



**PATIENT PRESENTING CLINICAL SIGNS**

Seamus McDonald 2 week history of loose stools and lethargy, some weight loss in past 2-3 months meds: tylosin

Abnormal PE/Chem/CBC/UA Results: ALT 331, ALP 1297, AST 58, Alb 2.2, CPK 326

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Bichon

The **urinary bladder** was mildly thickened with a mild amount of sand and polypoid changes. Minimal amount of urine present at the time of the sonogram. The patient is likely passing small calculi and sand from the kidneys to the bladder.

**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. Mineralization noted in both kidneys. The left kidney measured 4.86 cm. The right kidney measured 5.15 cm.

**AGE**

13 Years

**Adrenal Glands**

**WEIGHT**

8.5 kg

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 1.35 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 1.67 cm x 0.42 cm t the caudal pole and 0.39 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was mildly heterogeneous and slightly hypoechoic with scalloping contour. Granular type appearance.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

The **liver** presented diffuse nodular changes in the midst of hyperechoic parenchyma and attenuating sound beam. Nodular changes were disruptive. If the patient has any crusting skin lesions, this would be consistent with hepatocutaneous syndrome. Pronounced nodular hyperplasia or hepatic neoplasia also possible. The gallbladder was nearly empty and blending in with the nodular liver changes and has minor debris.

**HOSPITAL NAME**

Sixteen Mile VC

**Gastrointestinal**

**REFERRING VET**

Dr. Bile

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**

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**

8/19/22



## PATIENT

Seamus McDonald

## SPECIES

Canine

## BREED

Bichon

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

8.5 kg

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## REFERRING VET

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## DATE

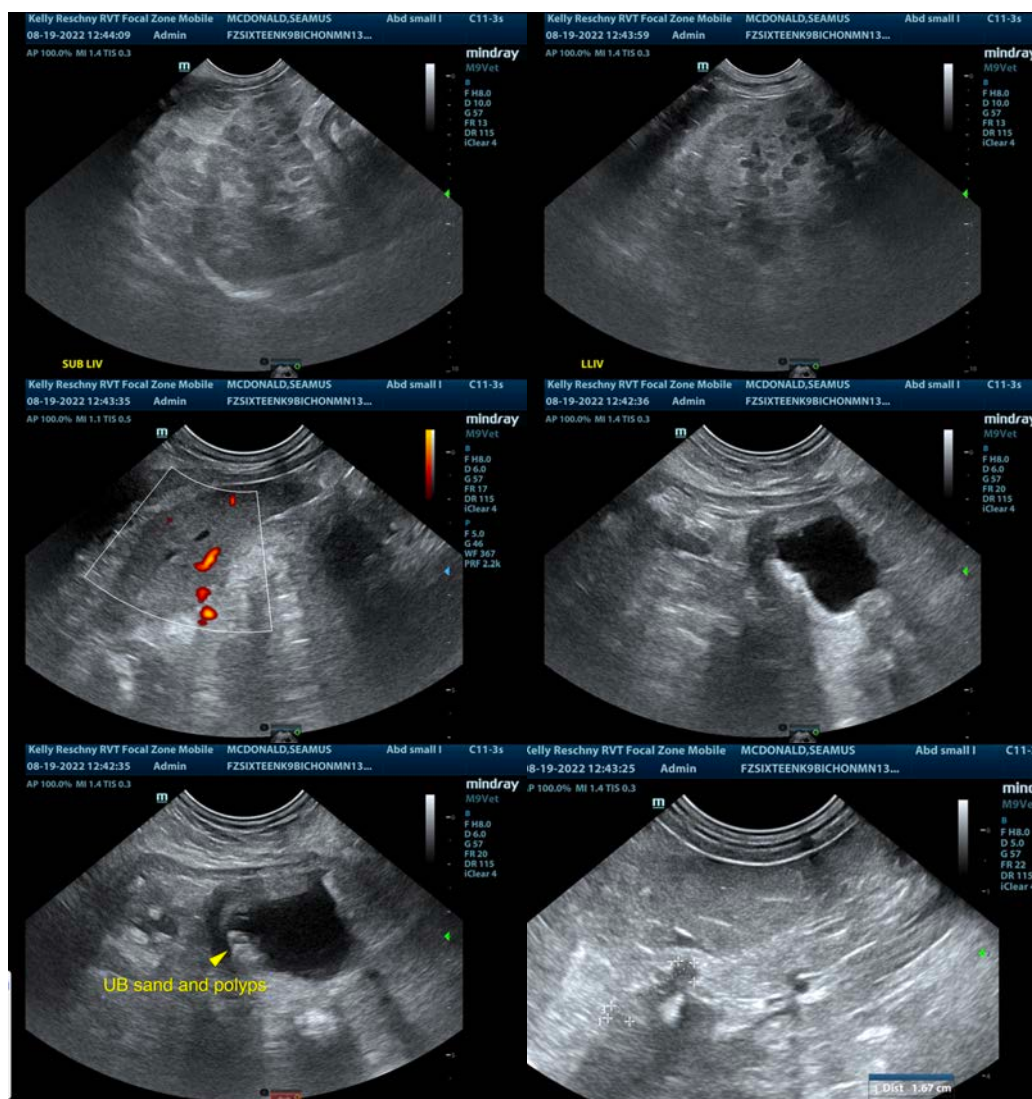
8/19/22

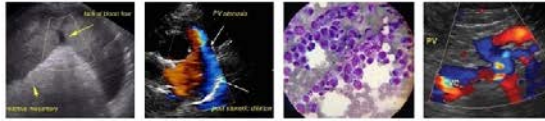
## ULTRASONOGRAPHIC FINDINGS

- Diffuse nodular hepatic changes – Possible hepatocutaneous syndrome if matching crusting skin lesions are present. Pronounced nodular hyperplasia possible, or less likely hepatic neoplasia.
- Bladder sand and polyps
- Renal calculi, non-obstructive
- Slightly irregular spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted. Ultrasound guided FNA of the liver indicated. FNA of the spleen also indicated. If FNA of spleen and liver are unremarkable, CBC path review +/- bone marrow aspirates recommended. Full urinary workup indicated. Bladder neoplasia unlikely.





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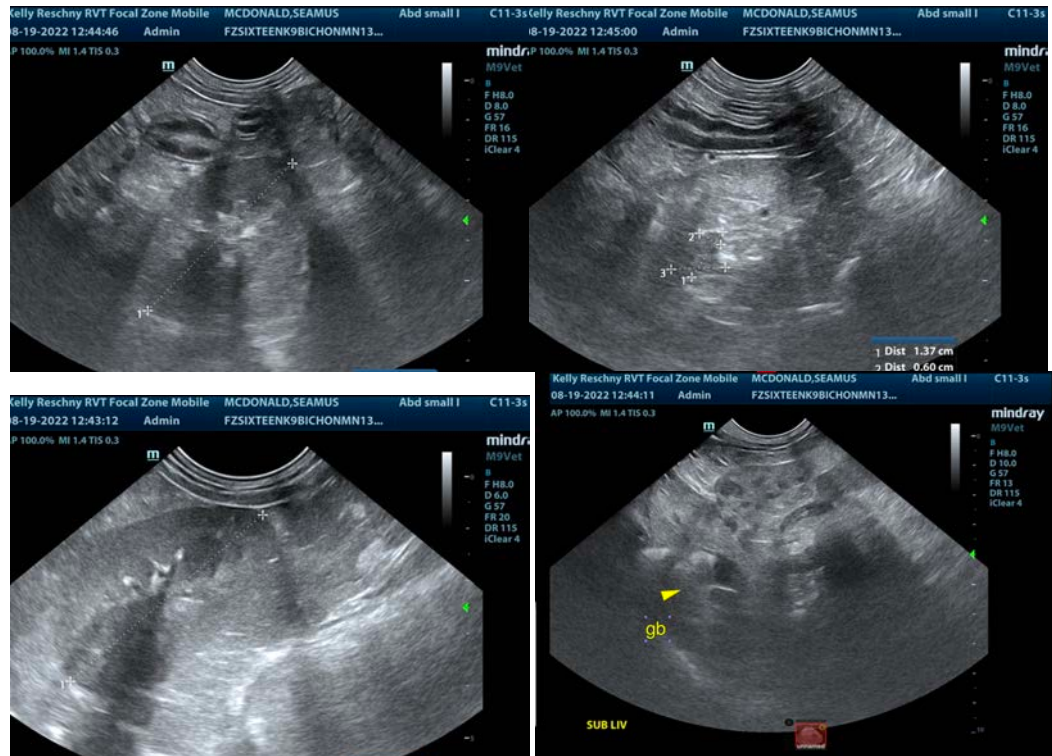
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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