



**PATIENT**

Loki Moore

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

11.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hadley Harris

**HOSPITAL NAME**

Total Bond VH

**REFERRING VET**

Dr. Epstein

**INVOICE**

32765

**DATE**

9/7/22

**PRESENTING CLINICAL SIGNS**

History: Pt. with long-standing elevation ALP (though recently somewhat lower, see attached), hepatomegaly, and urolithiasis, dog has had some recent inappropriate urination, USG 1.017-1.020. Pt is on Phb for idiopathic epilepsy, probably from the Phb but some nodules in liver on AFAST though not necessarily suspicious for neoplasia. Pt. has persistent (and increased) UP:C 2.8 - 3.1, BP WNL, unknown if lower UT origin at this time vs PLN (not medicated). Urine c/s pending, as is a 1st a.m. caught UA to establish ability to concentrated and better UP:C). Rads reveal uroliths. UC:Cr has been considered but not yet performed. O. (staff member) is trying to get this dog in shape for a cystotomy + possible PU or SU. Full AUS (to look at adrenals as well).

**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. Cystourethral calculi were noted and entered into the proximal urethra. Grouping of which measured 1.0 cm. 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. Pinpoint mineralization was noted as well. The right kidney measured 4.42 cm. The left kidney measured 4.57 cm.

**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 0.72 cm. The left adrenal gland measured 0.5 cm.

**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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and



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subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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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.

**BREED**

Maltese

**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.

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**ULTRASONOGRAPHIC FINDINGS**

Cystourethral junction bladder calculi.

**WEIGHT**

11.9 lbs

Otherwise, unremarkable abdomen.

Structurally normal adrenal glands.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy with normal and retrograde flushing of the urinary bladder is recommended. Emerging pituitary dependent hyperadrenocorticism. This could be an issue, yet structurally the adrenal glands are normal at this time. A small percentage of PDH patients can have normal adrenal glands. Therefore, if solid parameters such as persistent urine specific gravity less than 1.020 and elevated UCCR are present then LDDST is indicated. However, the most immediate issue cystotomy, stone analysis and culture. The bladder calculi may be contributing to the proteinuria. Blood pressure measurements are indicated.

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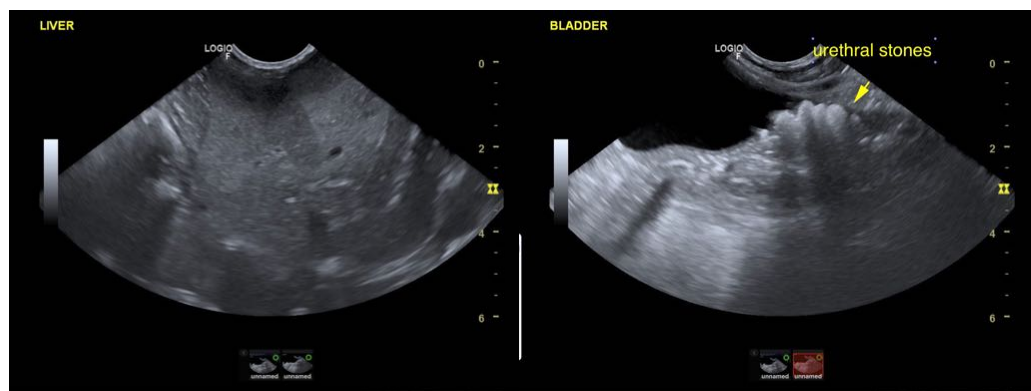
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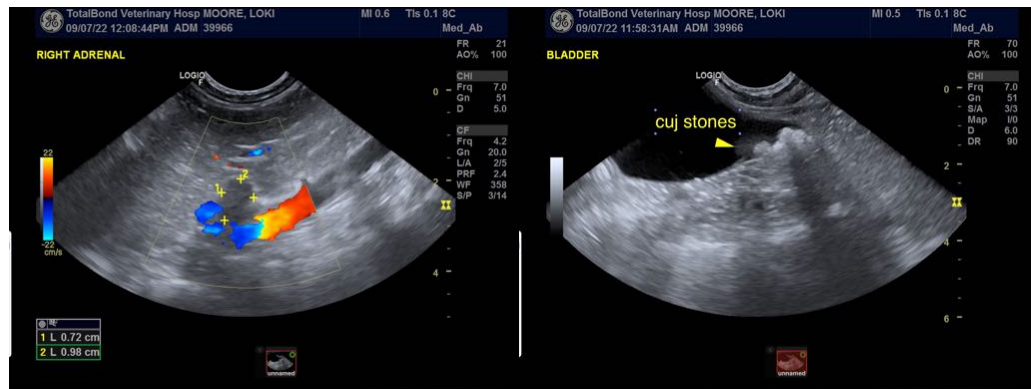
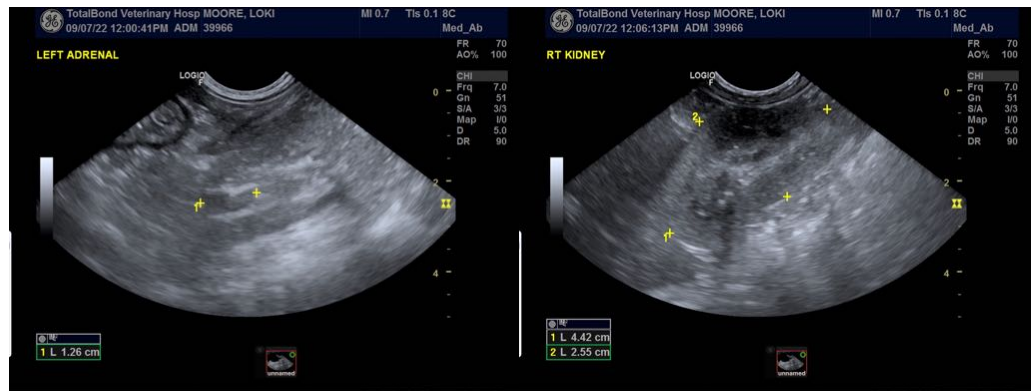
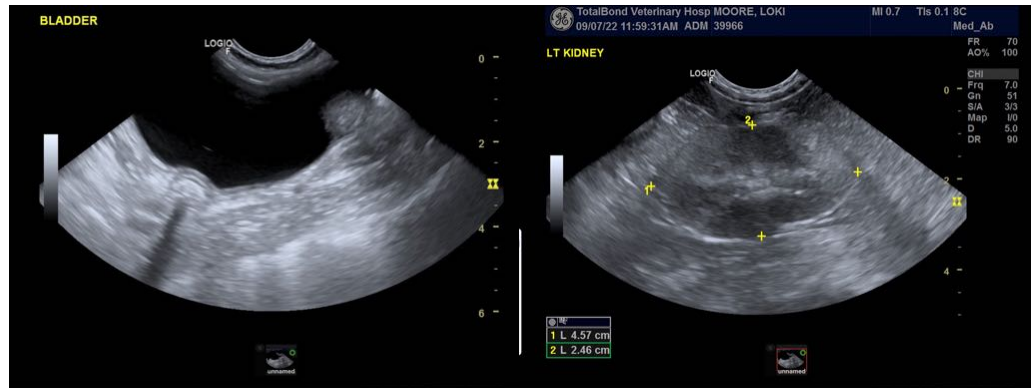
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com