



PATIENT

Marley Williamson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

14.63 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Companion Pet Clinic

REFERRING VET

Dr. Finney

DATE

9/30/21

Invoice
92104

PRESENTING CLINICAL SIGNS

History: P is greatly improved. P has a kidney stone and abnormal gallbladder. Wanting to recheck kidneys etc. Current Medications Enrofloxacin 68mg SID

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. Calculi were noted in both kidneys. The left kidney measured 4.53 cm with minor pyelectasia. The right kidney measured 5.03 cm. Blood flow appears adequate on color flow assessment.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.78 x 0.64 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland measured 0.66 cm at the caudal pole and 0.48 cm at the cranial pole and 2.1 cm in length.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed multiple calculi and polyps as



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well as suspended and dependent debris. However, teardrop appearance was maintained. The gallbladder wall was echogenic and thickened.

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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. 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.

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ULTRASONOGRAPHIC FINDINGS

Porcelain gallbladder with calculi and debris.

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Otherwise, geriatric abdomen with pyelectasia in the left kidney.

Mild bilateral adrenal hypertrophy, potential emerging PDH.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for PDH is recommended. The gallbladder is similar to the prior sonogram with calculi and fibrosis. The left kidney has resolved about 80% and there is no evidence of active, pericapsular inflammation. The pyelectasia is significantly reduced. No obstructive disease is noted. The pancreas has completely resolved. If any inflammatory sediment is present in the urine then continual treatment for urinary tract infection/pyelonephritis is warranted.

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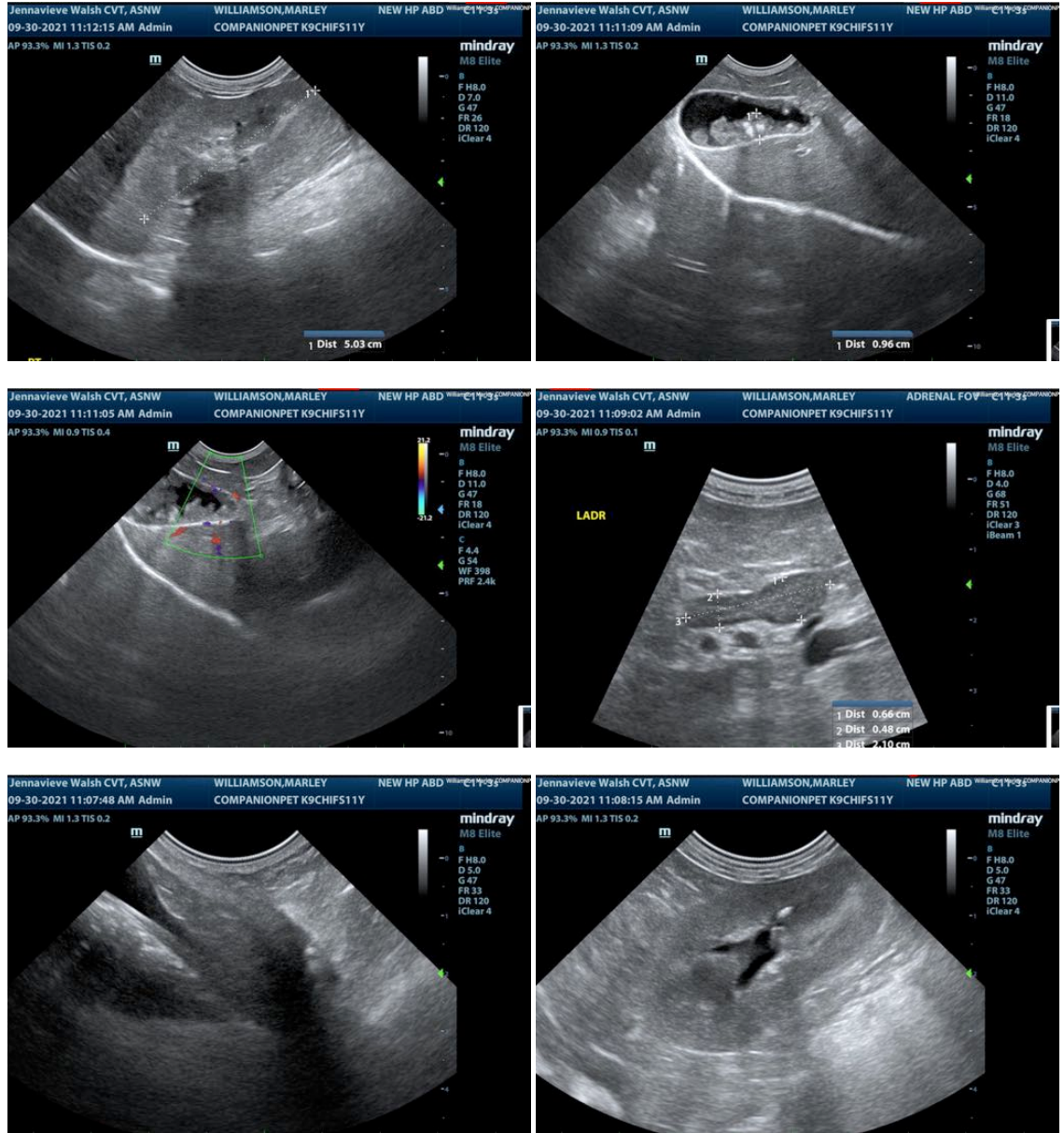
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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CEO of Sonopath.com
Eric.Lindquist@SonoPath.com

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