



PATIENT

PRESENTING CLINICAL SIGNS

Digger Morris

History: Referral to our clinic from another local clinic that doesn't have ultrasound capability. P had radiographs that were suspicious for a liver/splenic mass. P acting normal. P on denamarin and ursodiol. Positive murphy's sign in area of gallbladder.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT - 172, ALKP - 2965, TBILI - 0.5, Phosphorus - 6.2, Cholesterol - 492, Triglycerides - 2956, T4 - 0.7

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Miniature Schnauzer

Urinary System

SEX

Neutered male

The **urinary bladder** revealed sand accumulation that measured 1.0 cm. The bladder wall itself was unremarkable.

AGE

11 years

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. Corticomedullary calculi were noted primarily in the right kidney and was non-obstructive. The left kidney measured 5.24 cm. The right kidney measured 5.86 cm.

WEIGHT

22.2 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left **adrenal gland** was 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 left adrenal gland measured 0.48 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland was not visualized.

IMAGING PERFORMED BY

Christina

Spleen

HOSPITAL NAME

Animal Health VC

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 was noted.

REFERRING VET

Dr. Rodriguez

Liver

INVOICE

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The **liver** was uniformly swollen. 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. The gallbladder was over distended with coalesced bile and minor areas of striation. The bile appeared to be immobile. This is consistent with gallbladder mucocele. The gallbladder measured 8.0 x 5.0 cm.

DATE

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Gastrointestinal

Digger Morris

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. The small intestine and colon were unremarkable.

SPECIES

Canine

Pancreas

BREED

Miniature Schnauzer

The right limb of the **pancreas** was hypoechoic and irregular primarily in the right limb with minor, enhanced mesentery.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Non-inflamed gallbladder mucocele, atypical.

Potential for low grade pancreatitis.

AGE

11 years

Full stomach.

WEIGHT

22.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of masses. I am concerned for clinical gallbladder mucocele. Cholecystectomy would be ideal. However, this may be medically manageable. The clinical signs may be deriving from low-grade pancreatitis. Gallbladder motility study would be ideal. A clinical trial of Ursodiol over the next 6 weeks and management for low-grade pancreatitis can also be considered. However, the liver enzymes and clinical status should be monitored carefully in this patient.

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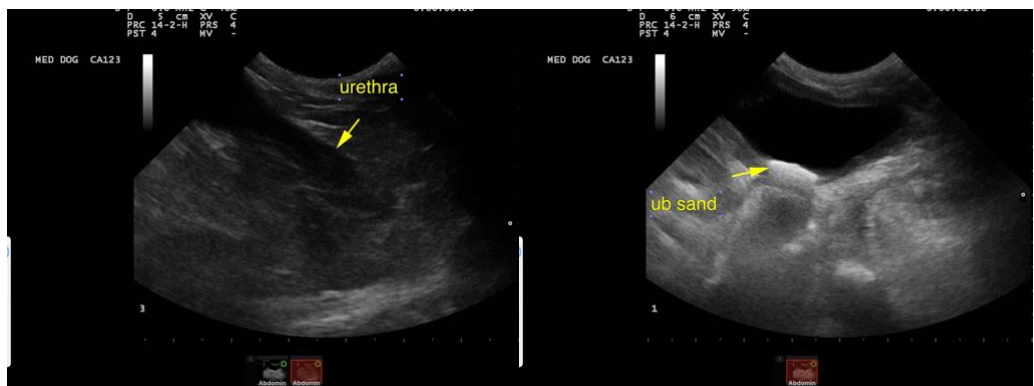
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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