



**PATIENT**

Bean Higgins

**SPECIES**

Canine

**BREED**

Min Pin

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

19

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

21480

**DATE**

3/6/23

**PRESENTING CLINICAL SIGNS**

History: bloody diarrhea

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed nonobstructive calculi (up to 4.0 mm) with suspended debris. The bladder wall itself was unremarkable. The patient is likely passing calculi from the kidneys to the bladder periodically.

The **kidneys** were subnormal in size. Structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 was present in the kidneys. The right kidney measured 3.26 cm. The left kidney measured 3.26 cm.

**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 1.37 cm x 1.1 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 1.79 cm x 0.65 cm at the caudal pole and 0.62 cm at the cranial pole.

**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 were noted.

**Liver**

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

**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.



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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**

- Moderate nephrolithiasis, nonobstructive at the time of the sonogram with moderate degenerative changes
- Bladder calculi
- Geriatric abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male

Supportive care should prove effective. Eventual cystotomy is warranted. I recommend a fresh fecal smear and fecal floatation analysis. IV fluid support, 24-hour NPO and reassessment of the clinical signs is warranted.

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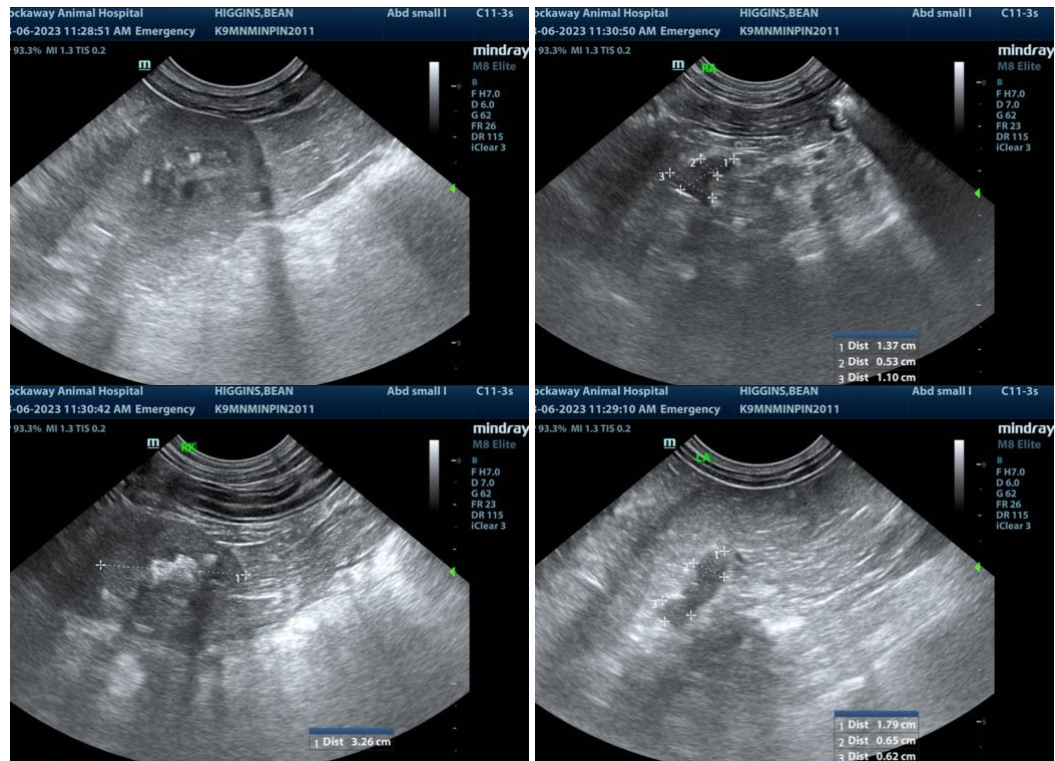
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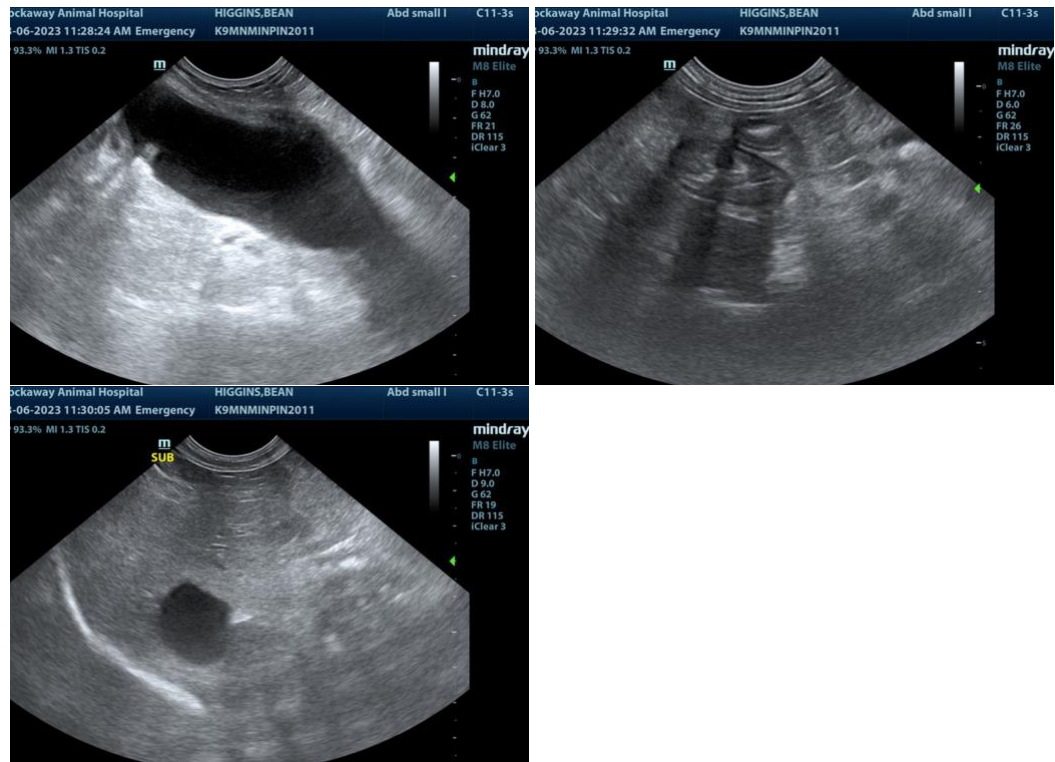
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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