

**DATE**

12/5/22

**PRESENTING CLINICAL SIGNS**

Previous u/s concerning for active mucocele. Surgery referral encouraged. O elected medical management. Recheck u/s. Pt is currently on s/o diet for crystalluria, round of enrofloxacin and metronidazole performed, and pt started on ursodiol. Clinically pt is doing well. eating and drinking, no vomiting. Initial diarrhea, but only at food transition, has resolved

**PATIENT**

Lulu Huber

Current Medications: Metronidazole, Enrofloxacin.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 10/10/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Canine

**BREED**

Havanese

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed persistent sand and calculi in the proximal pelvic urethra and cystourethral junction measuring approximately 1.0 cm in length. The bladder itself was unremarkable.

**SEX**

Spayed female

The **kidneys** revealed moderate degenerative change with corticomedullary calculi that were non-obstructive. Microcystic cortical changes were noted. Echogenic cortical remodeling was noted. Persistent parenchymal mineralization was noted. This is likely secondary to endocrine disease. The left and right kidney measured 4.9 cm.

**AGE**

6/3/11

**WEIGHT**

23.5 lbs

**Adrenal Glands**

The **adrenal glands** were mildly swollen similar to the prior sonogram. The left adrenal gland measured 2.35 x 0.76 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 2.11 x 0.7 cm at the cranial pole and 0.62 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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**

Bayside Animal  
Medical Center

**Liver**

The **liver** was uniformly enlarged and mildly heterogenous. Occasional, hypoechoic non-disruptive nodule is noted. Gallbladder mucocele is persistent and over distended approximately 6 x 5 cm in long axis.

**REFERRING VET**

Dr. Buchanan

**INVOICE**

42838

**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

Persistent urethral/bladder sand and small calculi.

Renal calculi.

Moderate degenerative renal changes.

Bilateral adrenal enlargement.

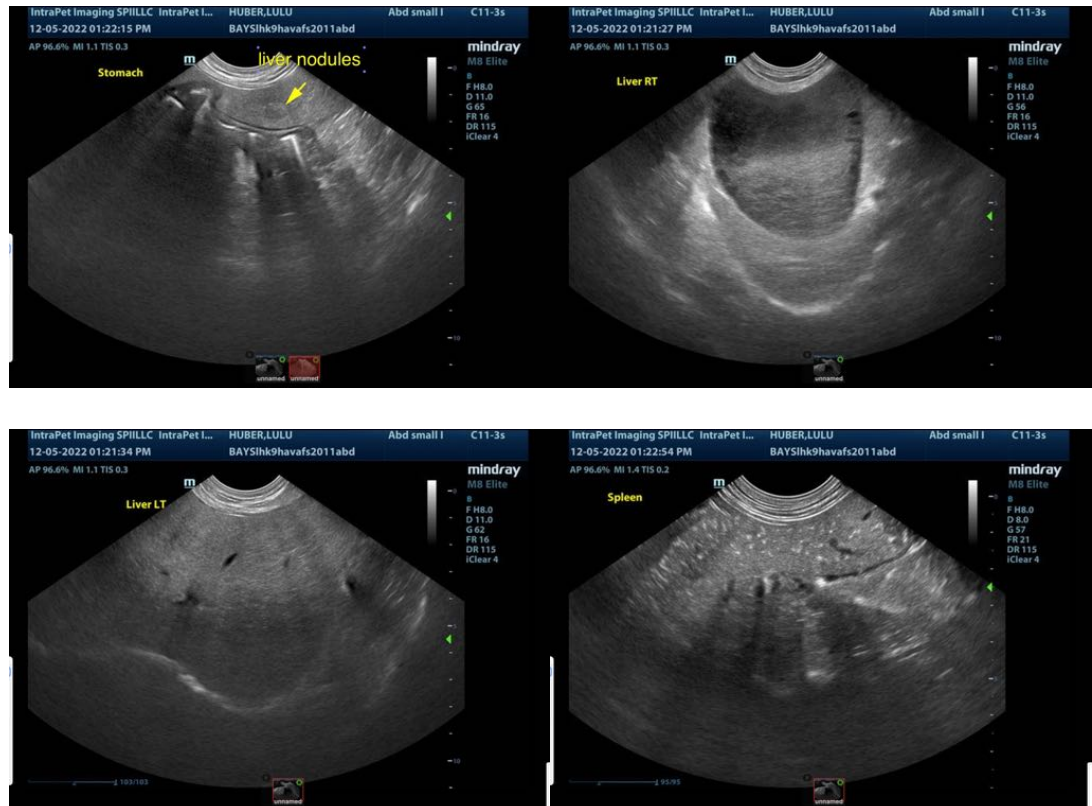
Splenic mineralization.

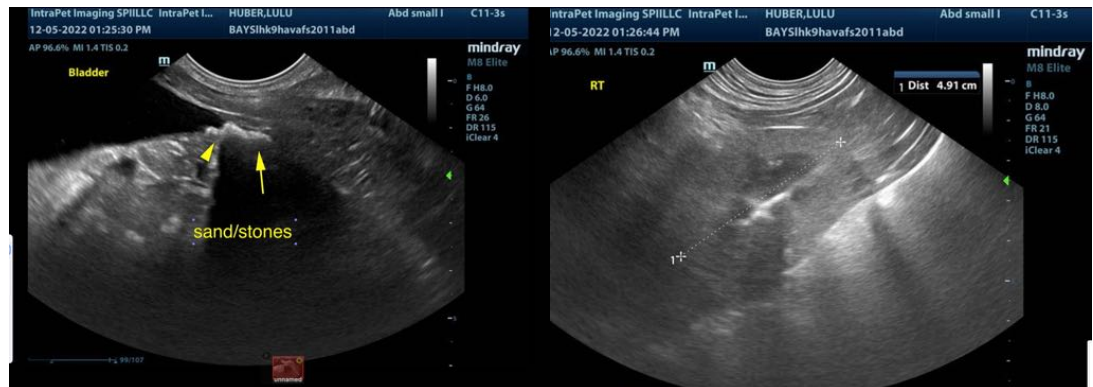
Enlarged, heterogenous sliver with occasional nodule.

Gallbladder mucocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally cystotomy, normal and retrograde flushing, cholecystectomy and liver biopsy would all be performed. Gallbladder motility study could be considered to confirm that the gallbladder is not likely a candidate for medical management. Management of presumed underlying Cushing's/PDH is indicated.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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  
Eric.Lindquist@SonoPath.com