



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Iggy Fitzgerald  
**SPECIES** Canine  
**BREED** Bichon Frise  
**SEX** MN  
**AGE** 14yr  
**WEIGHT** 19lb

History: Presenting for vomiting and decreased appetite for past few days. Also a diabetic that has been well controlled on Nov R and Nov N insulin. Past history pancreatitis. PE: mildly dehydrated with pain in cranial abdominal palpation. Moderate dental disease. No other significant findings. Appetite and vomiting does not seem to be getting better despite supportive care with Cerenia and Gabapentin at home and subcutaneous fluids he day he came in. Bloodwork revealed BUN 43, ALT 212, ALP 608, snap cPL normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral focal areas of nonobstructive medullary mineral along with multiple cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 1.0 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.59 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 0.46 cm width at the caudal pole and 0.44 cm width at the cranial pole.

**Spleen**

The spleen exhibited normal size with subtle areas of asymmetric capsule contour. Well demarcated nondisruptive hyperechoic nodules were present in the medial splenic parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

The liver was subjectively enlarged in size with symmetrical to swollen contour and generalized uniform hyperechoic hepatic parenchyma compared to the spleen. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nondependent hyperechoic debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.53 cm in width.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Wood River Animal Hospital

**REFERRING VET**

Dr. Schuelke

**INVOICE**

11282ag

**DATE**

08/05/2022



**PATIENT**

Iggy Fitzgerald

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. The duodenum wall measured 0.46 cm in width. The jejunum wall measured 0.48 cm in width.

**SPECIES**

Canine

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

**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.

**BREED**

Bichon Frise

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

MN

- Chronic renal changes exhibiting focal nonobstructive cortical cysts
- Hepatomegaly exhibiting parenchyma hyperechogenicity-consistent with probable metabolic, vacuolar or reactive hepatopathy (diabetic hepatopathy), hepatic neoplasia considered unlikely
- Mild pancreatic remodeling-age related pancreatic changes or from previous inflammation
- Subjective mild gastritis/gastroenteritis pattern
- Mild gallbladder debris (non-mucocele)
- Splenic myelolipomas with potential for regional medial capsule fibrosis-benign

**AGE**

14yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

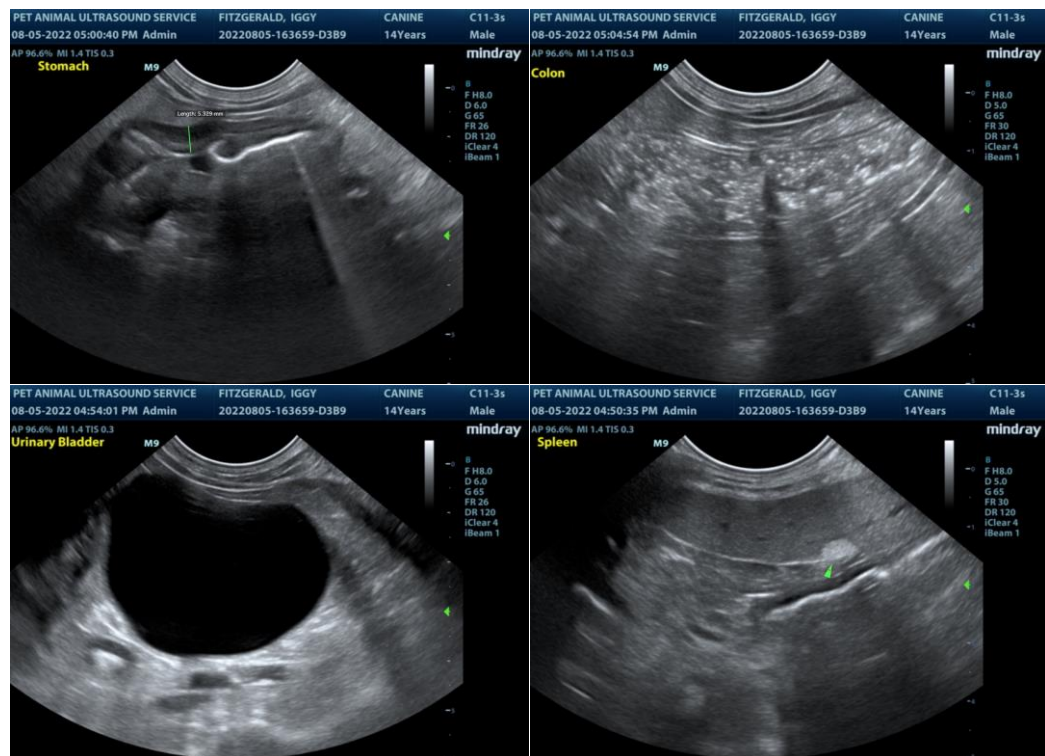
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The vomiting and decreased appetite is suspected to be owing to mild gastritis with low grade to chronic pancreatitis potentially a contributing factor however the snap cPL was normal. Continued hepatosupportive medications with potential gastric protectant or hydrolyzed diet trial would be reasonable. The vomiting may also be metabolic in nature owing to hepatopathy. Assuming normal clotting status a hepatic FNA for screening cytology could be considered.

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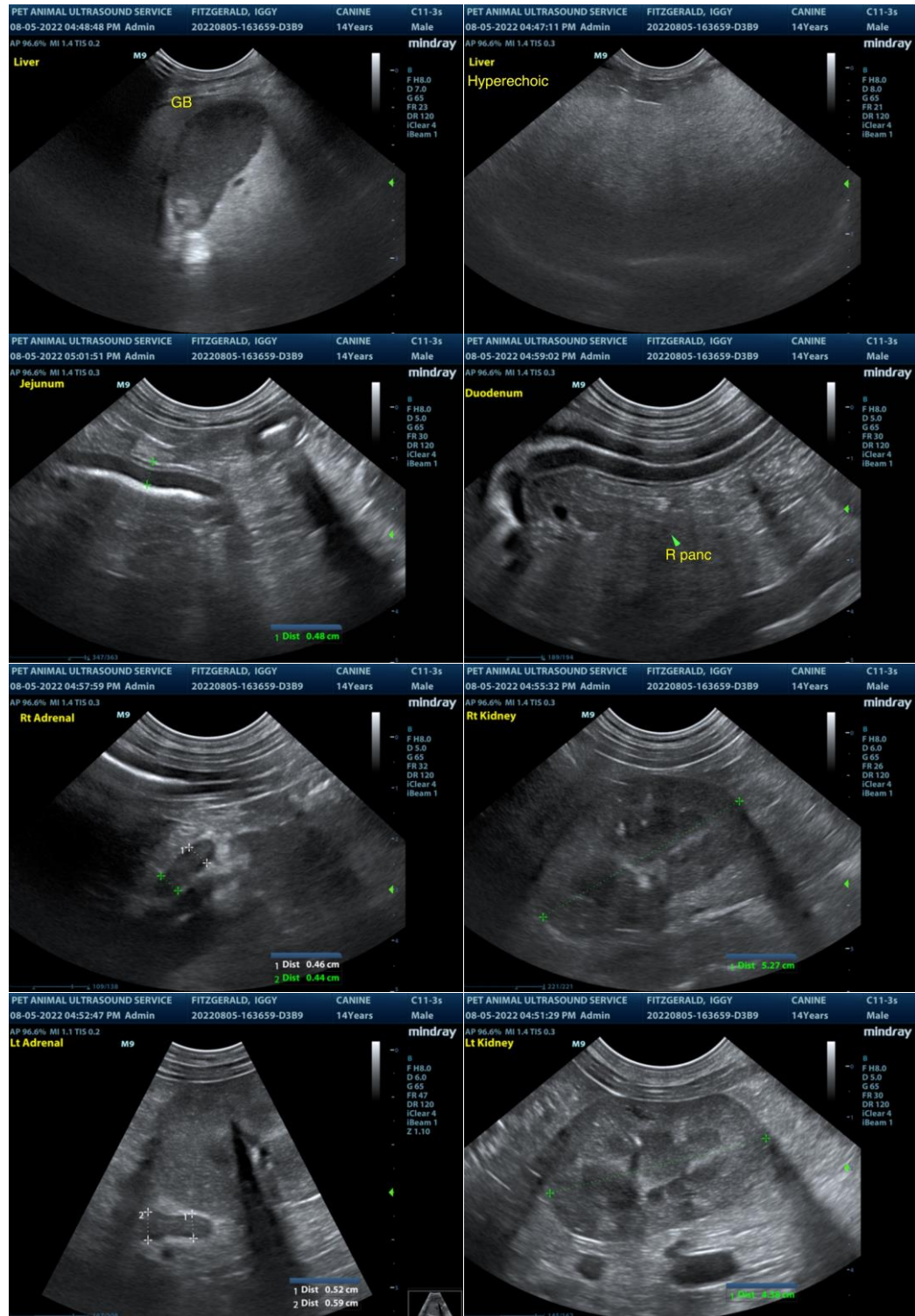
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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