



**PATIENT**

Murphy Heffernan

**PRESENTING CLINICAL SIGNS**

weight loss, vomiting, diarrhea

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: fecal negative, CBC/Chem ALT 135, ALP 269, UA with relex UPC to lab- USG 1.044 maldigestion panel pending

**BREED**

Shetland Sheepdog

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

**AGE**

11 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic medullary rim sign noted in both kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

**WEIGHT**

30 Pounds

**Adrenal Glands**

The **left adrenal gland** was 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 measures 0.50 cm.

The **right adrenal gland** was not visualized.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Scott

**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.

**HOSPITAL NAME**

Ho-Ho-Kus VH

**Liver**

The **liver** was coarse in architecture with increased portal markings. Minor amount of remodeling noted. History of cholangitis likely. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Scott

**Gastrointestinal**

The upper **gastrointestinal tract** was largely unremarkable. The colonic wall was thickened and edematous.

**INVOICE**

41811

**DATE**

9/30/22



**PATIENT**

Murphy Heffernan

**SPECIES**

Canine

**BREED**

Shetland Sheepdog

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

30 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**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.

**Other**

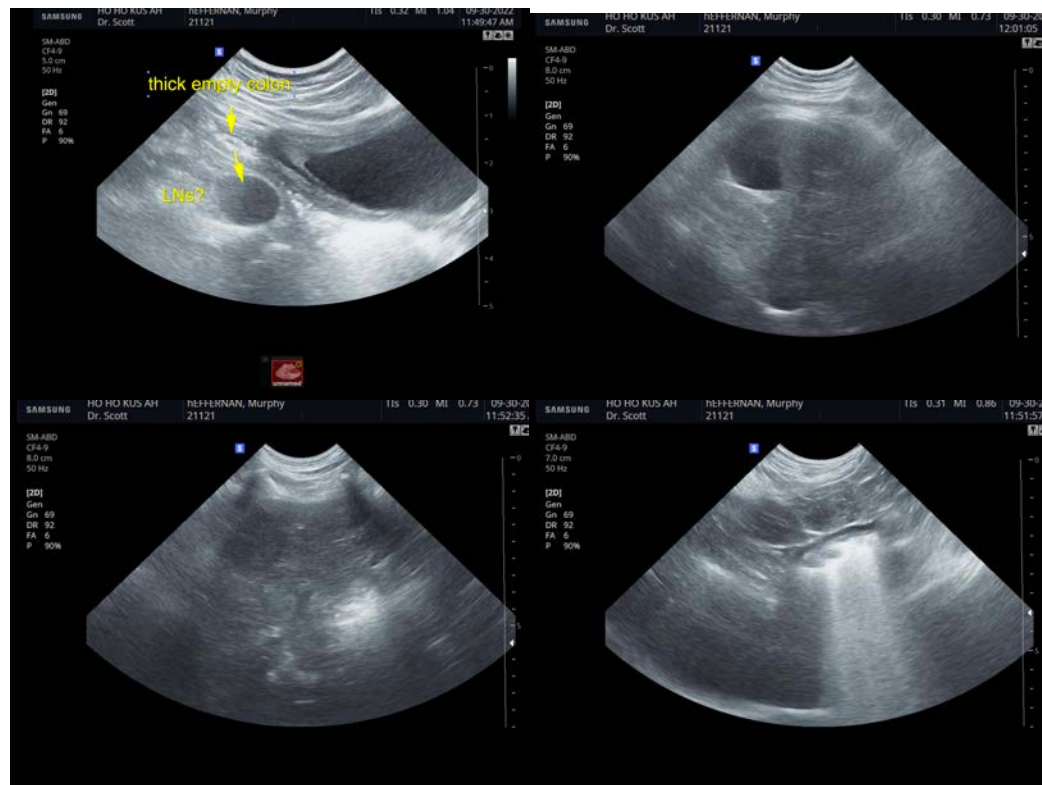
Caudal abdominal hypoechoic structures noted, consistent with lymph nodes. However, resolution was poor.

**ULTRASONOGRAPHIC FINDINGS**

- Minor cystitis pattern
- Suspect caudal abdominal lymphadenopathy
- Colitis pattern
- Hepatic remodeling – consistent with non-specific inflammatory hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further imaging necessary owing to image artifact and poor resolution.





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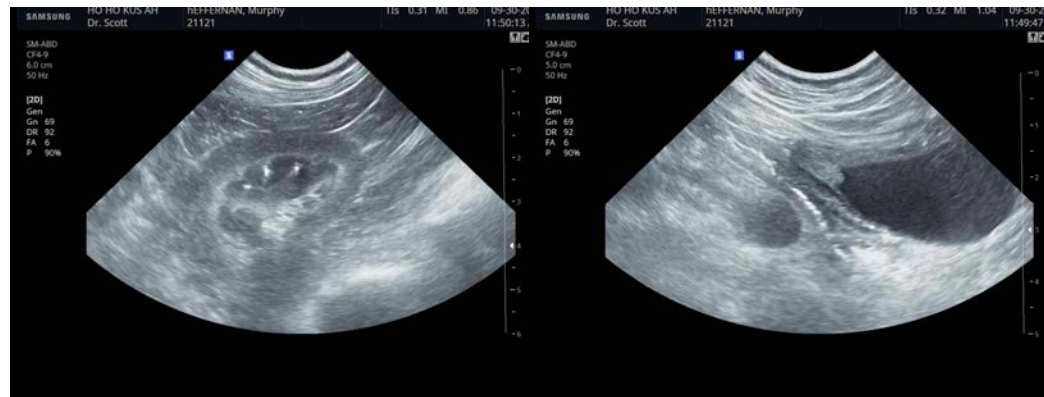
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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