



**PATIENT**

Frankie Mabilog

**SPECIES**

Canine

**BREED**

Bichon Cross

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

7.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Barthelemy

**HOSPITAL NAME**

Falconridge AH

**REFERRING VET**

Dr. Rix

**INVOICE**

42341

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

History: Mild lab work changes with no clinical signs.  
Abnormal PE/Chem/CBC/UA Results: Mild ALT elevation 153, ALP elevation 268. Mild BUN elevation 13.

**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 was noted. Ureteral papillae were normal.

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. Minor cortical changes were noted in the right kidney. The right kidney revealed slight pyelectasia that measured 0.3 cm. The right kidney measured 4.3 cm. The left kidney revealed an anechoic cyst that measured 1.82 cm deriving from the cranial pole. The left kidney measured 4.0 cm with slight pyelectasia.

**Adrenal Glands**

The right adrenal gland revealed an expansive 1.2 cm echogenic mass. Enlargement was noted and there were multi-focal, hyperechoic lipogranulomatous type changes. The left adrenal gland measured revealed normal size and contour and measured 0.43 cm.

**Spleen**

The **spleen** revealed an expansive, 3.76 x 2.5 cm mass that was deriving from the mid caudal pole.

**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 vena cava did not invade any evident invasion from the right adrenal gland. 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.



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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. No associated abnormal lymphatic activity was noted.

**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.

**ULTRASONOGRAPHIC FINDINGS**

Right adrenal mass. Adenoma, adenocarcinoma, atypical pheochromocytoma are all possible.

Mild degenerative renal changes with cortical cysts.

Splenic mass, hemangiosarcoma versus benign hyperplasia, precarious.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressure measurements are warranted to assess for any hypertension that is associated with the right adrenal gland. An echocardiogram is recommended to assess for metastatic disease from the spleen as well as chest radiographs. Splenectomy and right adrenalectomy is indicated. Otherwise, the abdomen was unremarkable. The changes are expected for this age patient.





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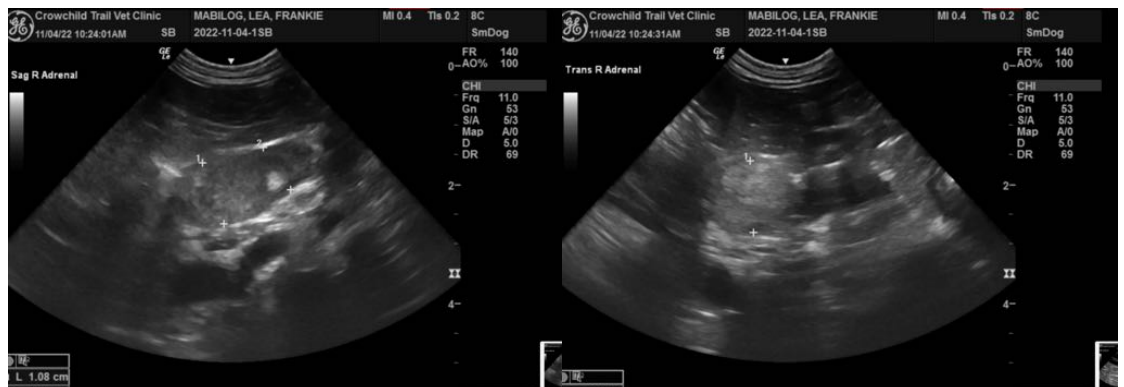
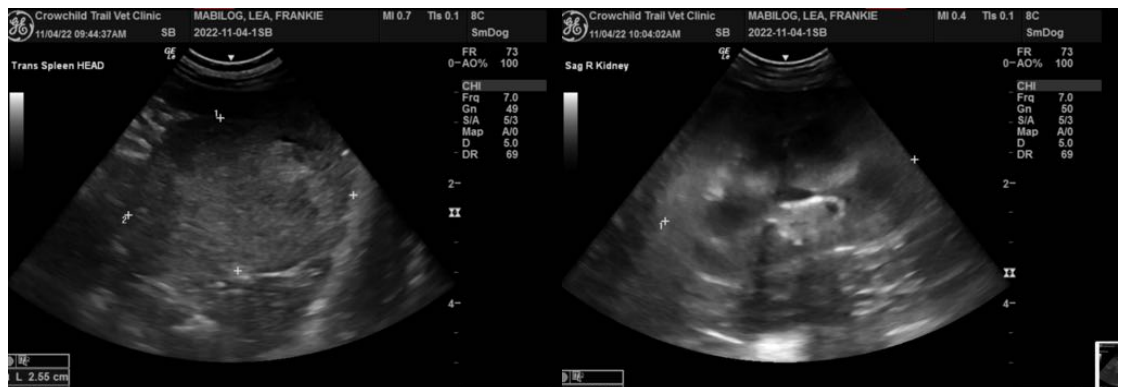
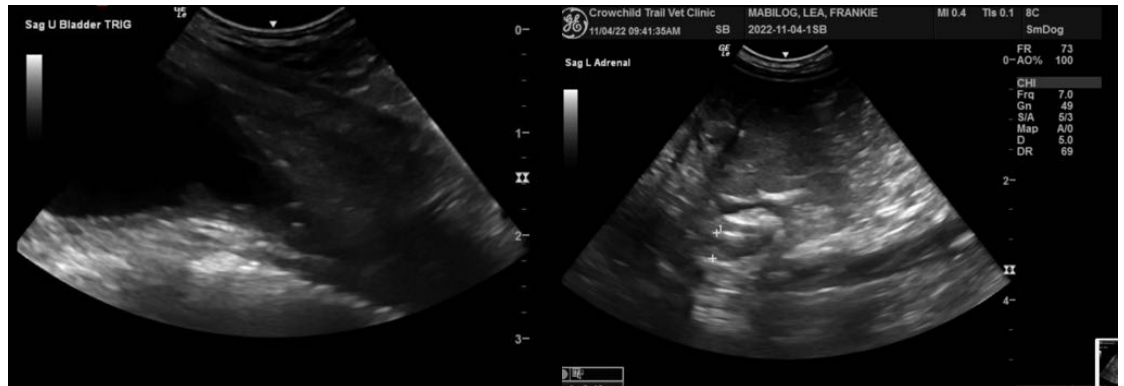
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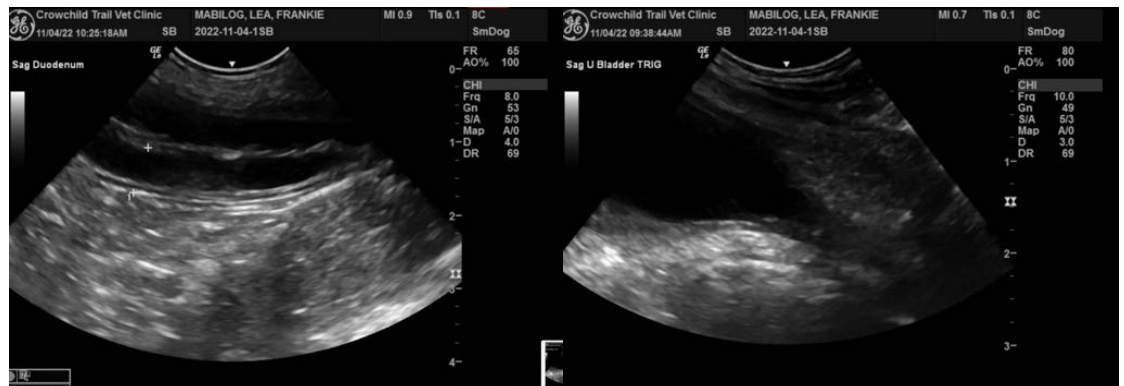
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com