



PATIENT

Fonzie Grimes

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

15 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INVOICE

14379

DATE

7/22/22

PRESENTING CLINICAL SIGNS

-History of PU 3 years ago - calcium oxalate stones. Gall bladder mucocele, chronic renal disease, small bladder uroliths, liver mass. Doing well clinically. On Denosyl, Prednisolone, Ursodiol
 Abnormal PE/Chem/CBC/UA Results: ALT 246; ALP 290; Albumin 4.1; creatinine 1.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.83 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical 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 moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Subjective mild reduced medullary volume was noted. Pinpoint to focal areas of medullary mineral to small renoliths were present. Mild pyelectasia was present in both kidneys. Multiple cortical cysts were also present in both kidneys. An example of a left kidney cortical cyst measured 0.42 cm diameter. An example of a right kidney cyst measured 0.58 cm diameter. The left kidney measured 4.8 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width at the caudal pole and 0.49 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small hyperechoic nodules were present throughout the medial parenchyma adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Nonhomogeneously echogenic mass occupying the mid to left liver



PATIENT

Fonzie Grimes

measuring approximately 6.7 cm in diameter was present. Minor cystic component associated with the liver mass was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.

SPECIES

Canine

The gallbladder was non-distended in size containing nonorganized mildly hyperechoic luminal debris occupying the majority of the gallbladder lumen. No evidence of peripheral gallbladder inflammation was noted. The area of the common bile duct was sonographically unremarkable.

BREED

Bichon Frise

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.

SEX

MN

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.

AGE

15 years

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

WEIGHT

13 lbs.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with mid to left nonhomogeneous to mildly cystic Intraparenchymal mass
- Nondistended gallbladder containing moderate, nonorganized mildly hyperechoic sludge
- Moderate to marked chronic degenerative renal changes including medullary mineral / renolithiasis, mild pyelectasia, and multiple cortical cysts
- Benign splenic myelolipomas
- Sonographically unremarkable urinary bladder - no evidence of current cystic calculi

IMAGING

PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued hepatosupportive medications are recommended. No evidence of current peripheral gallbladder inflammation was noted. Assuming normal clotting status, ultrasound-guided FNA of the liver mass, if not previously done, could be considered for further assessment.

INVOICE

14379

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

DATE

7/22/22



PATIENT

Fonzie Grimes

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

15 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

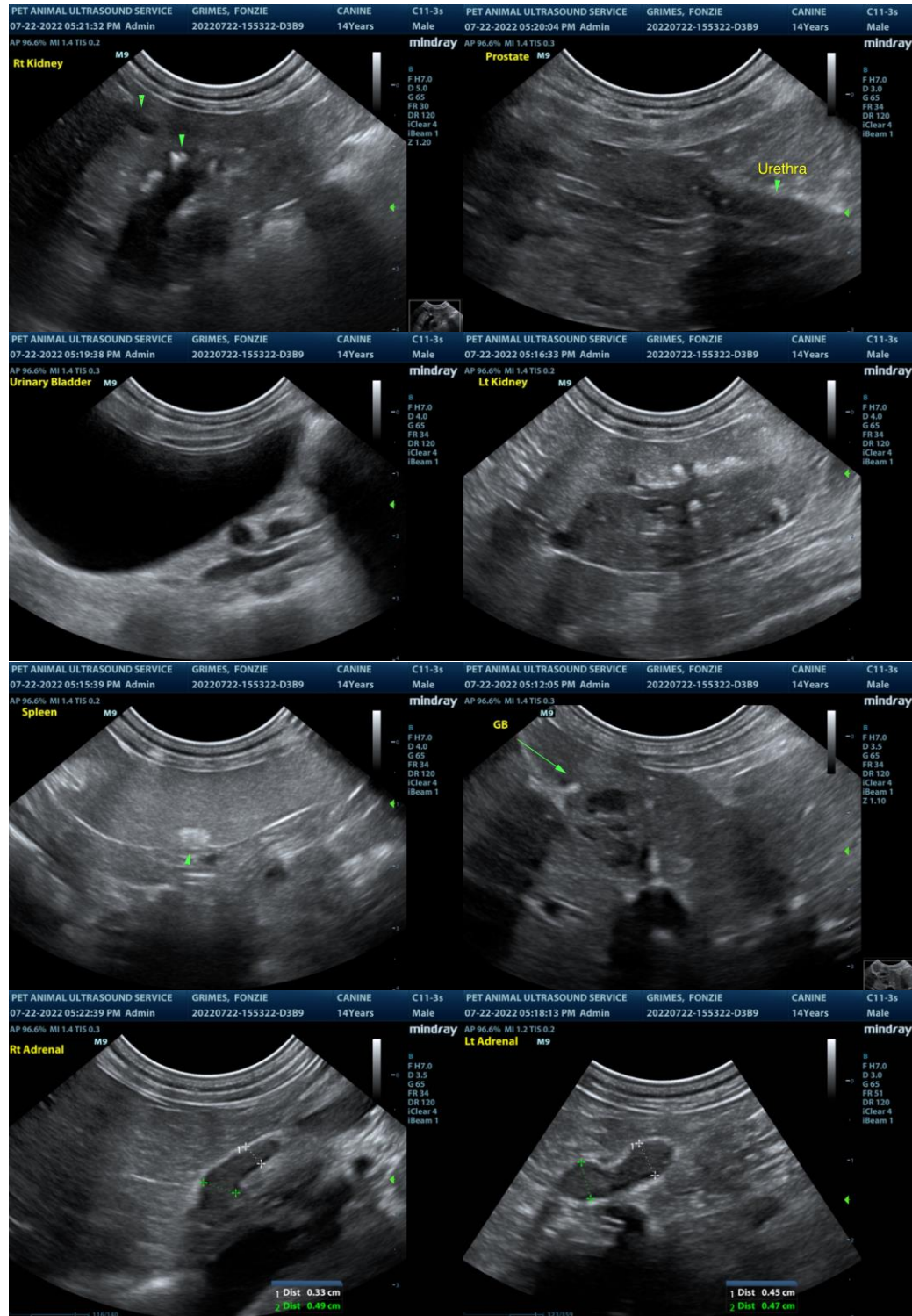
Leah Fischer, DVM

INVOICE

14379

DATE

7/22/22





PATIENT

Fonzie Grimes

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

15 years

WEIGHT

13 lbs.



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INVOICE

14379

DATE

7/22/22