



PATIENT

Wally Ruggiero

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

54 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

20661

DATE

1/20/23

PRESENTING CLINICAL SIGNS

History: CaOx crystals. Current meds: Thyroxine 0.2mg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple calculi, the largest of which measured 1.11 cm. A minimal amount of urine was present at the time of the sonogram. The bladder wall was thickened with hypertrophied muscularis. No evidence of neoplasia. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 5.79 cm. The left kidney measured 6.01 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 2.0 cm x 0.48 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 2.26 cm x 0.52 cm at the cranial pole and 0.5 cm at the caudal 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 subnormal in size with heterogenous nodular changes and irregular contour. A history of chronic inflammatory hepatopathy is likely. Potential emerging cirrhosis. Bile acid profile is warranted prior to anesthetic procedure. Liver biopsy is warranted at the time of cystotomy. The gallbladder and common bile duct were unremarkable.

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.

Pancreas



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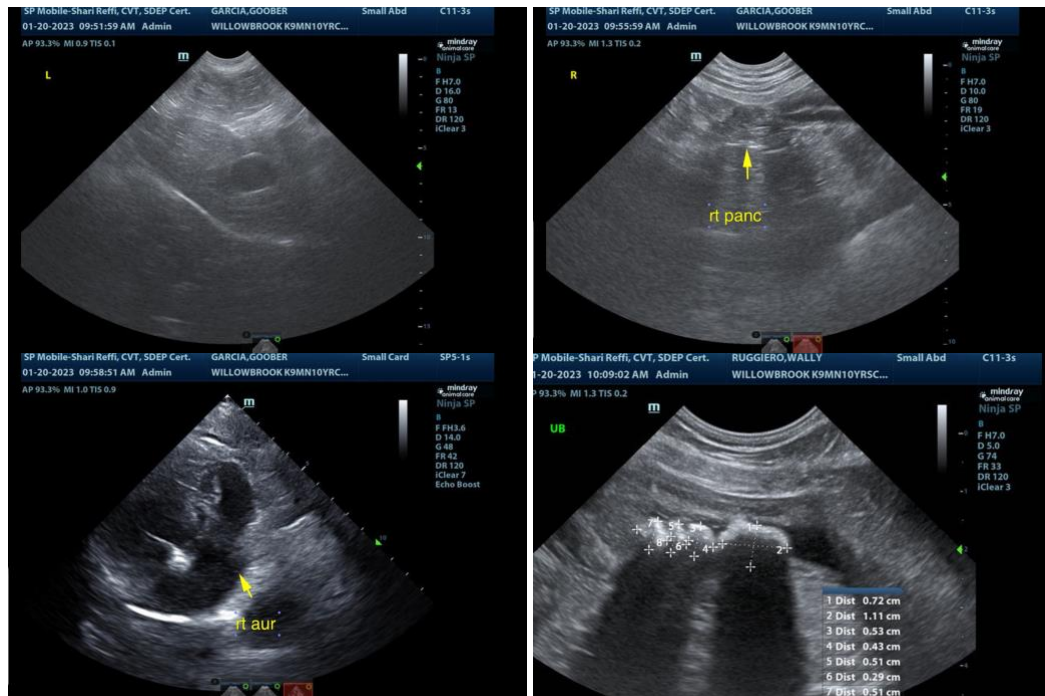
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Multiple urinary bladder calculi, nonobstructive at the time of the sonogram. Chronic cystitis bladder pattern.
- Hepatic remodeling. A history of inflammatory hepatopathy is likely. Potential concurrent portal hypoplasia.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of portosystemic shunting or secondary shunting. However, bile acid profile is recommended prior to surgical intervention. Liver biopsy is warranted at cystotomy. Stone analysis, culture and bladder wall biopsy are all valid.





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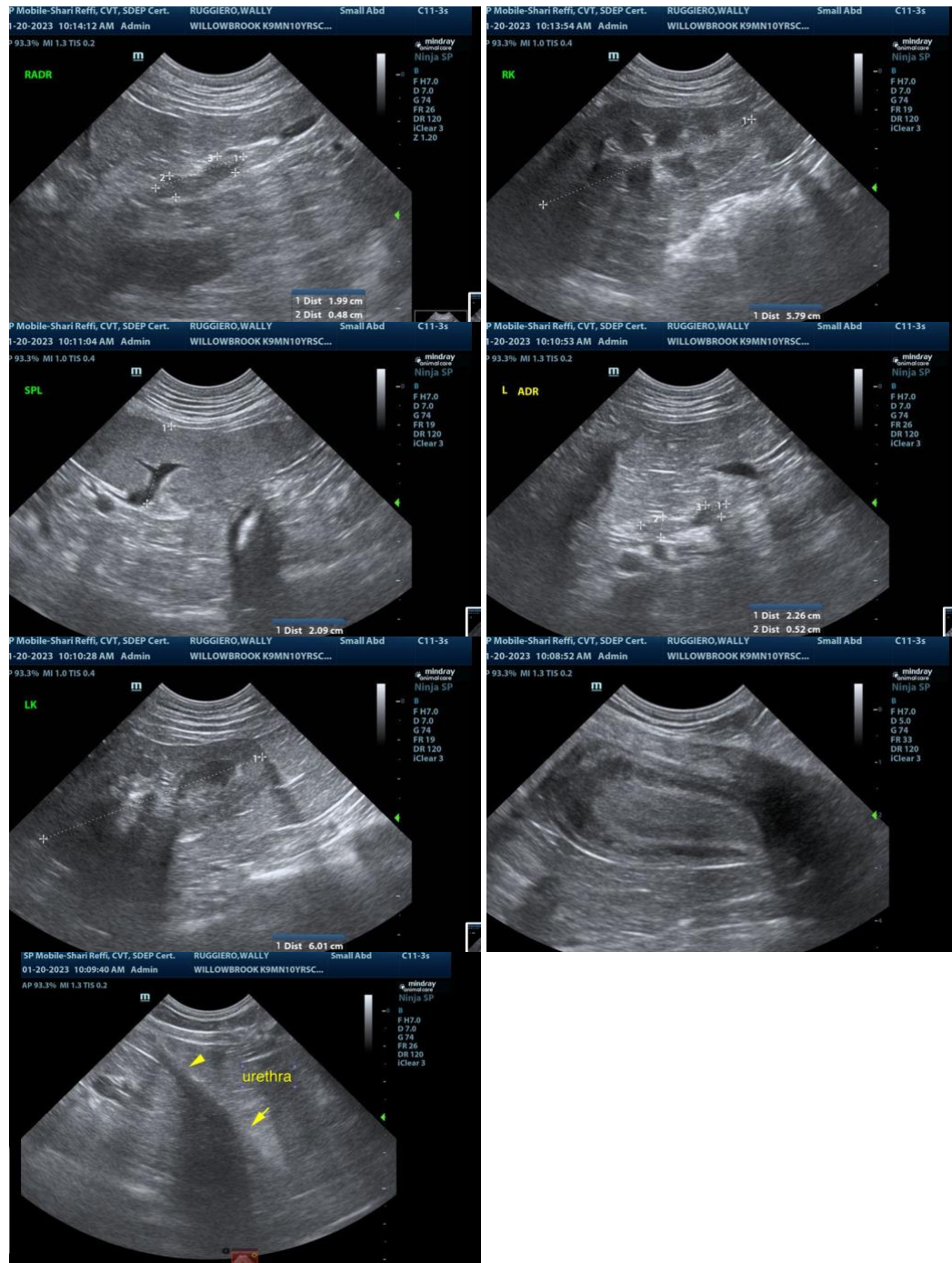
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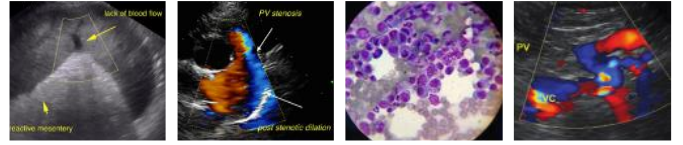
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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