PATIENT
Lily Dana

SPECIES
Canine

BREED
Maltipoo

SEX
Spayed female

AGE
15 years

WEIGHT
16.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Ginny Dodd DVM, DABVP (CFP

HOSPITAL NAME
Steele Creek AH

REFERRING VET
Dr. Lesiecki

INVOICE
70870

DATE
1/22/26

PRESENTING CLINICAL SIGNS

- Previous Cholecystectomy several years ago; Takes Galliprant 10 mg in AM. Diet- Hills Science Diet- Small bites
- Simparica Trio prevention
- No h/o PU/PD/PP, vomiting or diarrhea; She has nighttime vocalization.
- Needs dental prophylaxis. Wellness panel abnormal, so advised AUS and Calcium panel for malignancy
- Heart murmur CBC- ^ mono 910 (N < 840) CHEM- ALT 757 (138 in 2025); ALKP 1510; Ca 12.3 (N < 11.4); alb 3.5 N; K+ 5.8 (N < 5.5);Na/K 27

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. Calculus was noted and measured 0.4 cm. No evidence of inflammatory or neoplastic changes were 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. Mineralization was noted and non-obstructive at the time of the sonogram. Microcystic cortical change was noted. The left kidney measured 4.2 cm. The right kidney measured 3.74 cm with non-obstructive nephroliths.

Adrenal Glands

The right **adrenal gland** was mildly enlarged and heterogenous measuring 1.08 cm at the cranial pole and 0.88 cm at the caudal pole. The left adrenal gland was mildly enlarged and measured 2.45 x 0.96 cm at the caudal pole and 0.71 cm at the cranial pole.

Spleen

The **spleen** revealed hyperechoic lipid plaques were noted and measured up to 1.0 cm.

Liver

The **liver** was uniformly swollen. 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. Multi-focal, hyperechoic lipid plaques were noted and measured up to 0.8 cm. There was no overt suspicion of neoplasia.

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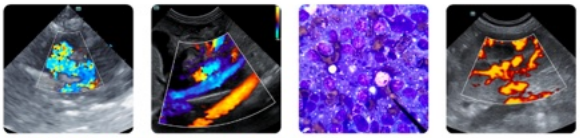

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Pancreas

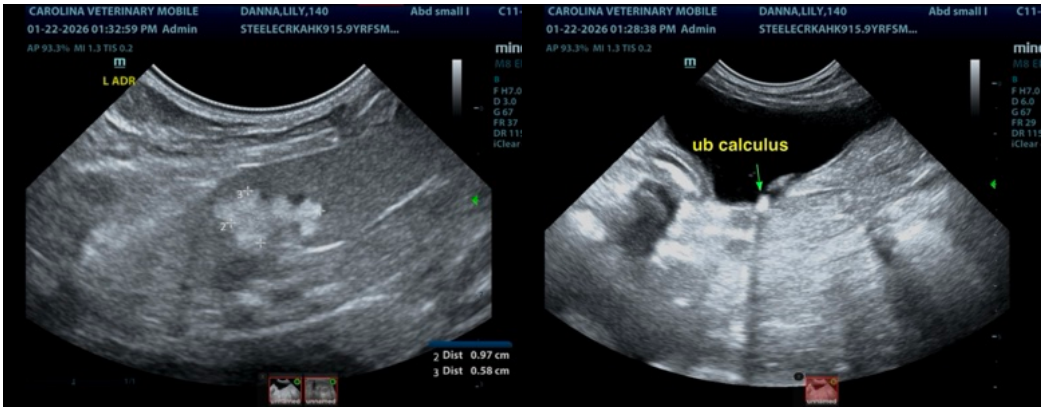
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

ULTRASONOGRAPHIC FINDINGS

- Bladder calculus.
- Renal calculi, non-obstructive at the time of the sonogram.
- Benign hepatopathy with remodeling and lipogranulomas.
- Prominent adrenal glands, potential emerging PDH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. If Cushingoid parameters are present and urine specific gravity is less than 1.020, then work-up for PDH is indicated. The bladder calculus is likely small enough to pass the lower urinary tract without significant difficulty. There was no evidence of abdominal disease directly related to the clinical signs unless the vocalization occurred during passage of the calculus from the kidneys to the bladder. Orthopedic pain, thoracic or CNS disease should be considered. There is a potential for cognitive dysfunction given the patient's age.



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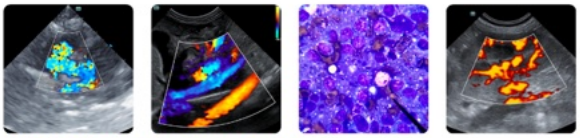

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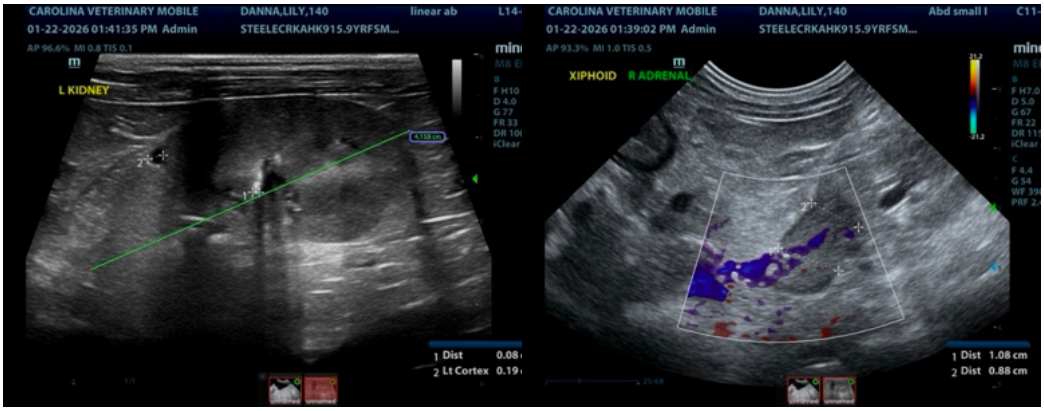

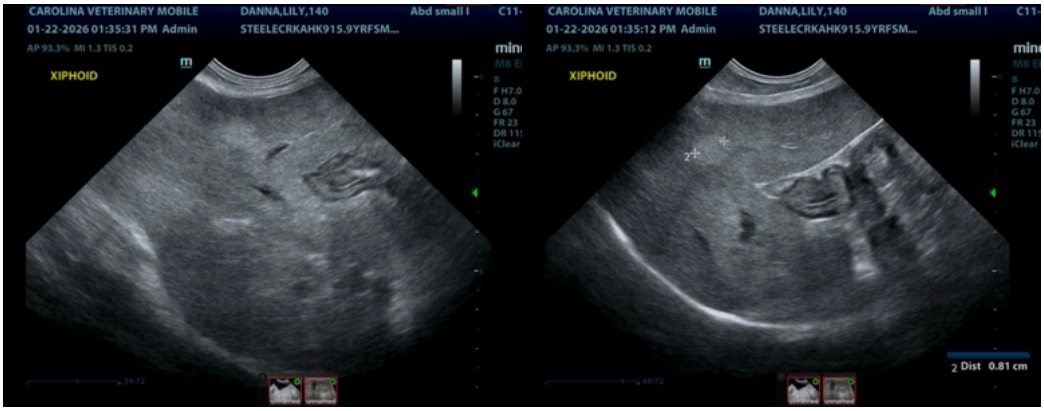

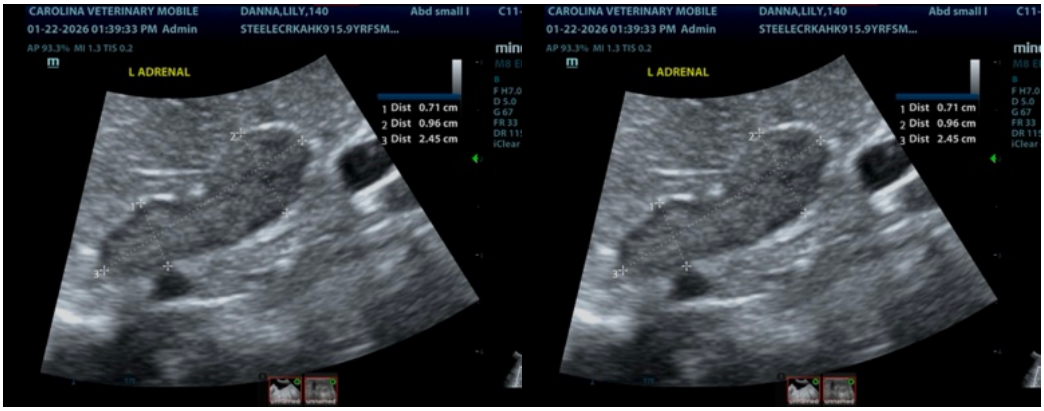

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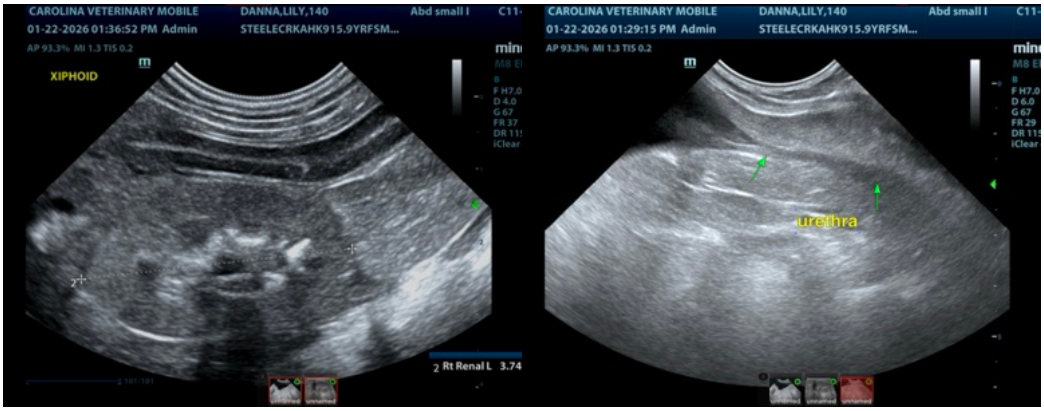

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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