



**PATIENT**

Mae Hirotani

**PRESENTING CLINICAL SIGNS**

History: PU/PD per the owner . negative to urine culture and sensitivity test. urine specific gravity : 1.014/ chronic liver elevation : ALT: 231/ ALP 364.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The ventral bladder wall revealed polyps that extended 2.5 cm. They appear resectable. The cystourethral junction appeared unremarkable. 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.

**BREED**

Shetland Sheepdog

**SEX**

Spayed female

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.7 cm. The left kidney measured 4.3 cm with slight pinpoint mineralization.

**AGE**

10 years

**WEIGHT**

21.4 lbs

**Adrenal Glands**

Both **adrenal glands** were 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 right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Han

**Spleen**

The **spleen** revealed subtle, heterogenous, nodular changes. This is likely benign. There was no capsular disruption noted. However, this should be monitored.

**HOSPITAL NAME**

Tenafly VC

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. 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.

**REFERRING VET**

Dr. Han

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**Gastrointestinal**

**DATE**

1/24/23

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



**PATIENT**

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.

Mae Hirotani

**SPECIES**

**Pancreas**

Canine

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.

**BREED**

Shetland Sheepdog

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Age related renal and hepatic changes.

Spayed female

Minor, non-obstructive nephrolithiasis.

**AGE**

10 years

Minor heterogenous splenic changes, likely benign.

Ventral bladder polyps, appear resectable.

**WEIGHT**

21.4 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Transitional cell carcinoma versus polypoid hyperplasia. Resection of the ventral bladder wall is indicated. Areas of the wall thickening appeared to be mineralized as well. BRAF testing would be appropriate to assess transitional cell carcinoma. FNA or biopsy of the liver can also be justified. There was no evidence of metastatic disease.

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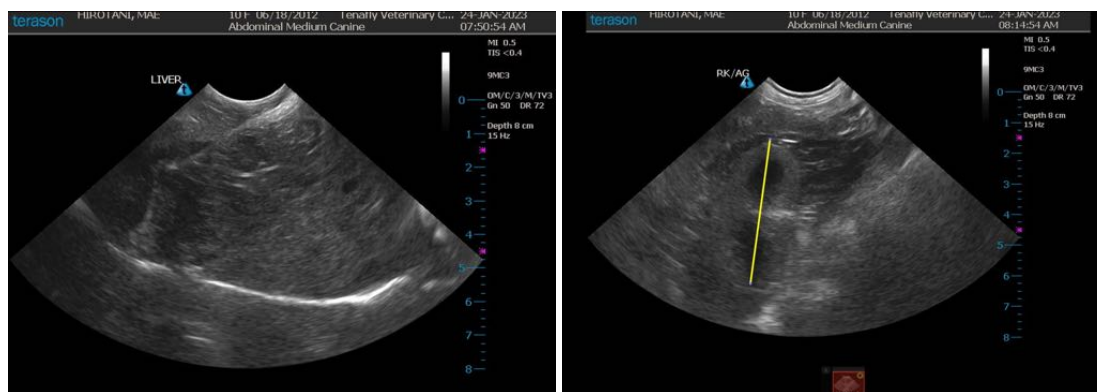
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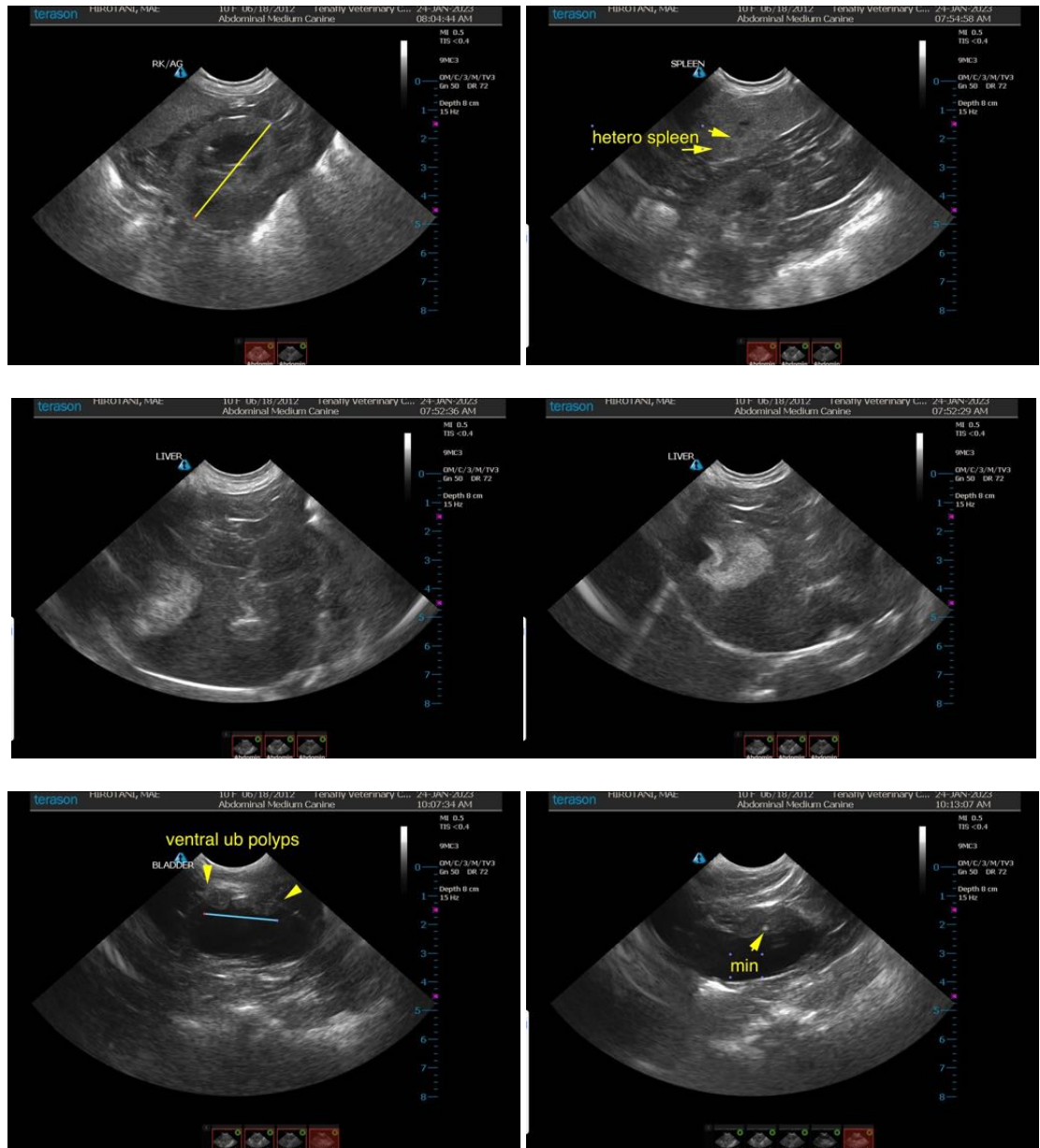
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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