



**PATIENT**

Mia Muller

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

6.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Olcha

**HOSPITAL NAME**

East Meadow VC

**REFERRING VET**

Dr. Olcha

**INVOICE**

39966

**DATE**

10/6/22

**PRESENTING CLINICAL SIGNS**

History: Presented for rash, bleeding from vulva noted by owner. Acting normal otherwise.  
Abnormal PE/Chem/CBC/UA Results: Petechia noted on gums, ecchymosis on caudal abdomen. Marked thrombocytopenia. Chest x-rays unremarkable. Tick testing and CBC slide review/platelet count pending. Patient started on doxycycline and prednisone for presumptive diagnosis of ITP.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a large amount of suspended debris and a minor amount of sand. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney revealed minor pyelectasia. The left kidney measured 4.0 cm. The right kidney revealed slight pinpoint mineralization. The right kidney appeared to be swollen with pericapsular inflammatory pattern. This patient may be passing small calculi periodically.

**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 0.6 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 0.4 cm. Just cranial to the left adrenal gland a hypoechoic 1.0 cm rounded structure was present. This is suspected to be a lymph node; however, they appear to be isolated.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen revealed normal age related lipogranulomas/lipid plaques on the spleen. 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.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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,



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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.

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**Gastrointestinal**

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.

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**Pancreas**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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Bladder debris.

Lymphadenopathy adjacent to the right adrenal gland.

Right nephritis pattern.

Urinary debris and a small amount of sand.

Lipogranulomas in the spleen, normal age related variant.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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The patient may be passing calculi periodically. Full urinary work-up +/- IV fluid support and manual palpation of the right kidney is recommended. No residual uterine pathology was noted. The prednisone may be suppressing a more significant presentation. Given the presumed lymph node enlargement the actual lymphadenopathy may be larger, yet partially suppressed by Prednisone. Full urinary work-up and treatment for UTI and nephritis is warranted if urinalysis supports this presumption.

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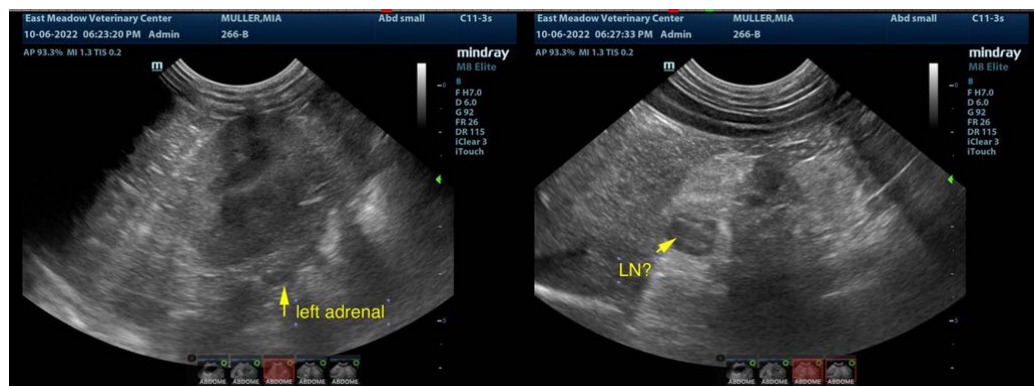
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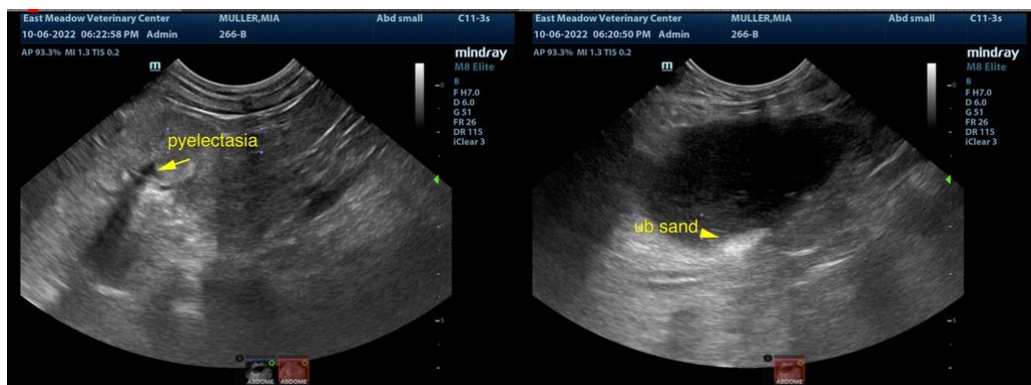
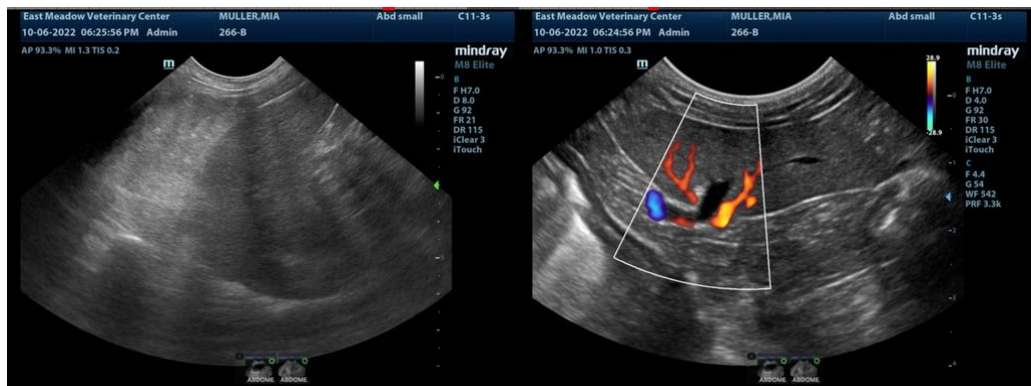
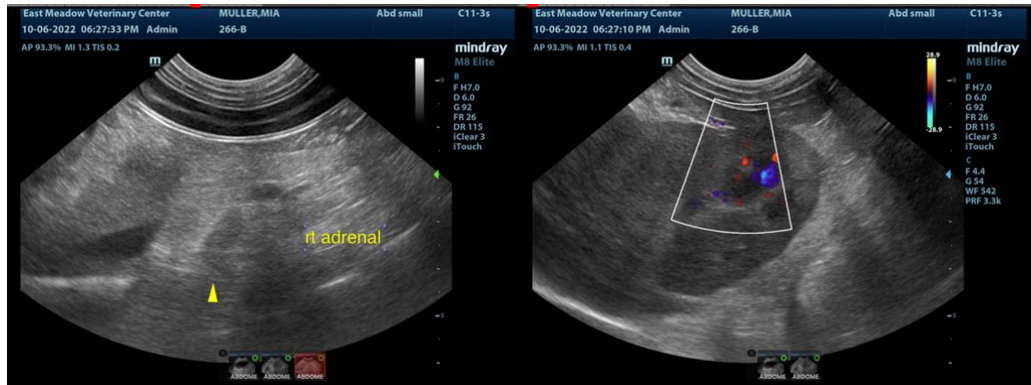
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Bichon Frise

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

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