



**PATIENT**

Blitz Fagan

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

87 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Schanche

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Schanche

**INVOICE**

31714

**DATE**

7/15/22

**PRESENTING CLINICAL SIGNS**

Blitz is a 10yr, MN, English Bulldog that presented 2 months ago for annual bloodwork and had elevated liver enzymes (ALT 240,ALP 1628). Blitz was sent home with metronidazole and amoxicillin for 2 weeks and Denamarin for a month. Upon return the liver values were even higher (ALT 373, ALP >999). Blitz is otherwise doing well at home. This ultrasound is to determine a possible cause of the rising liver enzymes

**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 was noted. Ureteral papillae were normal.

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. Anechoic cysts were noted in the caudal pole of the right kidney and measured 1.5 cm. The left kidney measured 6.6 cm. The right kidney measured 6.5 cm.

**Adrenal Glands**

The region of the left **adrenal gland** was unremarkable. The right adrenal gland was visualized obliquely and measured 0.7 cm.

**Spleen**

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The spleen was folded upon itself. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

**Liver**

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



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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**

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Non-specific inflammatory hepatopathy.

Micronodular splenic changes, likely hyperplasia.

**WEIGHT**

87 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia. FNA of the spleen and liver is indicated.

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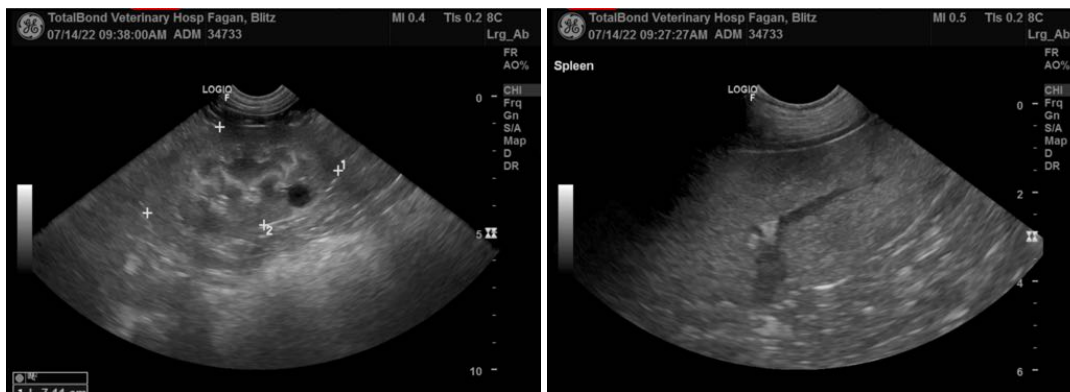
Dr. Schanche

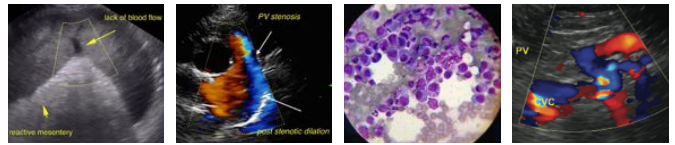
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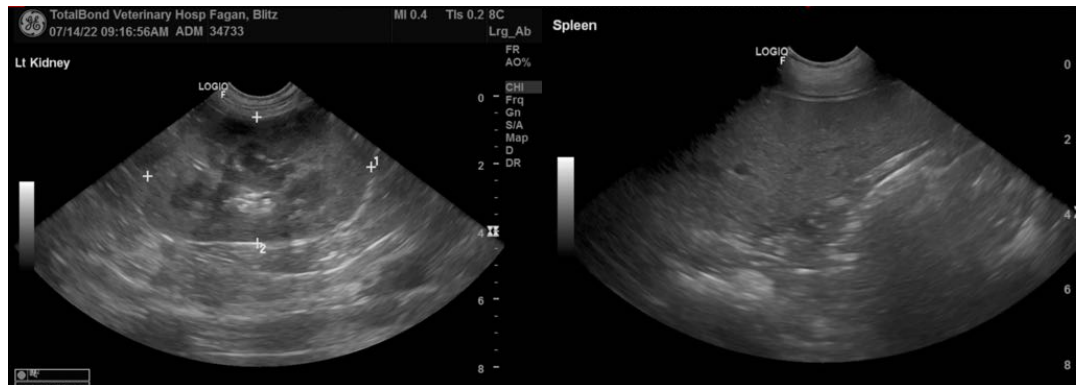
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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