



**PATIENT**

Messi Plavulj

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

16 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Emily Linscheid

**HOSPITAL NAME**

Family Pet VC

**REFERRING VET**

Emily Linscheid

**INVOICE**

13701

**DATE**

10/11/21

**PRESENTING CLINICAL SIGNS**

History: Chronic uncomfortable cranial abdomen. Recently more anxious and solitary. No vomiting or diarrhea but decreased appetite. Bilateral complete cataracts.

Abnormal PE/Chem/CBC/UA Results: Tense on palpation of cranial abdomen. No mass palpated but very reactive during exam. CBC/chemistry unremarkable.

Please send in dicom format. Multiple avi files received as well as 3 radiographs.

Radiographs: 3 view abdominal radiographs were unremarkable. No evidence of significant pathology.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

In the region of the **right kidney**, a large amount of artifact as present and no right kidney was visualized. It's possible that right renal aplasia is an issue in this patient. It is not definitively evident on VD radiograph.

**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 0.4 cm.

The **right adrenal gland** was not visualized.

**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 were noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**



**PATIENT**

The **stomach** was filled with ingesta. The small intestine and colon were unremarkable.

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**Pancreas**

**SPECIES**

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.

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Full stomach

Bichon Frise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Referred back pain or other cause of pain may be the cause of the poor appetite. Full spinal examination recommended. No evidence of abdominal pathology that would be responsible for the clinical signs.

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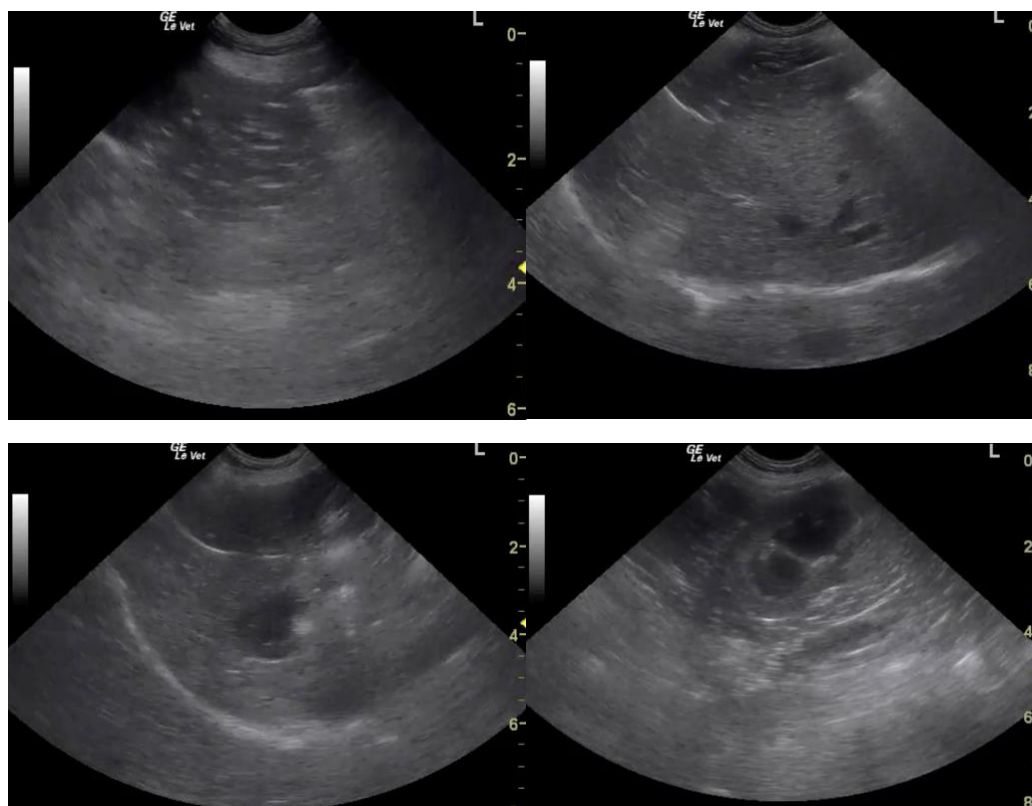
Emily Linscheid

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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.

**DATE**

10/11/21

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com