



**PATIENT**

Butter Shubs

**PRESENTING CLINICAL SIGNS**

HX elevated liver values, had been controlled with Ursodiol and Denamarin. Now trending up again. Last ultrasound 12/20.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Havanese

The **urinary bladder** revealed a minimal amount of urine, yet small concretions were noted and were non-obstructive at the time of the sonogram. They measured 0.1-0.2 cm.

**SEX**

Neutered male

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. Pyelectasia was noted in the left kidney with corticomedullary calculi. The patient is likely passing small calculi periodically from the kidneys to the bladder. The left kidney measured 3.5 cm. Calculi were noted in the right kidney as well.

**AGE**

11 years

**WEIGHT**

14.6 lbs

**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 measured 0.5 cm. The right adrenal gland was not visualized.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Buss

**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.

**HOSPITAL NAME**

Kings VH

**REFERRING VET**

Dr. Buss

**Liver**

The **liver** was uniformly swollen. Occasional nodular change was noted in the left liver and subjectively appears benign. 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. There was no overt suspicion of neoplasia. The gallbladder was unremarkable.

**INVOICE**

95453

**DATE**

1/20/22



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**Gastrointestinal**

Butter Shubs

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Pinpoint nephrolithiasis, non-obstructive at the time of the sonogram.

**AGE**

11 years

Minor urolithiasis.

**WEIGHT**

14.6 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver could be considered for further definition. However, it is most consistent with benign hyperplasia. Full urinary work-up is warranted given the small calculi present. Assessment for pollakuria and dysuria would be warranted.

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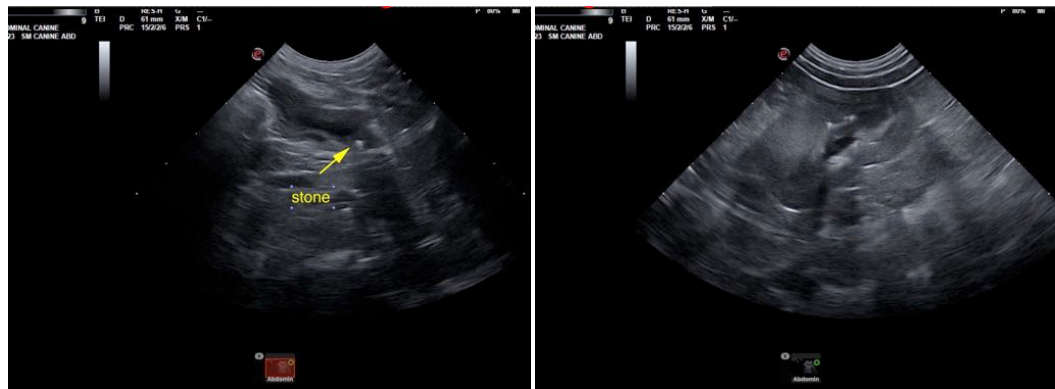
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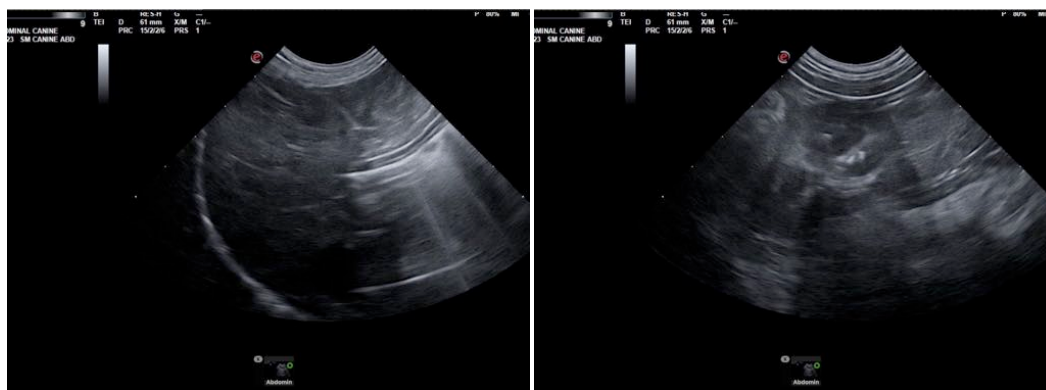
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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