



**PATIENT**

Emily Massuet

**PRESENTING CLINICAL SIGNS**

Increasing ALT Previously treated with metronidazole 250mg- 1/2T BID x 14 days  
Abnormal PE/Chem/CBC/UA Results: ALT 197 9/2021 BW- Urea Nitrogen 36, BUN/Creat Ratio 45

**SPECIES**

Canine

**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.

**BREED**

Bichon Frise X

**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. The right kidney measured 4.3 cm. The left kidney measured 3.66 cm.

**AGE**

10 Years

**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 left adrenal gland measured 1.52 cm x 0.45 cm at the caudal pole and 0.31 cm at the cranial pole. The right adrenal gland measured 1.47 cm x 0.42 cm at the caudal pole and 0.47 cm at the cranial pole.

**WEIGHT**

12 lb 4 oz

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Hallihan

**Gastrointestinal**

The **pylorus** revealed polypoid mucosal thickening with a minor amount of retention of ingesta. The small intestine and colon were unremarkable. Submucosal, muscularis and serosal layers were normal.

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**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.

**DATE**

3/29/22



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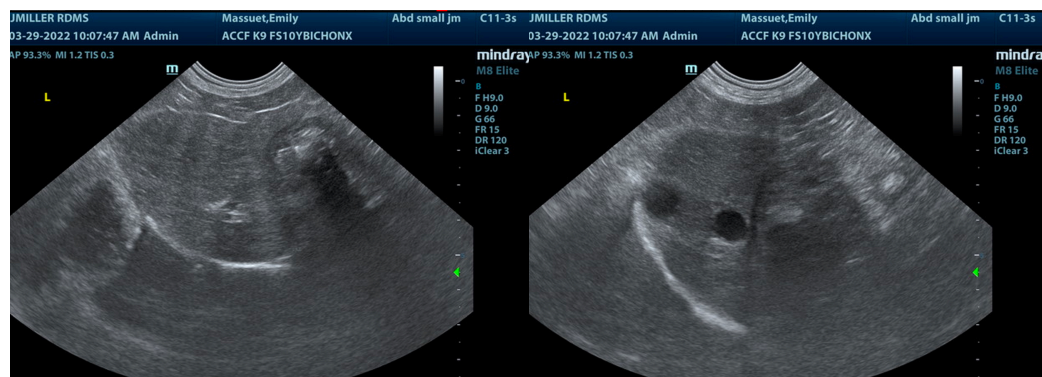
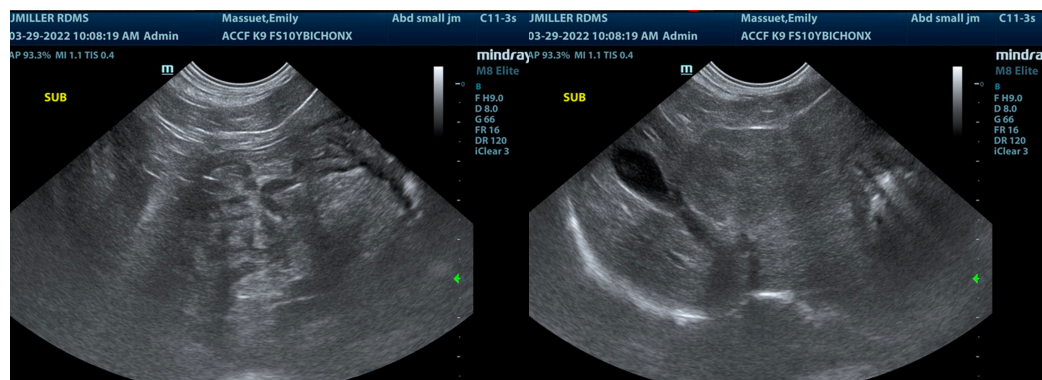
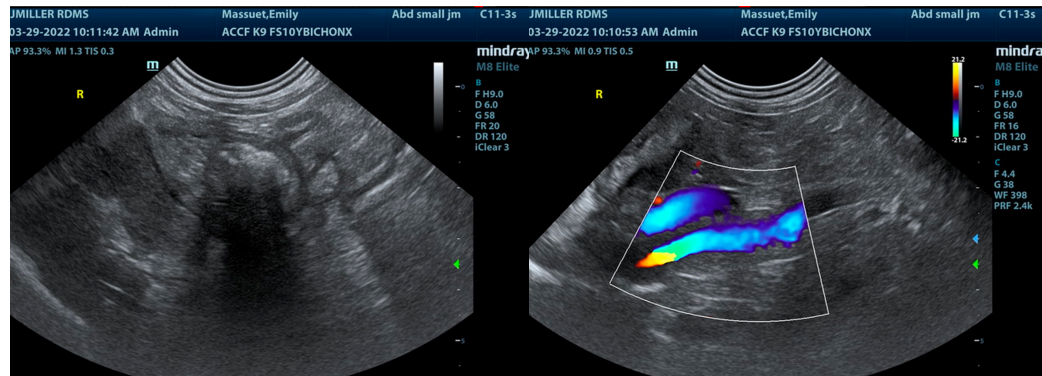
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**ULTRASONOGRAPHIC FINDINGS**

- Retention of ingesta in the stomach with minor polypoid gastric mucosal changes
- Hepatic remodeling
- Age related abdominal changes otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver warranted to assess inflammatory cell type. Leptospirosis titers warranted to rule out occult disease. If vomiting is an issue, endoscopy would be indicated.





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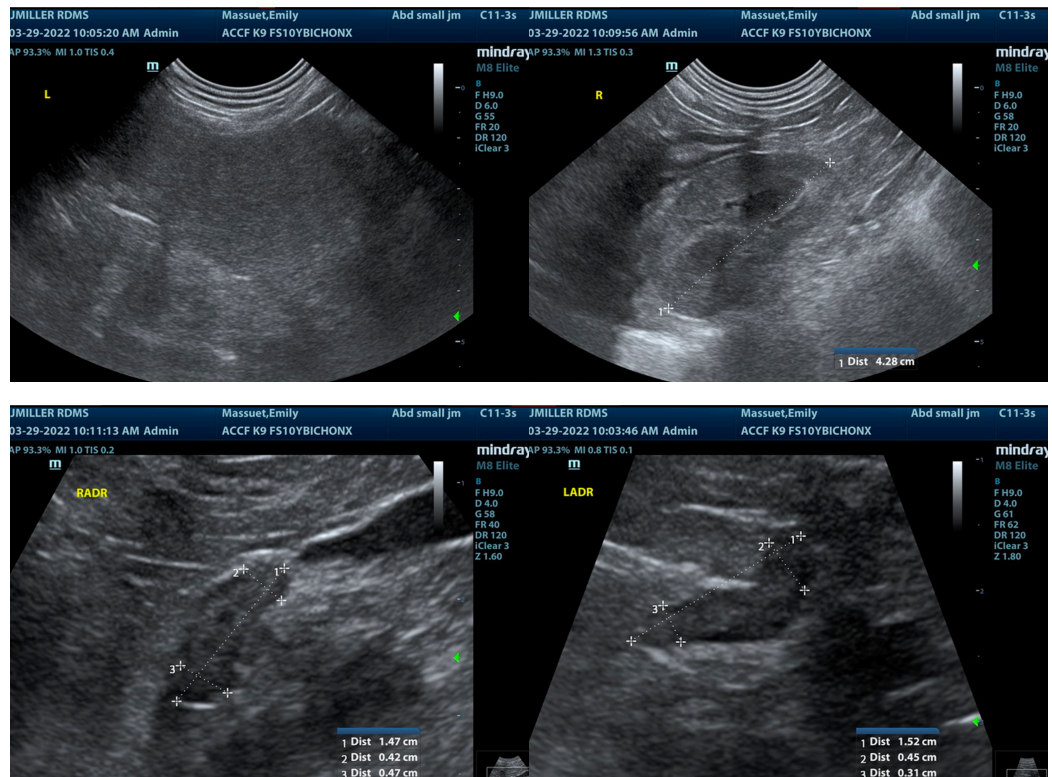
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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