



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Tess McGee

SPECIES
Canine

BREED
Cardigan Corgi

SEX
Spayed Female

AGE
13 years

WEIGHT
28 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Carissa Rhoades

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Anderson

INVOICE
30927

DATE
6/8/22

Familial history of Cushing's disease and Degenerative Myelopathy. She has been eating less and turning down treats. She drools excessively on occasion. Her belly has become larger. Has had snarky nasal breathing for years.

PE: Firm, rounded tummy. Nasal respiratory noise makes auscultation difficult. Minimal air flow through left nostril. Sclerosis normal for age. Bilateral stifle osteoarthritis with medial buttress. Mild proprioceptive loss in right hind limb. Stage III dental disease. Love handles as if she was obese and then lost weight. Blood Pressure: after butorphanol sedation: 120mmHg UA: 500mg/dL protein, UPC 2.61, sg 1.028, pH 9.0 CBC: Retics 145 K/uL, Platelets 472 K/uL CHEM: Potassium 5.7 mmol/L, Na:K Ratio 25, ALT 129 U/L, ALP 502 U/L, Triglyceride 237 mg/dL, Creatine Kinase 272 U/L Spec cPL: 317 ug/L (tends to run just high- low 200's) proBNP: normal Total and Free T4: normal HELA: negative Fecal: negative

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 was noted. Ureteral papillae were normal.

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 5.14 cm. The left kidney measured 5.69 cm.

Adrenal Glands

The right adrenal gland is slightly irregular and mildly enlarged measured 2.06 x 0.97 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal was uniform and measured 0.63 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** 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



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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.

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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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen.

Moderate degenerative hepatic changes with swelling. Consistent with vacuolar hepatopathy and remodeling.

Age related renal changes.

Pancreatic remodeling. Possible low-grade inflammation.

Structurally unremarkable adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Largely expected for this age. However, PDH cannot be completely ruled out. If isosthenuria is persistently present then work-up for PDH is indicated. The abdominal swelling is likely owing to generalized hepatomegaly. FNA of the liver can be considered for further definition. There was no evidence of neoplasia. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

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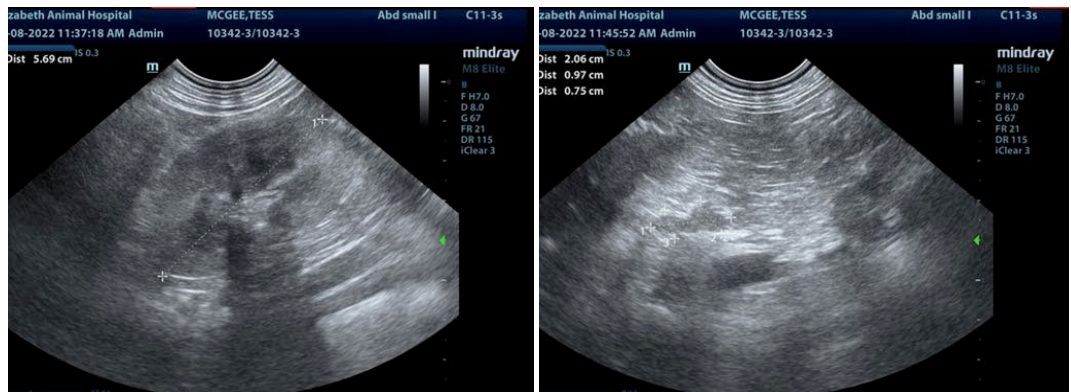
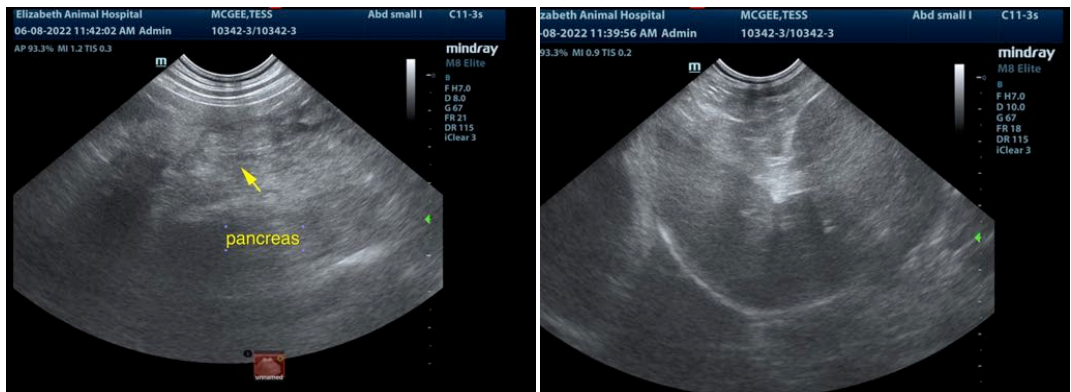
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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