



PATIENT

Molly Quay

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

2013

WEIGHT

8.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal
Hospital

REFERRING VET

Dr. Meyer

INVOICE

12087

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History of diabetes, regenerative anemia, elevated ALP, Cushingoid appearance

Medication: 3.5u Vetsulin BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral to small renoliths and mild pyelectasia was present bilaterally. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

Spleen

The spleen presented with normal size and contour with subtle parenchyma heterogeneity exhibiting discrete hypoechoic nodules. The nodules did not distort the splenic capsule.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

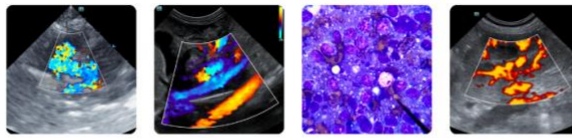
The gallbladder was non distended in size with moderate variably congealed mild progressively shadowing biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia. Mildly prominent pancreas and right pancreatic limb and right limb pancreatic duct.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- consistent with benign criteria, metabolic, reactive, vacuolar or nonobstructive cholestatic hepatopathy.
- Congealed mildly shadowing gallbladder debris- immature gallbladder mucocele.
- Discrete splenic nodules- hyperplasia, hematopoiesis, minor potential for emerging neoplasia.
- Chronic pancreatitis pattern with possible fibrosis.
- Chronic renal changes exhibiting mild medullary mineral and pyelectasia.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of adrenal pathology in conjunction with reported good diabetic regulation.

Hepatosupportive medications are suggested with sonographic reassessment of the gallbladder if evidence of progressive cholestasis. Correlation with a spec cPL as well as recheck urinalysis +/- renal staging to include culture/sensitivity if evidence of glucosuria or UPC level if non-inflammatory urinary sediment.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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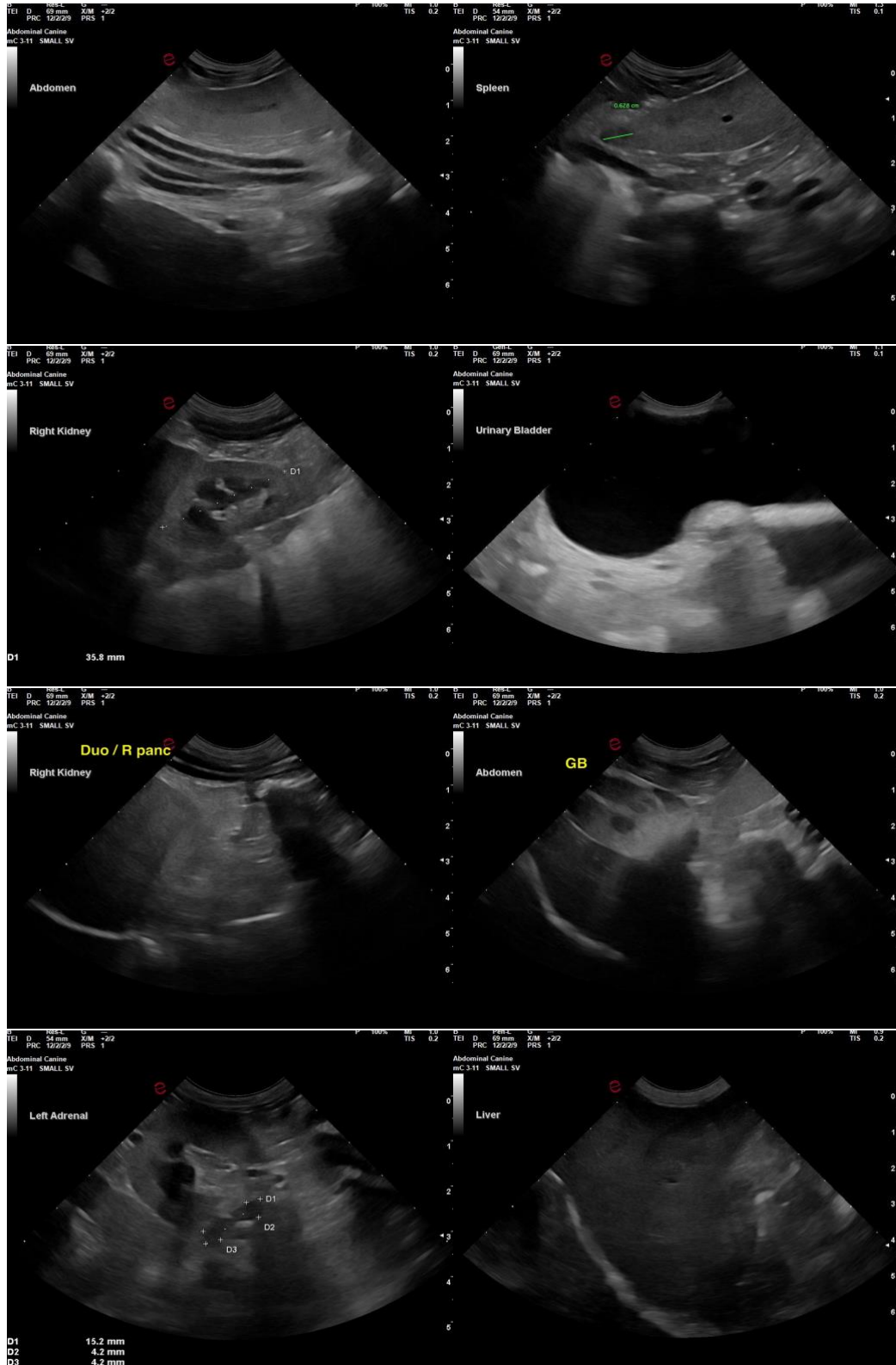
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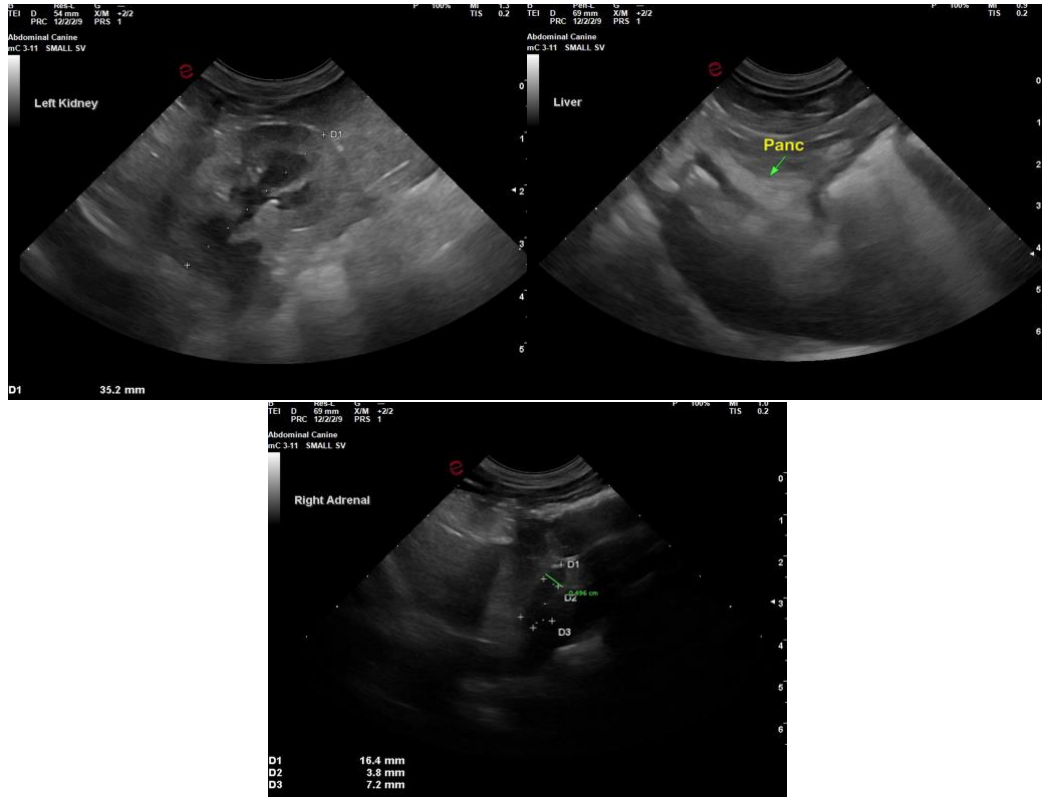
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com