

PATIENT

Coco Jensen

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed female

AGE

13 years

WEIGHT

3.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healthy Paws Forward
AH

REFERRING VET

Dr. Boisen

INVOICE

32517

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: History of urolithiasis with cystotomy done in 2018. 3/6 murmur on wellness exam. Dental procedure scheduled need anesthetic assessment Patient on urinary support diet Ab 68 images Echo 62 images total 130
Abnormal PE/Chem/CBC/UA Results: Mod elevation ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small urethral and bladder calculi measuring up to 0.17 cm. Sand accumulation was noted and measured up to 0.8 cm. No obstructive disease was noted at this time.

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. Corticomedullary calculi were noted and non-obstructive. The largest of which measured 0.5 cm. The right kidney measured 3.55 cm.

Adrenal Glands

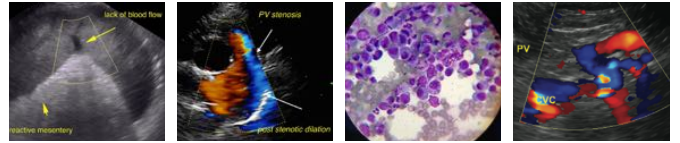
The left **adrenal gland** was uniform and measured 0.48 cm. The right adrenal gland was mildly heterogenous and measured 0.7 cm The right adrenal gland revealed an expansive cranial pole that measured 1.16 cm. No caval invasion was present, yet capsular expansion was present. The right adrenal gland should be monitored carefully with follow-up.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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. Hyperechoic lipogranulomas were noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed a minor amount of excessive debris without significant over distension.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Spayed female

AGE

ULTRASONOGRAPHIC FINDINGS

13 years

Bladder sand and small calculi.

WEIGHT

Excessive gallbladder debris and sludge.

3.6 kg

Partially full stomach.

Age related renal changes with calculi, non-obstructive.

INTERPRETED BY

Expansive right adrenal cranial pole.

Eric Lindquist, DMV
DABVP, Cert. IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ursodiol therapy is warranted. Blood pressure measurements indicated. If hypertension is an issue then urine catecholamine is recommended. The right adrenal gland should be monitored carefully. Given that this patient is a female liberation of the bladder sand and calculi should occur without difficulty. The kidneys appear to be 50-60% compromised. The renal values and urinalysis should be monitored carefully. Recheck sonogram is recommended in a month primarily of the right adrenal gland and bladder sand presentation.

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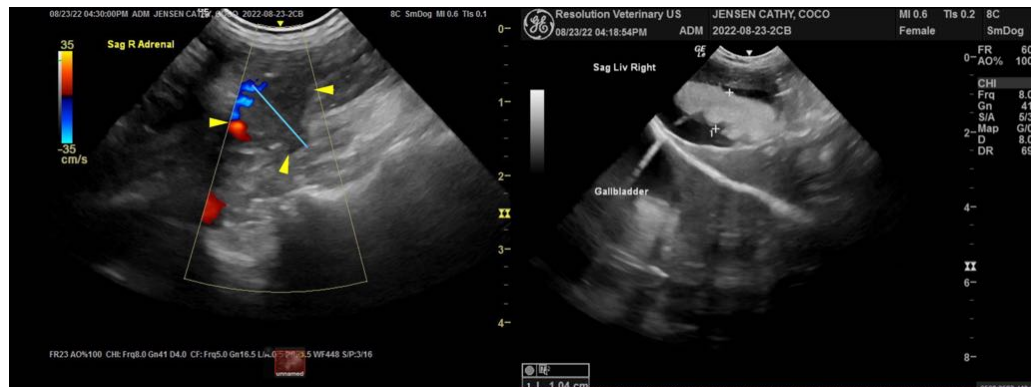
Dr. Boisen

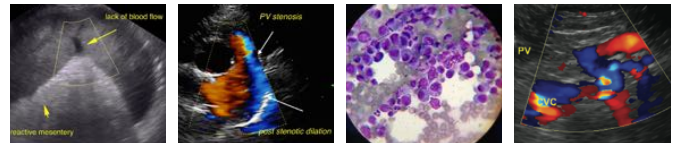
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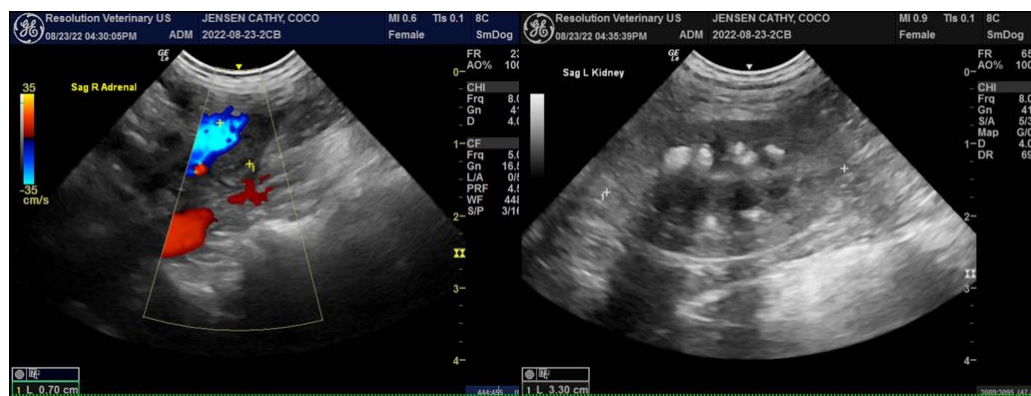
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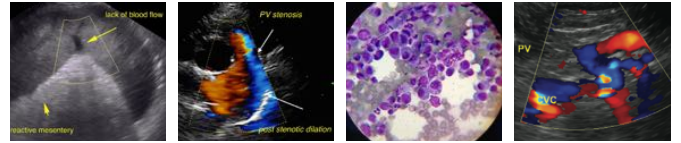
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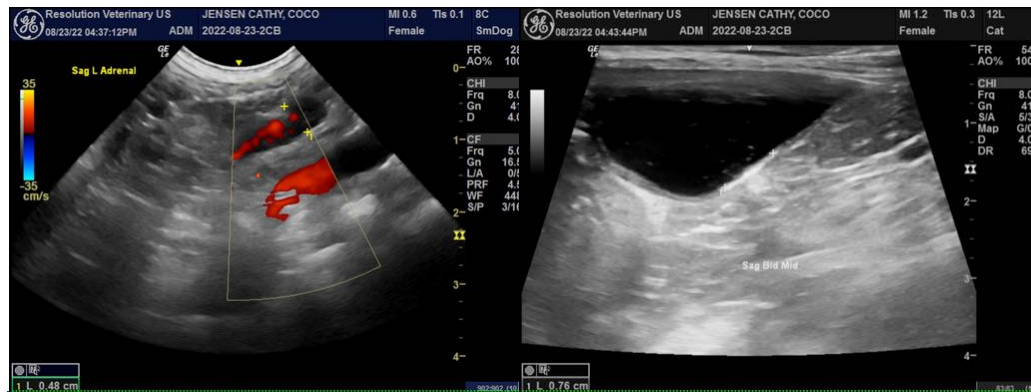
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Dr. Belan

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.

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info@SonoPath.com

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