



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Moss re check , doing well at home, eating

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

**BREED**

Chihuahua

The **urinary bladder** presented multiple calculi, a grouping of which measured approximately 1.5 cm, non-obstructive at the time of the sonogram. The bladder wall was unremarkable. Minor polypoid changes noted at the cystourethral junction measuring approximately 5.0 mm. This may be secondary to passage of calculi or possible transitional cell carcinoma.

**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. Mineralization noted in both kidneys. The right kidney measured 4.01 cm. The left kidney measured 3.6 cm.

**AGE**

12 Years

**Adrenal Glands**

**WEIGHT**

7.6 Pounds

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 1.52 cm x 0.62 cm at the caudal pole and 0.91 cm at the cranial pole. The left adrenal gland measured 1.47 cm x 0.48 cm at the caudal pole and 0.62 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

Persistent diffuse micronodular changes noted in the **spleen**.

DABVP, Cert. IVUSS

**Liver**

The **liver** presented persist increased portal markings and remodeling. The gallbladder and common bile duct were unremarkable other than minor mural thickening.

**IMAGING PERFORMED BY**

Jenn

**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.

**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr. Maniar

**INVOICE**

36502

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder calculi and minor polypoid changes at the cystourethral junction
- Persistent micronodular splenic changes
- Persistent hepatic remodeling

**DATE**

3/28/22



**PATIENT**

Bella Moss

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

7.6 Pounds

**INTERPRETED BY**

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Rockway AH

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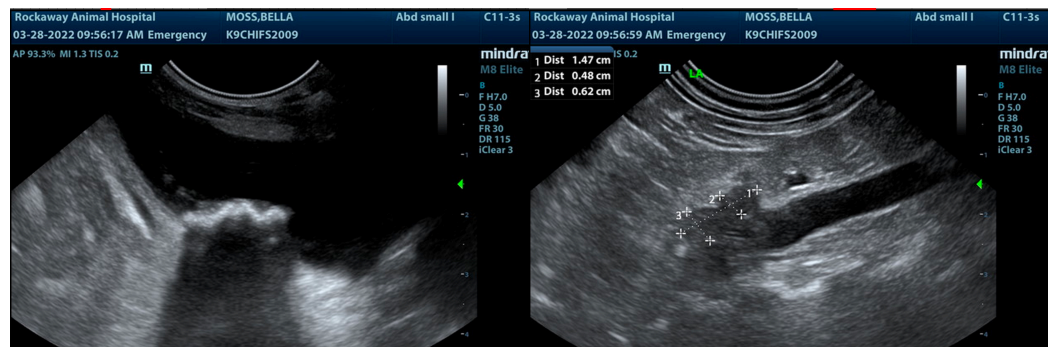
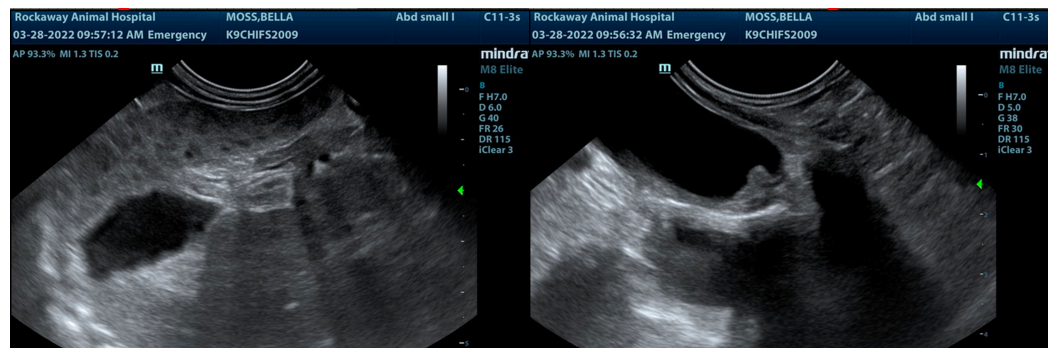
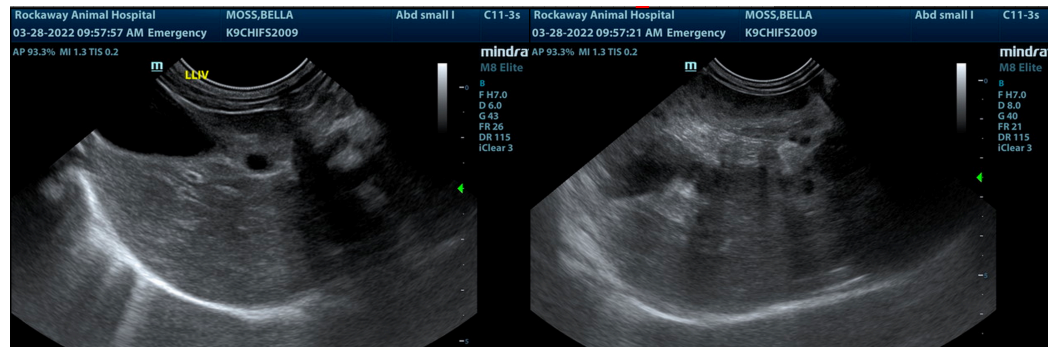
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I still recommend splenic and hepatic FNA in this patient. Given that the patient is doing well clinically, the splenic presentation may be a pronounced hyperplasia pattern. However, underlying neoplasia cannot be completely ruled out. Splenectomy and cystostomy could be considered with liver biopsy now that the patient is stabilized. Otherwise, screening FNA of the spleen indicated prior to surgical intervention.





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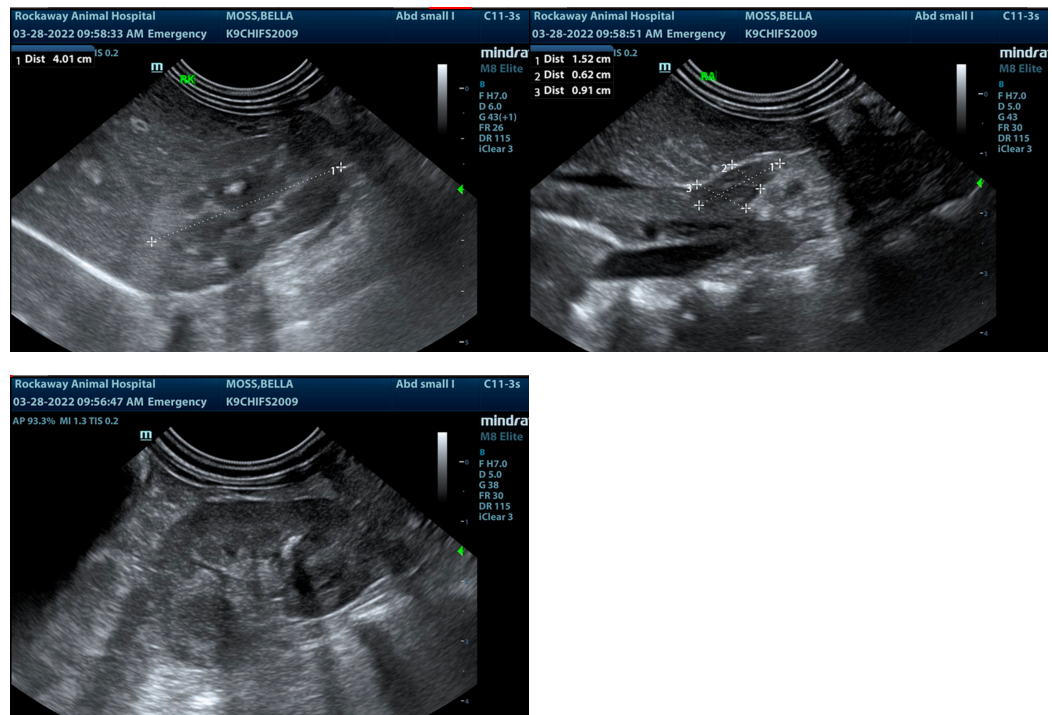
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**DATE**

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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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