



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Duncan Hinton	History: Past month not acting like himself, shaking more, decreased appetite, holding rt front leg up. Vomited today.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALP 526, BUN 29, cholesterol 340, amylase 1639, lipase 2124 (all elevated), CBC/UA wnl x-ray- liver looked bright, suspicion of abdominal mass
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Schnauzer	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
Neutered male	The residual prostate measured 0.6 cm.
<b>AGE</b>	The <b>kidneys</b> 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. The left kidney measured 6.0 cm.
10 ½ years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
23.8 lbs	Both <b>adrenal glands</b> 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 0.8 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.6 cm at the cranial pole and 0.6 cm at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> was folded upon itself cranially likely causing the mass effect upon the radiographs.
<b>IMAGING PERFORMED BY</b>	
Ashley Whitesell	<b>Liver</b>
<b>HOSPITAL NAME</b>	The <b>liver</b> 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. There was no overt suspicion of neoplasia.
Dickson AC	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Levine	The <b>stomach</b> in this patient revealed minor muscularis hypertrophy. With an empty lumen. Mucosal remodeling was noted. The patient likely has a history of gastritis. The stomach measured 6.2 cm.
<b>INVOICE</b>	
42112	
<b>DATE</b>	
1/13/23	



**PATIENT**

**Pancreas**

Duncan Hinton

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SPECIES**

Canine

**BREED**

**Free Abdomen**

Schnauzer

A large amount of abdominal fat was noted in this patient.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Age related renal changes.

**AGE**

Benign hepatopathy.

10 ½ years

Folded spleen.

**WEIGHT**

Low-grade gastritis pattern.

23.8 lbs

Mild pancreatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

There was no overt evidence of neoplasia. The splenic fold is causing the appearance of mass effect in the cranial abdomen. Low-grade inflammation is likely given the enzyme elevations. There was no overt evidence of visceral disease responsible for the clinical signs unless underlying gastritis is causing an issue. GI protectant protocol is warranted. However, assessment of other causes of the clinical signs such as orthopedic/spinal pain should be considered.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

Dickson AC

**REFERRING VET**

Dr. Levine

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**PATIENT**

Duncan Hinton

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

Neutered male

**AGE**

10 ½ years

**WEIGHT**

23.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

Dickson AC

**REFERRING VET**

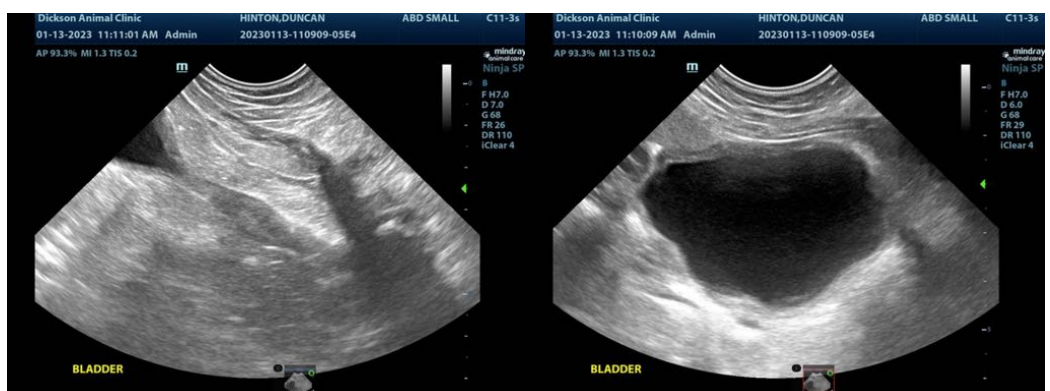
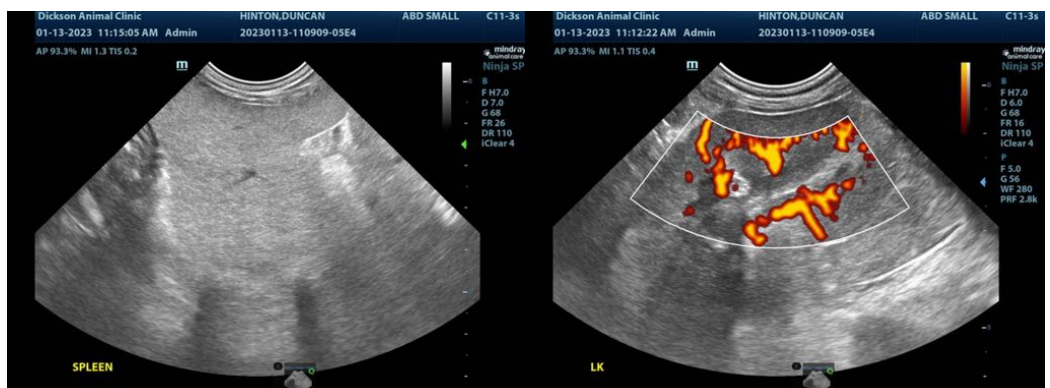
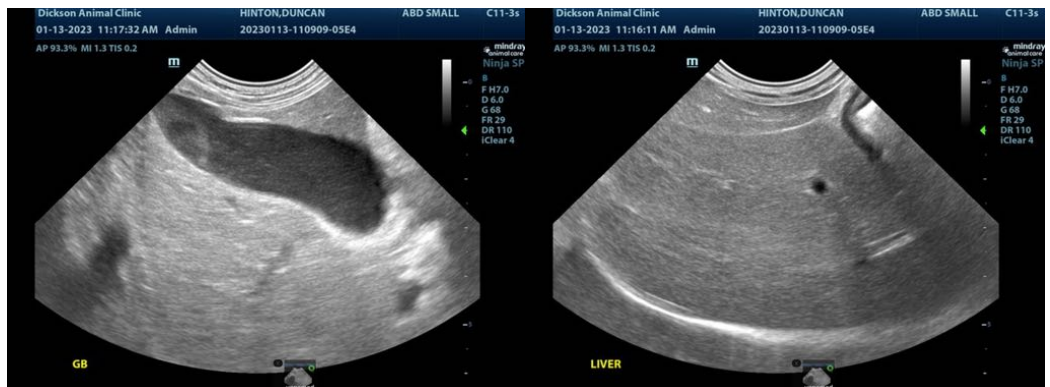
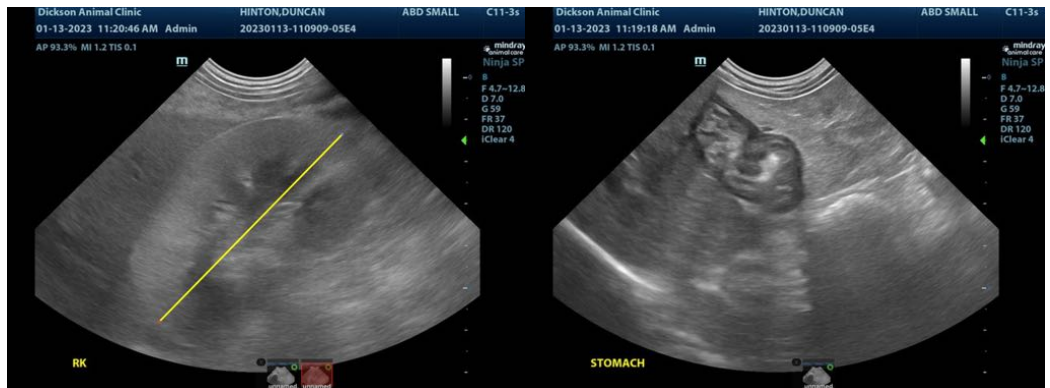
Dr. Levine

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**PATIENT**

Duncan Hinton

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.

**SPECIES**

Canine

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.

**BREED**

Schnauzer

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

10 ½ years

**WEIGHT**

23.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

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