



**PATIENT PRESENTING CLINICAL SIGNS**

Gigi Moe Having urinary accidents.  
Abnormal PE/Chem/CBC/UA Results: BW shows: ALKP 1061, ALT 179, and BUN 33. UA - crystalluria. Rads: mass effect in thorax with potential bladder stone (slightly translucent), hepatomegaly.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Bichon Frise

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm. The right kidney measured 5.2 cm. Small cortical cysts present in both kidneys.

**AGE**

11 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

13 Pounds

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 0.63 cm at the cranial pole and 0.46 cm at the caudal pole.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**Liver**

The liver exhibited generalized enlargement with primarily maintained symmetrical capsule contour, mildly mixed echogenic parenchyma with moderate coarse echotexture and evidence of parenchymal remodeling. No distinct hepatic masses or nodules noted. The gallbladder was non distended in size with mild, non-dependent yet non-organized, echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**HOSPITAL NAME**

SVS Imaging Kansas  
City

**REFERRING VET**

Dr. Breinin

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

10/13/21

Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT**

**Pancreas**

Gigi Moe

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Bichon Frise

Rapid view of the heart revealed no overt evidence of pericardial effusion or pericardial masses in the visible window. Subjective minor compensated mitral valve insufficiency present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Hepatomegaly with non-uniform parenchyma – vacuolar hepatitis, chronic active hepatitis (infectious, immune mediated), cholangiohepatitis, with benign parenchymal remodeling, early fibrosis or cirrhosis, neoplastic possible.
- Mild gallbladder debris (non-mucocele)
- Mild to moderate chronic renal changes, no overt pyelonephritis
- Sonographically unremarkable urinary bladder and visible proximal urethra – no sediment/calculi

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

13 Pounds

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status, hepatic FNA using 25-gauge needle warranted for screening cytology, primarily to assess for evidence of inflammatory cells or neoplasia. Hepatosupportive medications may prove beneficial. If the patient is PU/PD, full adrenal workup may be considered, although the bilateral adrenal glands were not overtly suggestive of hyperadrenocorticism.

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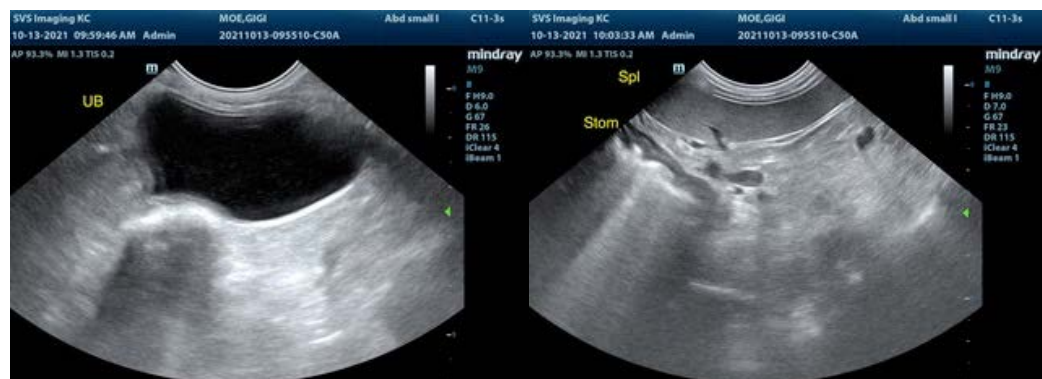
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**PATIENT**

Gigi Moe

**SPECIES**

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**BREED**

Bichon Frise

**SEX**

Spayed Female

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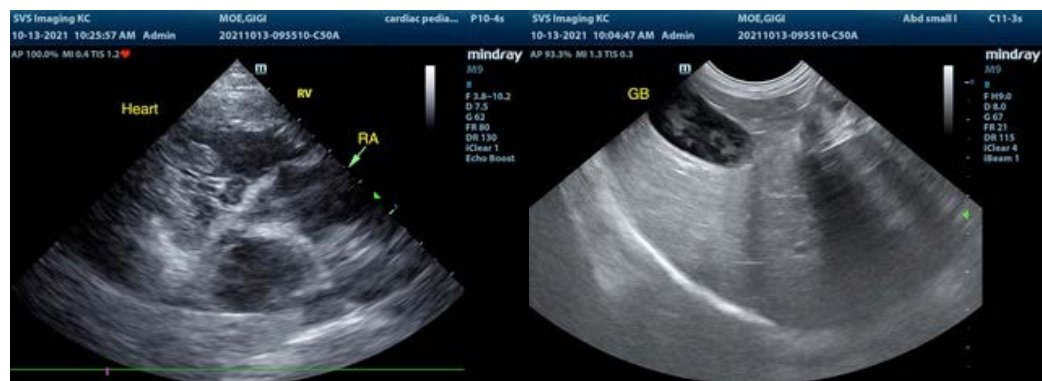
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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