

PATIENT

Hugo Shpilevski

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered male

AGE

2012

WEIGHT

28.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

42204

DATE

1/17/23

RESENTING CLINICAL SIGNS

History: Elevated WBC. Internal bleeding - possibly, possible mass. Abdominal discomfort. Labs + Radiographs attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A moderate amount of sand was noted. Sand accumulation measured 5.8 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostate was slightly enlarged, mildly heterogenous and measured 2.41 cm.

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. Slight mineralization was noted in the kidneys. The left kidney measured 5.85 cm. The right kidney measured 6.7 cm.

Adrenal Glands

The left **adrenal gland** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 1.95 x 0.58 cm at the caudal pole and 0.7 cm at the cranial pole. The region of the right adrenal gland was unremarkable.

Spleen

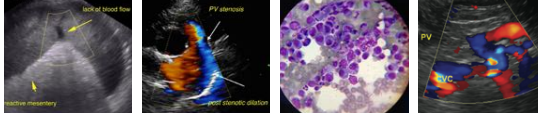
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed a minor amount of suspended, striating bile.

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. No associated abnormal lymphatic activity was noted.



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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 sand and debris.

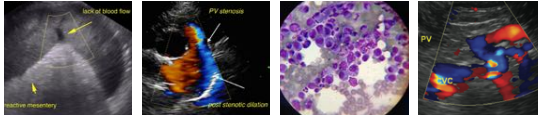
Mildly heterogenous prostate.

Slightly enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted. The prostate is slightly enlarged for a neutered male; however, if neutered at an older age this may be a normal variant. There was no evidence of bleeding. The spleen was folded upon itself. Cystotomy, sand analysis along with normal and retrograde flushing could be justified in this patient. GI Blood loss is technically possible in this patient, yet no structural evidence of GI disease is present. GI Protectant protocol can be considered from an empirical standpoint with reassessment of the anemia. Otherwise, CBC path review +/- eventual bone marrow aspirate may be necessary.





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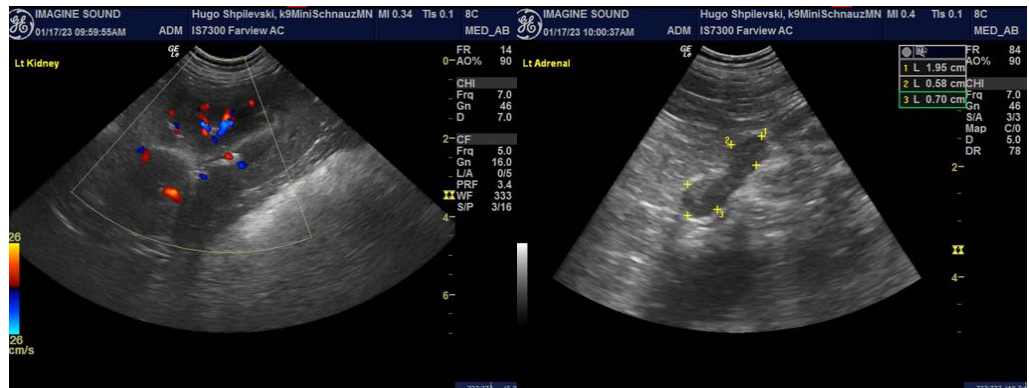
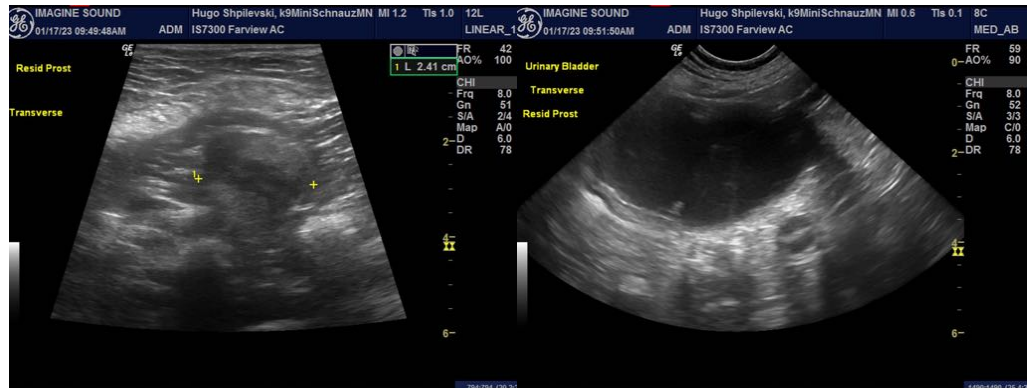
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com