

**PATIENT**

Laci Howell 56982A

**SPECIES**

Canine

**BREED**

Standard Schnauzer

**SEX**

Spayed Female

**AGE**

7 Years 7 Months

**WEIGHT**

12.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison VS –  
Dr. Klein**INVOICE**

44396

**DATE**

1/20/23

**PRESENTING CLINICAL SIGNS**

Laci presented to the MVS Emergency Service on Jan 20, 2023, at 2:40pm, for evaluation of acutely blind, chemistry abnormalities Owner believes that Laci became acutely blind about 4-5 weeks ago. They saw that Laci was laying in unusual places like the middle of the hallway and would stand in the corner of a room. They realized that she became blind when there was a snowfall, and she took Laci outside and she missed the step and fell. They went to their pcDVM today to investigate why Laci became blind. They did a senior profile and noticed a lot of abnormalities in the bloodwork (records not available). Laci is otherwise eating and drinking normally with no vomiting, diarrhea, or other concerns.

Abnormal PE/Chem/CBC/UA Results: Crea 1.9 BUN 29 Glob 4.6 ALT 2323 ALP 1646 GGT 22 T. Bili 0.7 (reference range for this machine is 0.0-0.9) Chol 419 Na 162 Cl 124

**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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** were normal size with slight irregular contour and increased cortical echogenicity. Some loss of corticomedullary definition noted. Pelvic dilation noted. Corticomedullary mineralization noted in both kidneys, non-obstructive. The right kidney measured 5.15 cm. The left kidney measured 4.8 cm.

**Adrenal Glands**

Both **adrenal glands** 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 0.52 cm at the caudal pole and 0.47 cm at the cranial pole. The left adrenal gland measured 0.53 cm at the caudal pole and 0.44 cm at the cranial pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** was swollen, irregular in contour, and revealed a hypoechoic target type nodule measuring 1.23 cm in the medial liver. The gallbladder was overdistended with immobile bile, consistent with mucocele formation. This is likely contributing to the current issue, yet no sonographic evidence of inflammation noted around the gallbladder. Microcystic hepatic lymph nodes noted, length to width ratio maintained, measuring 2.9 cm x 0.90 cm, likely owing to chronic inflammation. Slight effusion noted adjacent to the liver.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and

**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Laci Howell 56982A

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.

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Standard Schnauzer

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Acute hepatic insult present along with fairly stable mucocele.
- Chronic hepatic lymphadenitis
- Moderate chronic degenerative renal changes with non-obstructive pinpoint nephrolithiasis
- Partially full stomach

**AGE**

7 Years 7 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

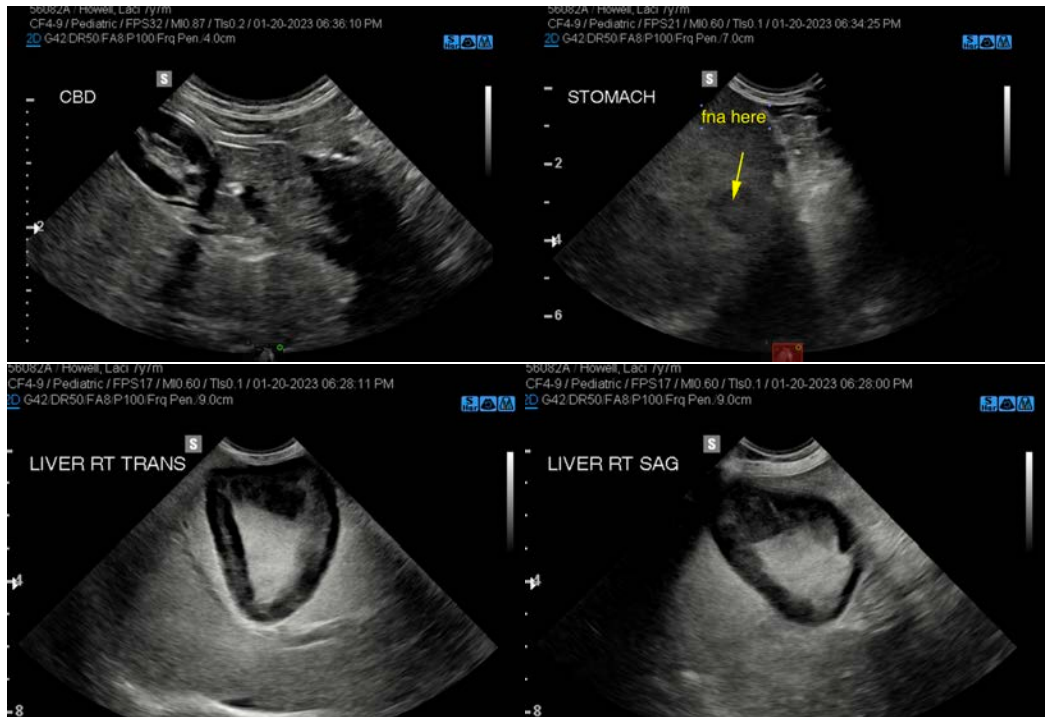
FNA of the general liver and nodules recommended to ensure underlying neoplasia is not present. Leptospirosis titers warranted. Prognosis is guarded depending upon aspirate results of the liver. Stabilization of the hepatic presentation warranted, ruling out other causes of acute insult warranted, with eventual cholecystectomy and liver biopsy. Gallbladder motility study would be ideal, yet I do not feel that the gallbladder is the overt primary issue in this patient at this time. The parenchymal changes should be defined first prior to surgery. However, direct cholecystectomy, liver biopsy, and hepatic lymph node biopsy and culture could all be justified as well.

**WEIGHT**

12.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison VS –  
Dr. Klein

**INVOICE**

44396

**DATE**

1/20/23

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Laci Howell 56982A

**SPECIES**

Canine

**BREED**

Standard Schnauzer

**SEX**

Spayed Female

**AGE**

7 Years 7 Months

**WEIGHT**

12.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

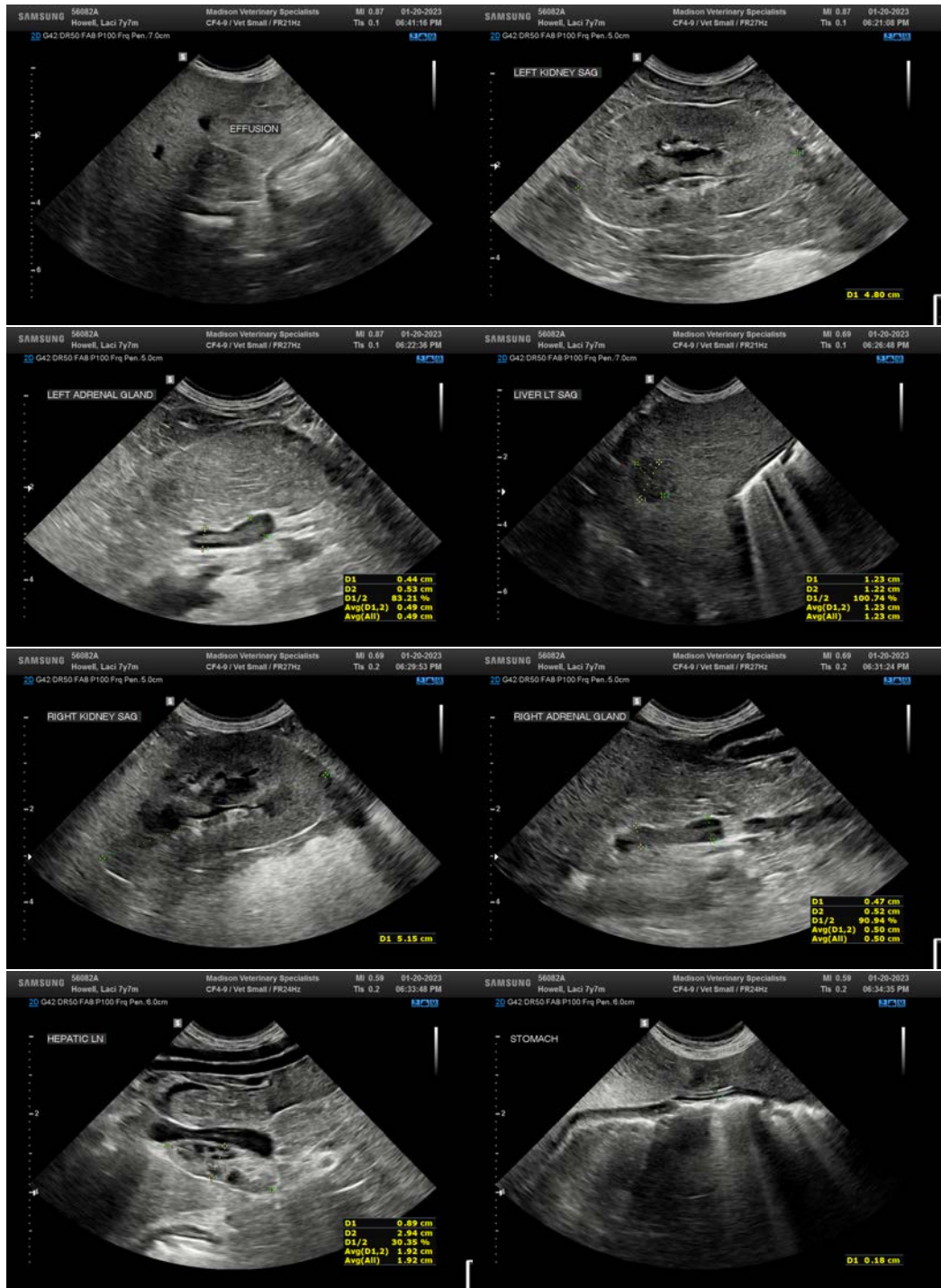
Madison VS -  
Dr. Klein

**INVOICE**

44396

**DATE**

1/20/23



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 info@sonopath.com