



PATIENT

Blizzard Manlangit

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

15 Years

WEIGHT

24 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

14904

DATE

4/28/22

PRESENTING CLINICAL SIGNS

History: poss. seizures

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** revealed largely normal size and 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. Anechoic cortical cyst was noted in the right kidney. Minor mineralization was noted in the right kidney. The right kidney measured 4.0 cm.

Moderate degenerative changes were noted in the **left kidney**. The left kidney was subnormal in size, measuring 3.3 cm. Minor mineralization was noted.

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 1.9 cm x 0.67 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise. This is a benign change.

Liver

The **liver** revealed diffuse expansive mixed hypoechoic disruptive masses (non-resectable) with pericapsular inflammatory pattern. Both the left and right liver appears to be involved. The gallbladder and common bile duct 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.

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia, right and left sided liver masses, suspect carcinoma
- Age-related renal changes with mineralization, right kidney cortical cyst and left kidney subnormal size
- Hyperechoic nodular changes in the spleen

BREED

Bichon Frise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

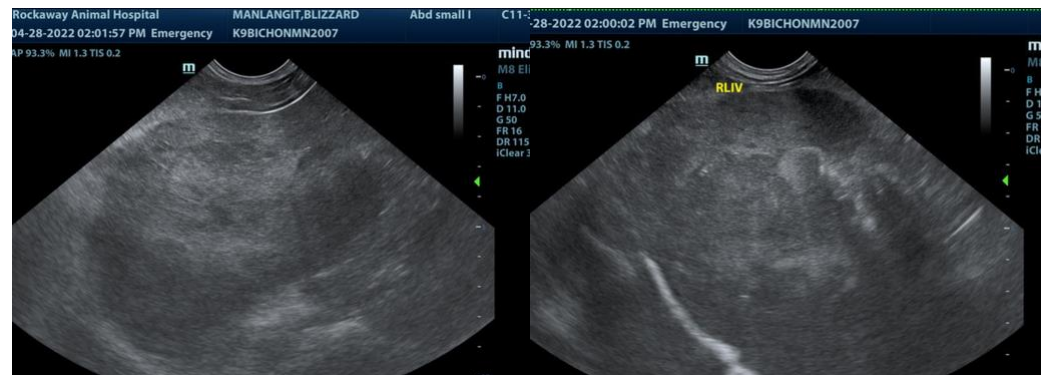
SEX

FNA of the liver could be considered for further definition. The seizure activity may be related to metastatic disease to the CNS. CT of the CNS indicated.

Neutered Male

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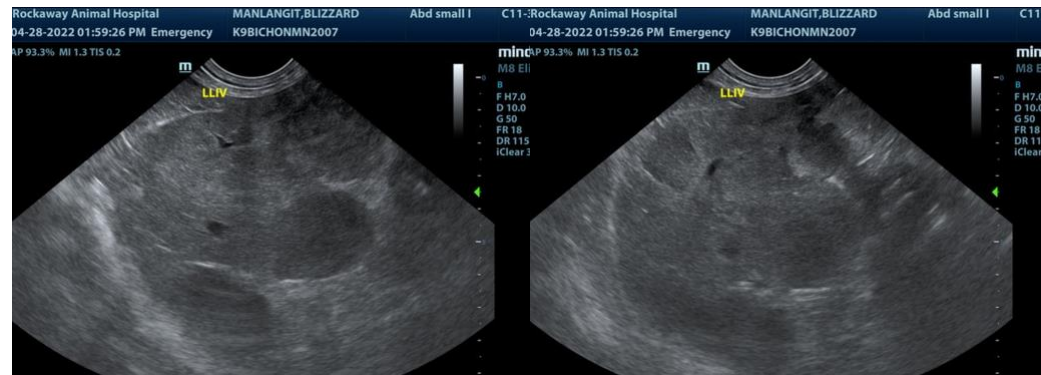


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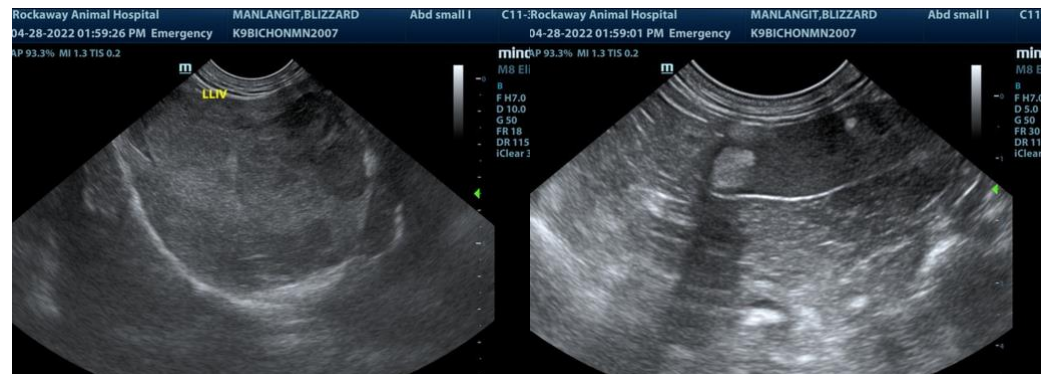


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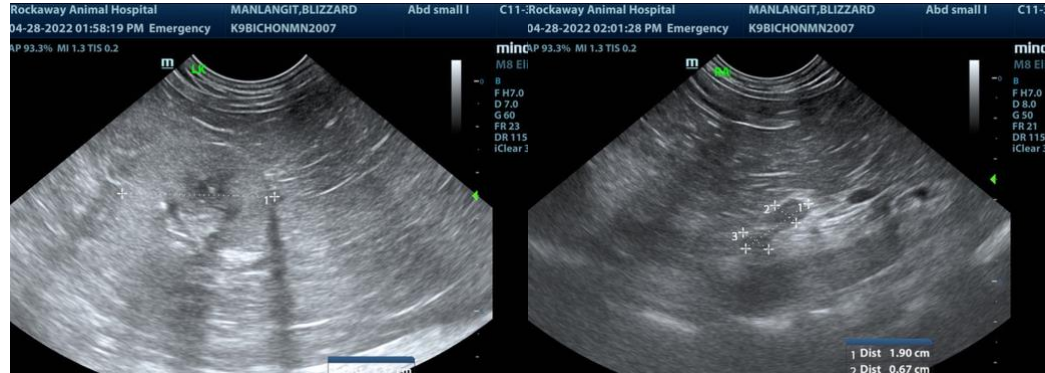
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockway AH

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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