



**PATIENT PRESENTING CLINICAL SIGNS**

**Lady Garcia**  
History: Patient went to the emergency room this past Friday due to a tense and swollen abdomen; the owner says she was recommended for the dog to have an abdominal ultrasound done which was done today September 16th, 2021. The owner says this has been occurring since last Thursday. The patient is eating, drinking and urinating normally; also no vomiting nor diarrhea. The owner mentioned that in 2016 this same issue occurred but no records can be found due to the old Veterinarian passing away. The owner is also concerned about the amount of times that the patient defecates has decreased so the owner believes the patient is constipated.

**SPECIES**

Canine

**BREED**

Bichon Frise Mix

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

18.6 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Both kidneys measured 4.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.46 cm. The left adrenal gland measured 0.46 x 0.54 cm.

**IMAGING PERFORMED BY**

Dr. Kim

**Spleen**

**HOSPITAL NAME**

Ridgefield Park AH

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.

**REFERRING VET**

Dr. Kim

**INVOICE**

91875

**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. The portal vein to vena cava ratio was normal with a 1:1 ratio. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology

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9/16/21



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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.

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**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.

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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.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Minor bladder thickening.

**WEIGHT**

18.6 lbs

Mild, pancreatic remodeling.

Otherwise, geriatric abdomen.

**INTERPRETED BY**

Eric Lindquist, DMV  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

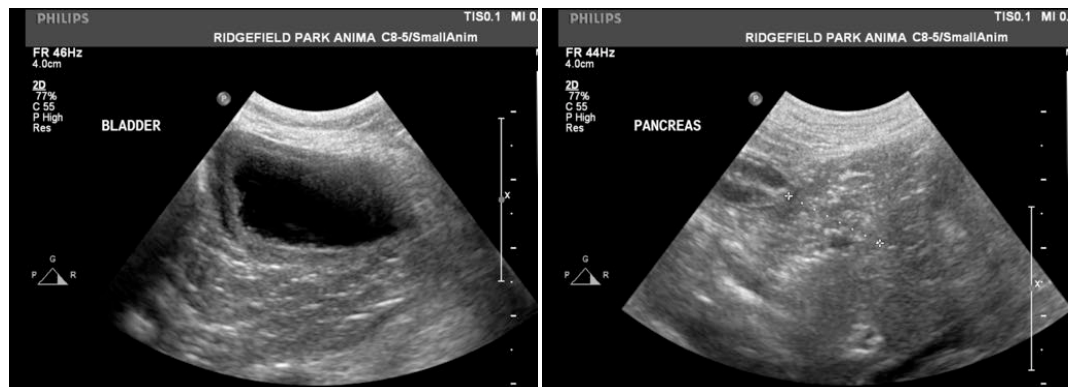
There was no evidence of visceral disease responsible for the abdominal tension. Referred back pain should be considered as a potential/back spasming given the patient's history. Urinalysis is warranted given the bladder wall thickening.

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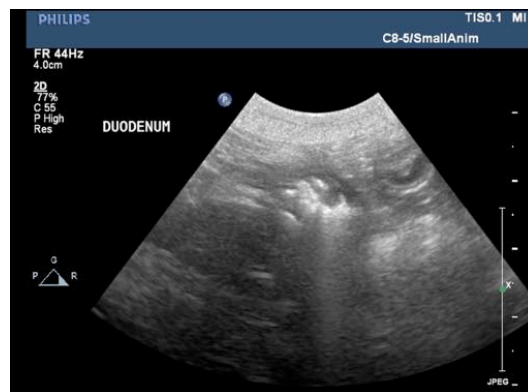
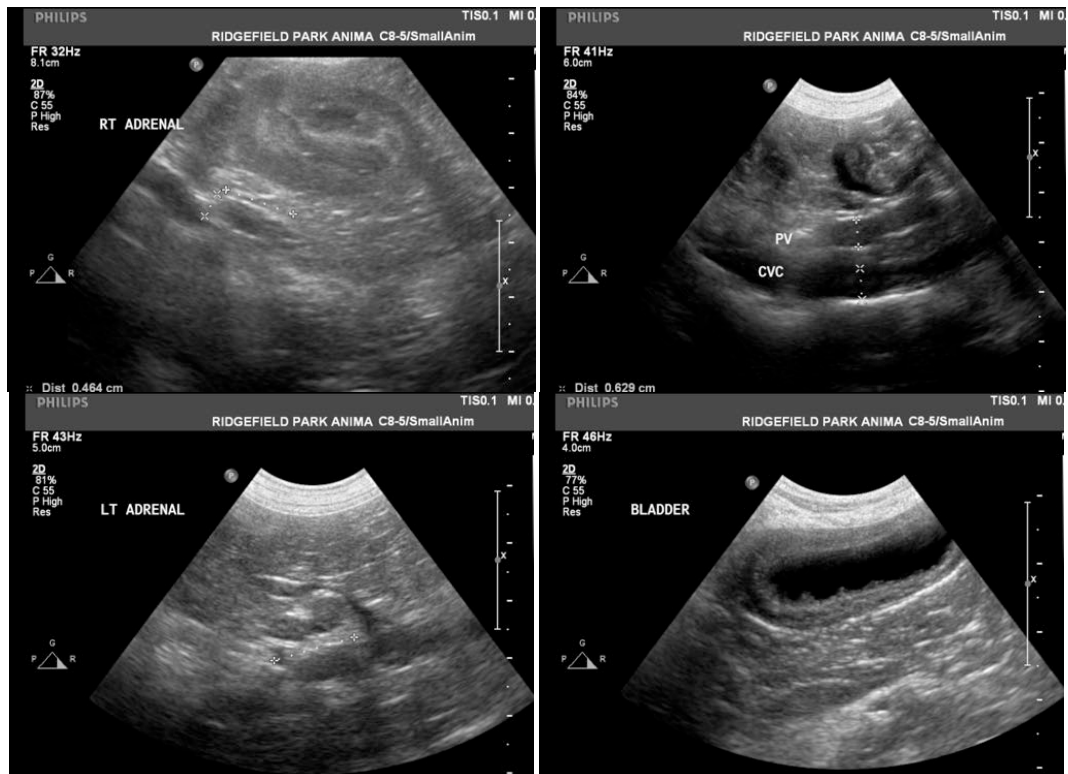
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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