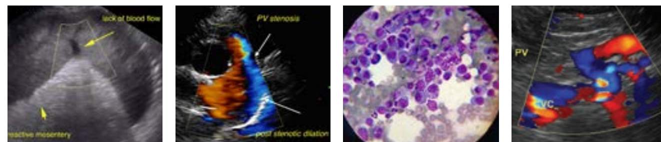


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ranger Claeys

SPECIES

Canine

BREED

Bichon Shih X

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Chaparral Vet Clinic

REFERRING VET

Dr. Gadzhev

INVOICE

41138

DATE

9/7/22

PRESENTING CLINICAL SIGNS

Diagnosed with hepatopathy after scan in 2018, by internal medicine person. No sign of Cushings at that time.

Abnormal PE/Chem/CBC/UA Results: Persistent elevation of ALP ALT with elevated cholesterol and Lipase

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small calculus measuring 0.32 cm and a separate calculus measuring 0.22 cm, localized in the cystourethral junction.

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. Calculi noted in both kidneys, non-obstructive. The patient is likely passing calculi from the kidneys to the bladder periodically. The right kidney measured 4.8 cm. The left kidney measured 4.94 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 0.62 cm at the cranial pole and 0.46 cm at the caudal pole. The left adrenal gland measured 0.61 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

The **spleen** presented a hypoechoic nodule at the cranial pole measuring 0.55 cm. Minor heterogeneous changes noted elsewhere, non-disruptive.

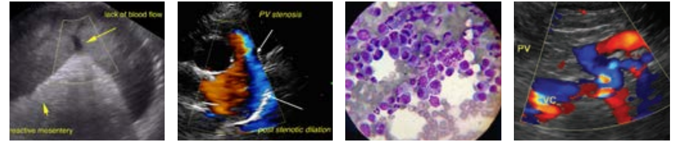
Liver

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 subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Occasional hypoechoic, non-disruptive nodule noted, example measured 1.22 cm in the base of the caudate process. Another nodule measured 0.98 cm in the cranial liver. Minor gallbladder sand noted, a grouping of which measured 0.76 cm.

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.

Reactive mesenteric lymph nodes noted measuring 0.53 cm.



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Pancreas

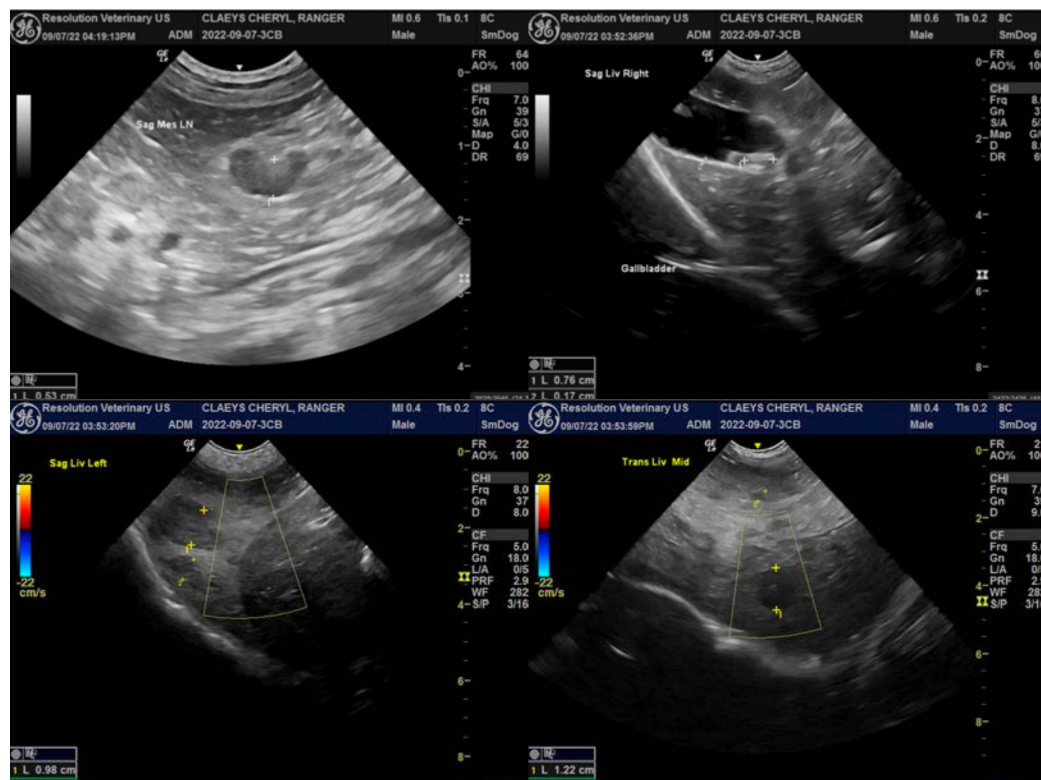
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

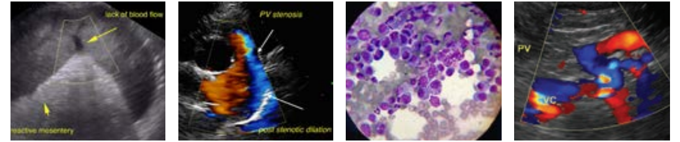
ULTRASONOGRAPHIC FINDINGS

- Bladder and renal calculi, non-obstructive
- Nodular hyperplasia splenic pattern
- Vacuolar hepatopathy/nodular hyperplasia liver pattern
- Slight mesenteric lymphadenopathy
- Structurally unremarkable adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodules and general parenchyma indicated for further definition. Possibility of neoplasia is minor. Bile acid profile would also be ideal. If any lower urinary tract signs are present, then cystotomy, stone analysis and culture would be indicated. Liver biopsy could be performed at that time.





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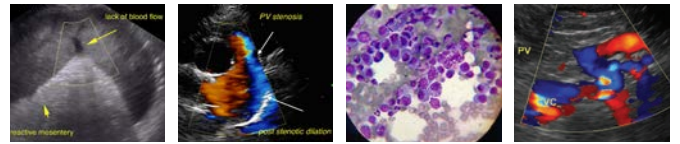

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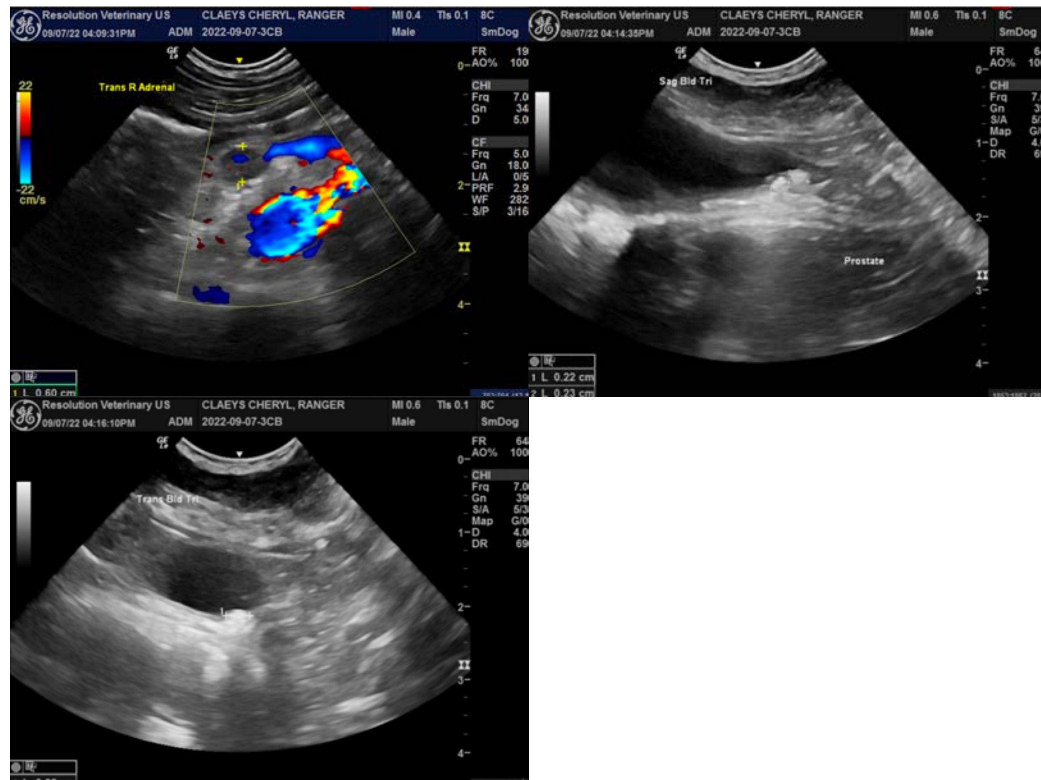

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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