



PATIENT PRESENTING CLINICAL SIGNS

Thai Lyons Urinating around house, refusing to go outside and increased drinking immature cataracts scabbing along dorsum Cystotomy performed 06/01/22 - sent out and came back identified as calcium oxalate monohydrate

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached rads and labs

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Bichon X

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

AGE

15 Years

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of infarcts observed. The left kidney measures 4.63 cm. The right kidney measures 5.18 cm. Non-obstructive mineral noted bilaterally. Mild pyelectasia noted bilaterally. There is a 0.6 cm cortical cyst in the left kidney.

WEIGHT

9.45 kg

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (1.95 cm long x 1.05 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.0 cm long x 0.59 cm at the cranial pole and 0.81 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

HOSPITAL NAME

BPH East Hamilton

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). An approximate 2.0 cm mixed, primarily hypoechoic, partially cavitated nodule/mass is noted in the mid spleen, resulting in a mild capsular bulge. Splenic vasculature appears normal.

REFERRING VET

Dr. Nanayakkara

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

40121

DATE

8/3/22

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



PATIENT *Gastrointestinal*

Thai Lyons The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

BREED

Bichon X

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Neutered Male

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

15 Years

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

WEIGHT

9.45 kg

There is no apparent lymphadenopathy noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

PRIMARY FINDINGS

- **Mixed hypoechoic splenic nodule/mass** – could represent a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc. However, infiltrative neoplasia can mimic benign lesions and cannot be ruled out.
- **Hyperechoic hepatomegaly** - This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.
- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

IMAGING PERFORMED BY

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SECONDARY FINDINGS

- Urinary bladder debris
- Age related kidney changes with bilateral mild pyelectasia, non-obstructive nephrolithiasis, and a left cortical cyst

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Dr. Nanayakkara

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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A fine needle aspirate of the spleen +/- liver could be considered if patient's coagulation status is appropriate.



PATIENT

Thai Lyons

Given the reported mild increase in ALT and BUN, testing for Leptospirosis is indicated if not recently evaluated.

SPECIES

Canine

Finally, there is not an obvious ultrasonographic cause for this patient's urinary accidents. Considerations could be given to an occult urinary tract infection, and a urine culture could be considered, or to polyuria/polydipsia, which if present, could be further evaluated, or potentially to a behavior change caused by a change in vision from the reported cataracts from pain, etc., and further investigation of those changes is recommended.

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Bichon X

SEX

Neutered Male

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WEIGHT

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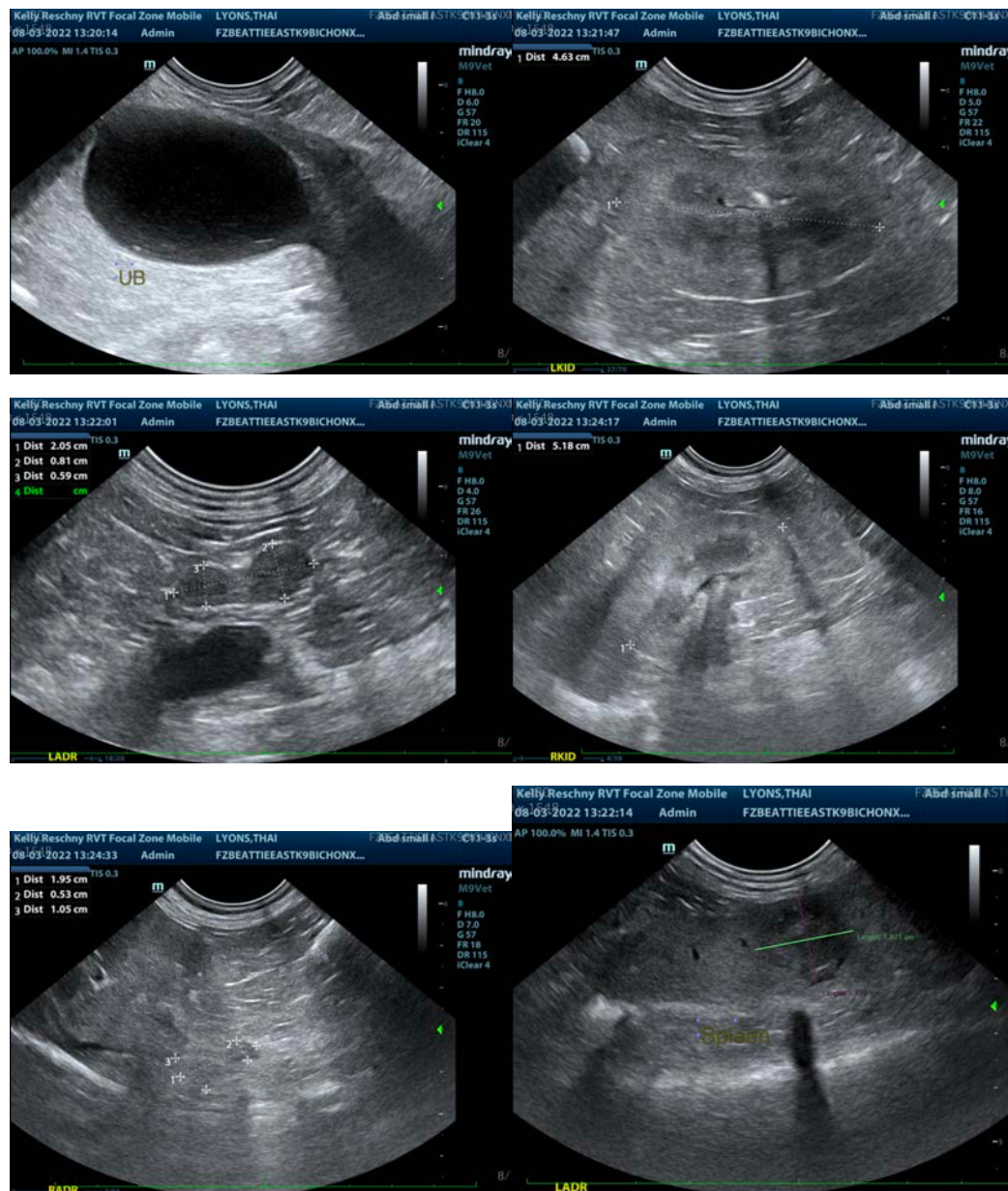
Dr. Nanayakkara

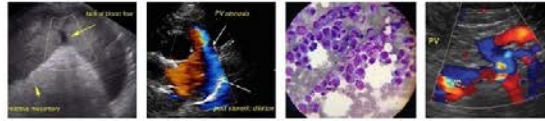
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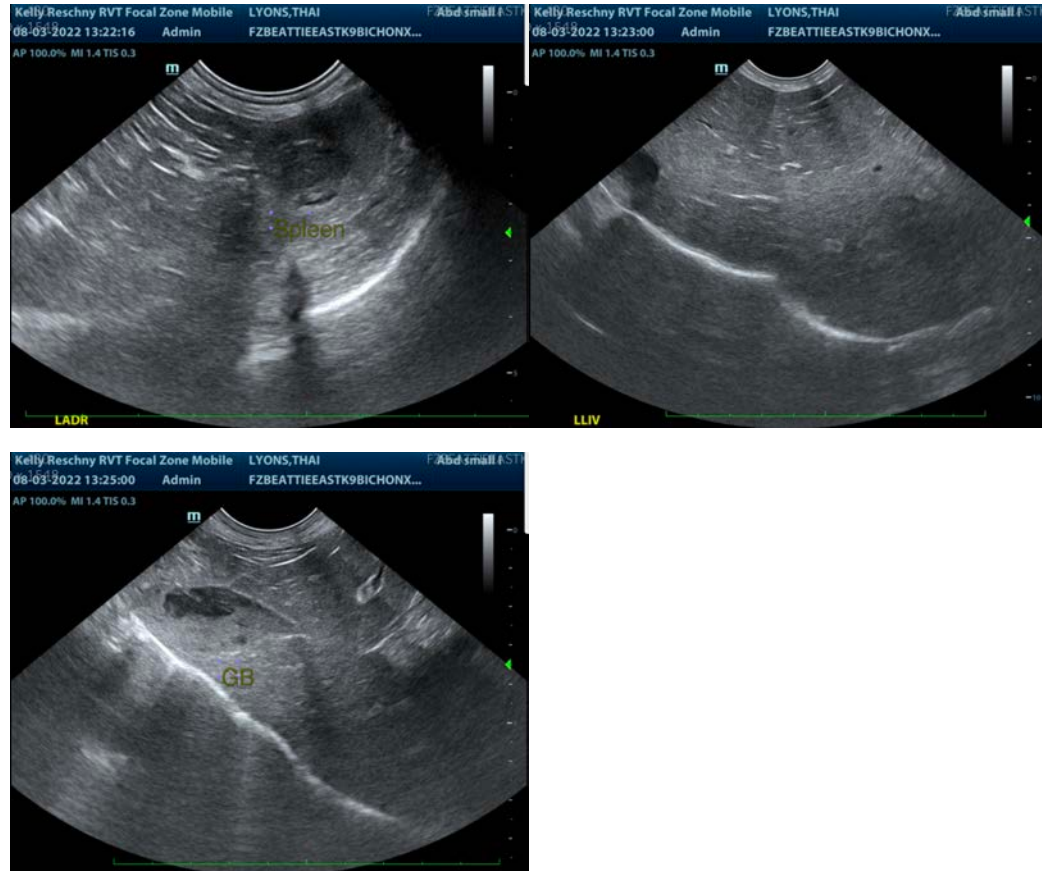
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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