

PATIENT

Henry Siegel

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

10/20/05

WEIGHT

11.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

36840

DATE

4/13/22

PRESENTING CLINICAL SIGNS

PU/PD - urinary accidents Urine culture - Neg SDMA 18; BUN/Crea Normal; USG low 1.015 History of bladder polyps ACTH stim - Normal Evaluate for cystitis, neoplasia, Renal Prior U/S 8/3/21 - Polypoid bladder changes, prostatic remodeling, age related renal changes, heterogeneous adrenals, heterogeneous spleen, nodular hyperplasia liver pattern, intestinal thickening, prominent pancreas.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** presented similar micropolypoid changes compared to prior sonogram.

The prostate was heterogeneous, similar to the prior sonogram, measuring 1.48 cm.

The **right kidney** was severely dystrophic with pelvic mineralization, hydronephrosed and subnormal in size, measuring 2.0 cm.

Slight pyelectasia noted in the **left kidney** at 0.48 cm. The left kidney measured 5.06 cm with thickened cortices and occasional cortical cyst. Loss of corticomedullary definition.

Adrenal Glands

The **left adrenal gland** was swollen and hypoechoic, measuring 2.06 cm x 0.68 cm at the caudal pole and 0.63 cm at the cranial pole. The **right adrenal gland** measured 2.05 cm x 0.68 cm at the caudal pole and 0.72 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally, uniform.

Liver

The **liver** presented persistent hypoechoic nodular changes, the largest of which measured 2.0 cm in the left liver. The gallbladder revealed progressive striating bile with mild overdistention, consistent with emerging mucocele. The liver was diffusely hyperechoic to falciform fat, but riddled with multiple hypoechoic nodules similar to the prior sonogram.

Gastrointestinal

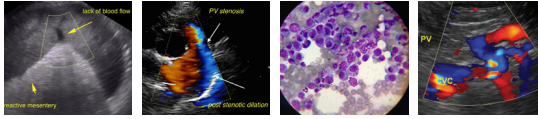
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt 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

- Micropolypoid bladder changes
- Dystrophic hydronephrosed right kidney - likely owing to chronic nephrolithiasis.
- Mild to moderate degenerative left renal changes
- Swollen adrenals



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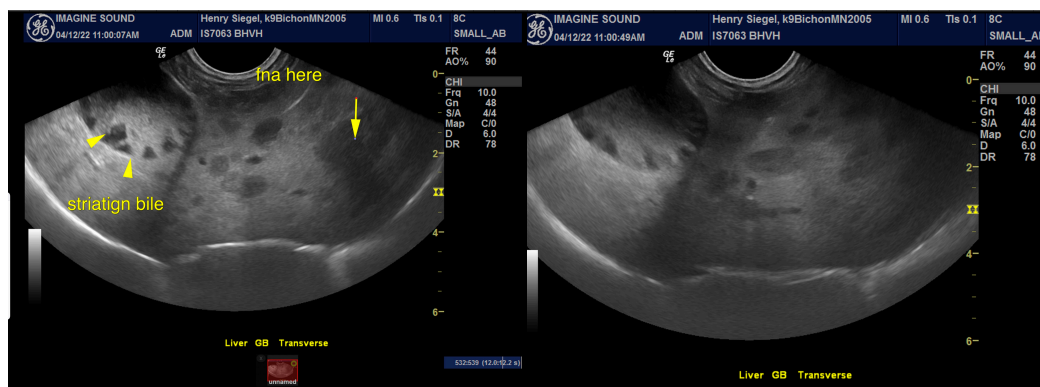
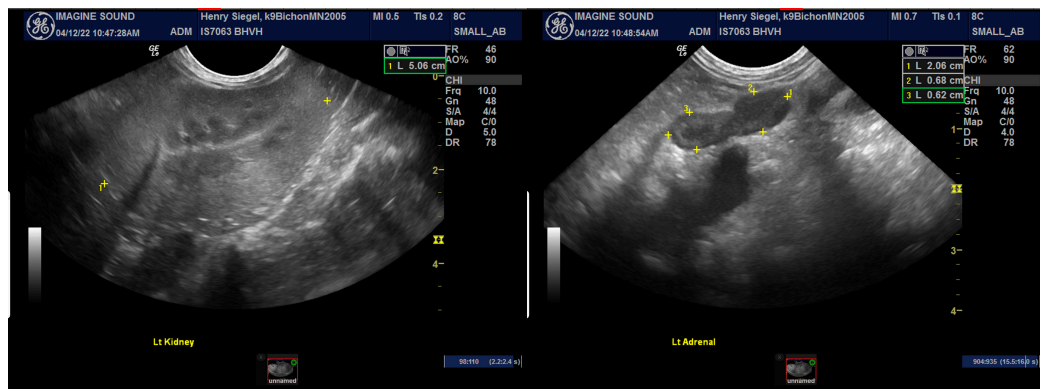
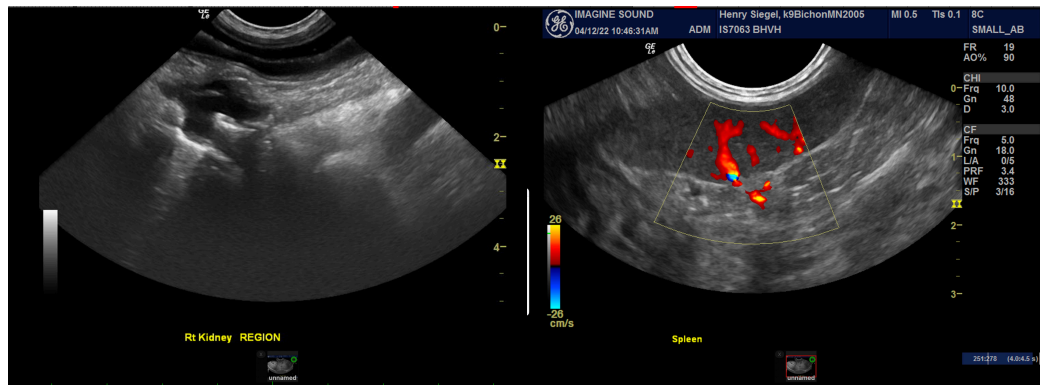
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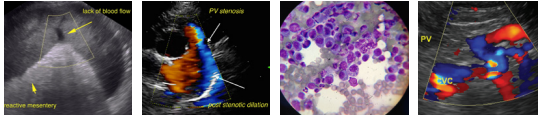
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- Nodular hyperplasia/vacuolar hepatopathy liver pattern with immature gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend focusing on potential emerging renal failure in this patient. Even though BUN and creatinine are not elevated, the isosthenuria is concerning. Hypertension, underlying infection, prerenal disease all potential issues in this patient. Ursodiol therapy indicated +/- gallbladder motility study. Prognosis long-term is guarded. Ideally, ultrasound guided FNA of the liver nodules would be performed.





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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.

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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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info@SonoPath.com

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