodules would be ideal followed by cystotomy, normal and retrograde flush of the bladder as well as partial cystectomy of the apical wall is indicated. Liver biopsy can be obtained at that time. The gastrointestinal tract was structurally unremarkable.



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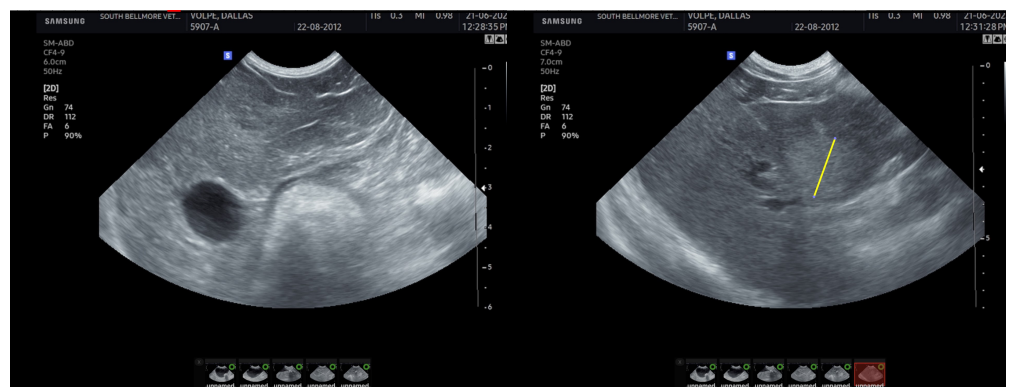
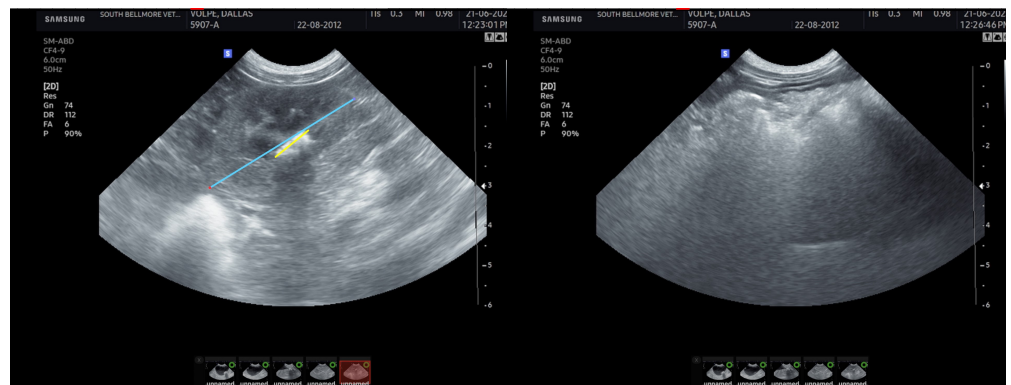
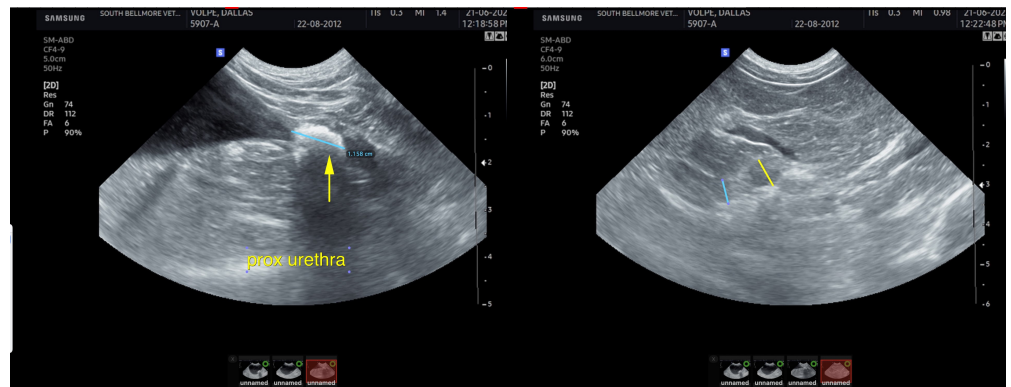
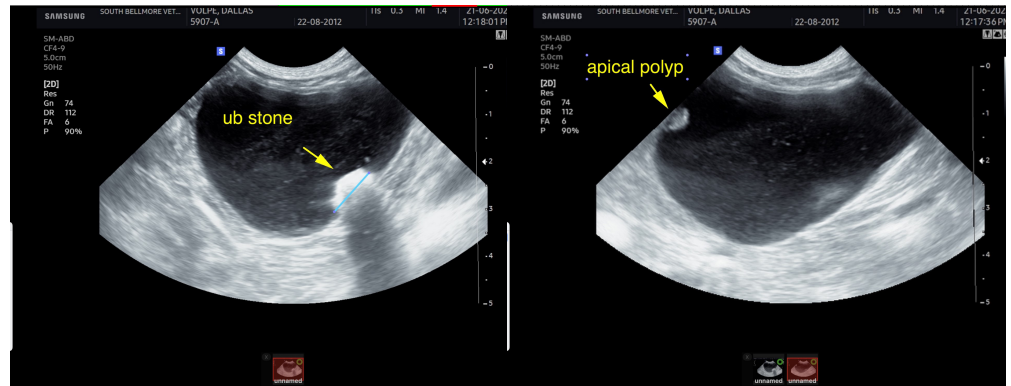
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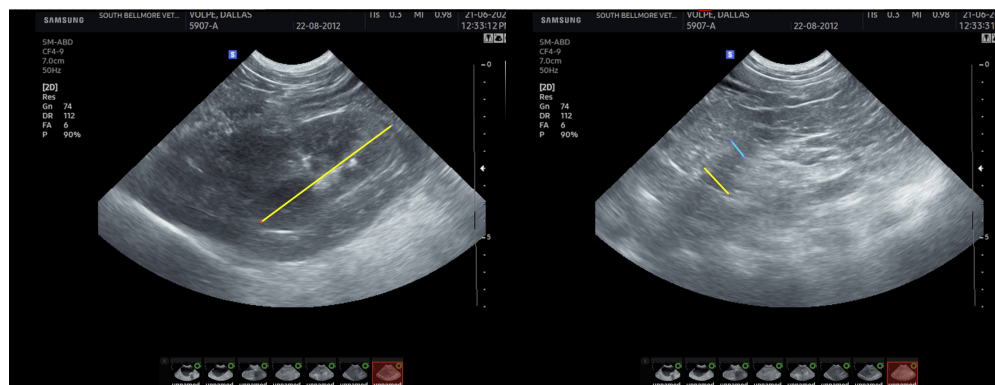
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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