



**PATIENT**

Cookie Lee

**PRESENTING CLINICAL SIGNS**

ALP ELEVATION ( ALP : 169) WITH NORMAL URINE CONCENTRATION. HAD LOST WEIGHT BUT GAINED WEIGHT BACK AFTER THE OWNER INCREASED FOOD AMOUNT. P IS ON KEPPRA DUE TO SEIZURES.

**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

**SEX**

Neutered Male

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 4.0 cm. The left kidney measured 4.0 cm.

**AGE**

15 Years

**Adrenal Glands**

The **left adrenal gland** was visualized obliquely, measuring 0.50 cm. The **right adrenal gland** measured 0.60 cm.

**WEIGHT**

17.7 Pounds

**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. Hyperechoic lipogranulomatous changes noted, subjectively benign, largest measured approximately 1.5 cm. 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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kyoung Han

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Excessive gallbladder debris noted. This is consistent with chronic inflammatory hepatopathy.

**HOSPITAL NAME**

Tenafly Vet Center

**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. Minor excessive GI gas present. 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.

**REFERRING VET**

Dr. Kyoung Han

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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**

6/30/22



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**PRIMARY FINDINGS**

- Hepatic remodeling

**SPECIES**

Canine

**SECONDARY FINDINGS**

- Age related renal and splenic changes

**BREED**

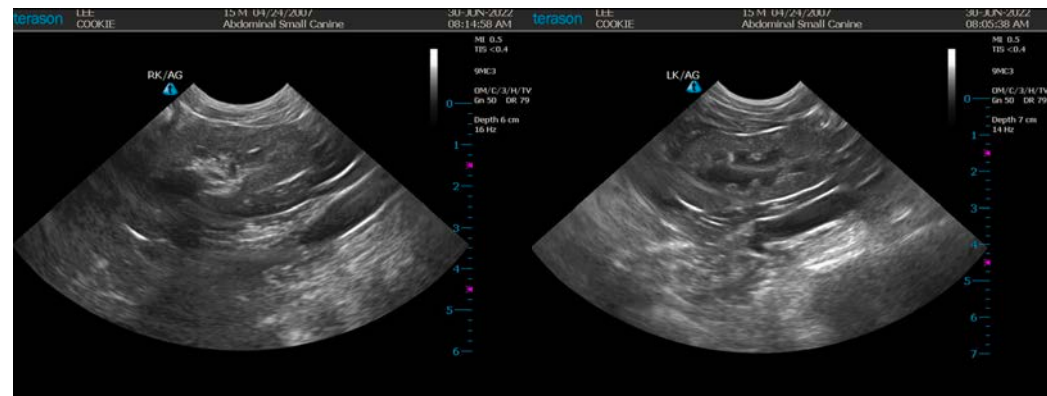
Bichon Frise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No abdominal pathology noted that would be contributing to the seizure activity.

**SEX**

Neutered Male

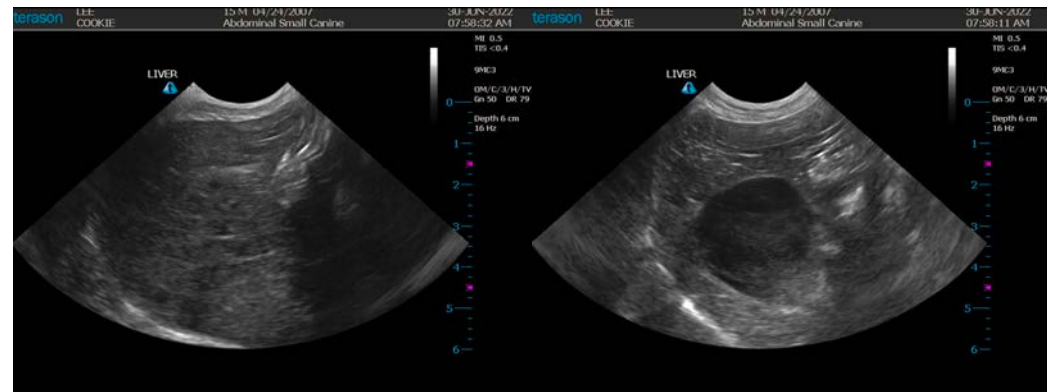


**AGE**

15 Years

**WEIGHT**

17.7 Pounds



**INTERPRETED BY**

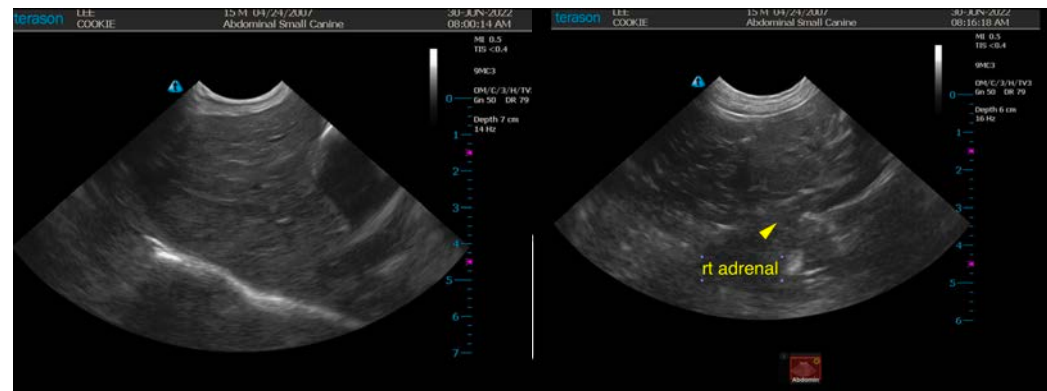
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**IMAGING PERFORMED BY**

Dr. Kyoung Han

**HOSPITAL NAME**

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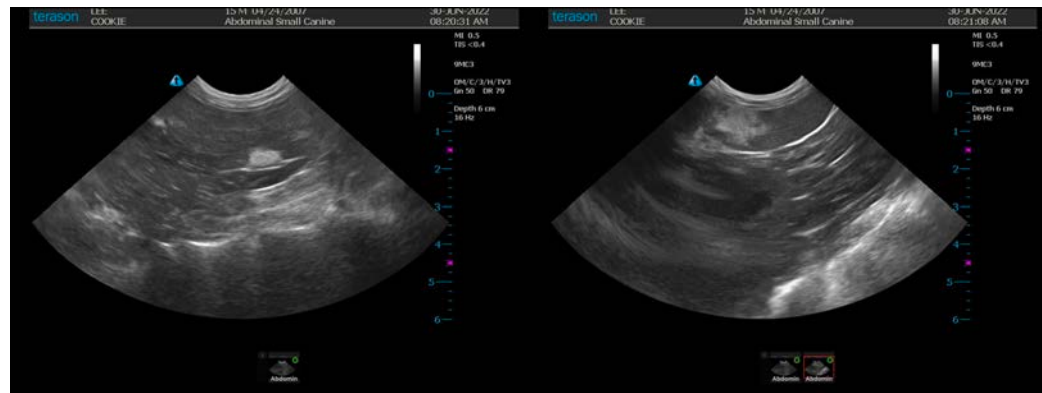
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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