



PATIENT

Suzie Q Bellaire

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

14 years

WEIGHT

16.3 lbs

PRESENTING CLINICAL SIGNS

History: Suzie presented on 11/30/22 for weight loss noted since May 2022 with no change in appetite. O notes polydipsia. P has history of seizures and is currently taking Keppra 250mg BID. Abnormal PE/Chem/CBC/UA Results: On PE today she has lost 2 pounds. Moderate dental calculus with an oronasal fistula at 204 site. Diffuse greasy haircoat with mild crusting. Decreased ROM in both hips. Blood work and urinalysis from 11/30/22 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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Non-obstructive mineralization was noted in the kidneys. Occasional cortical cyst was noted in the kidneys. The calculi were non-obstructive and blood flow to the kidneys appeared to be adequate on Power Doppler assessment, yet slight pyelectasia was present. The right kidney measured 5.13 cm. The left kidney measured 4.56 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. DeGrande

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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 1.25 x 0.37 cm. The left adrenal gland measured 1.08 x 0.41 cm at the caudal pole and 0.35 cm at the cranial pole.

Spleen

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

Liver

The **liver** was uniformly swollen. Occasional, non-disruptive cysts and nodule were noted with minor gallbladder debris. 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.



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Gastrointestinal

The **stomach** revealed minor mucosal hypertrophy and some minor shadowing material that was non-obstructive. The small intestines and colon were unremarkable.

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.

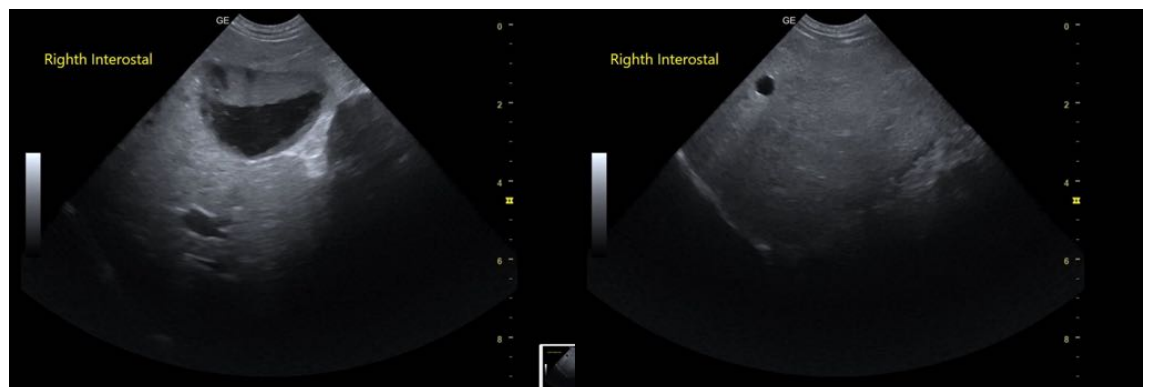
ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy, minor renal calculi.

Minor, non-obstructive shadowing gastric material. This is likely grass or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is not evident. Given the Kepra therapy this is likely contributing to the hepatopathy. There was no evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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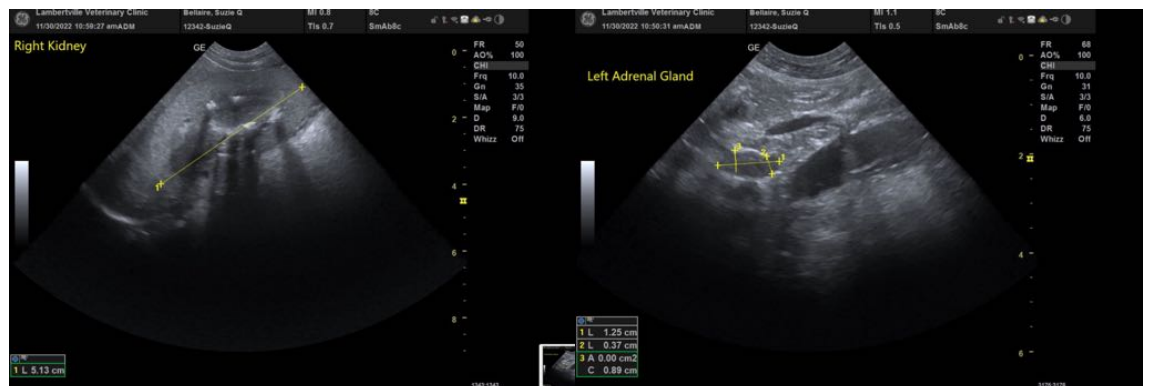
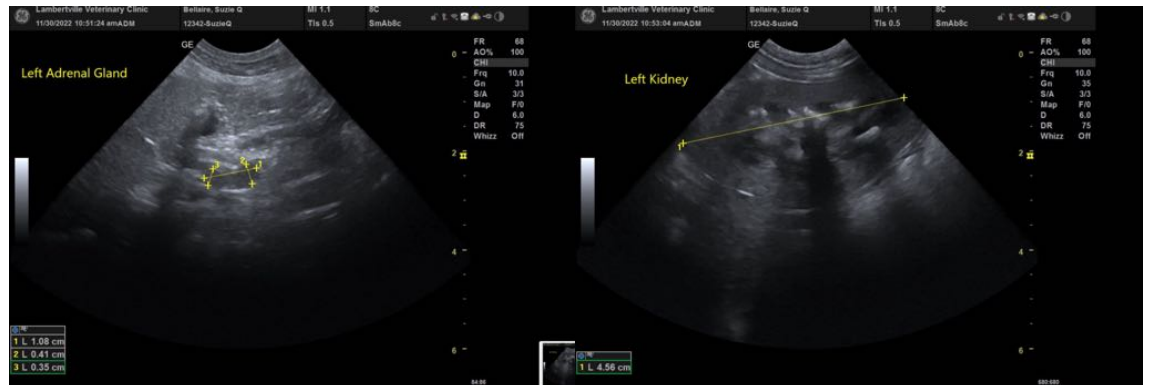
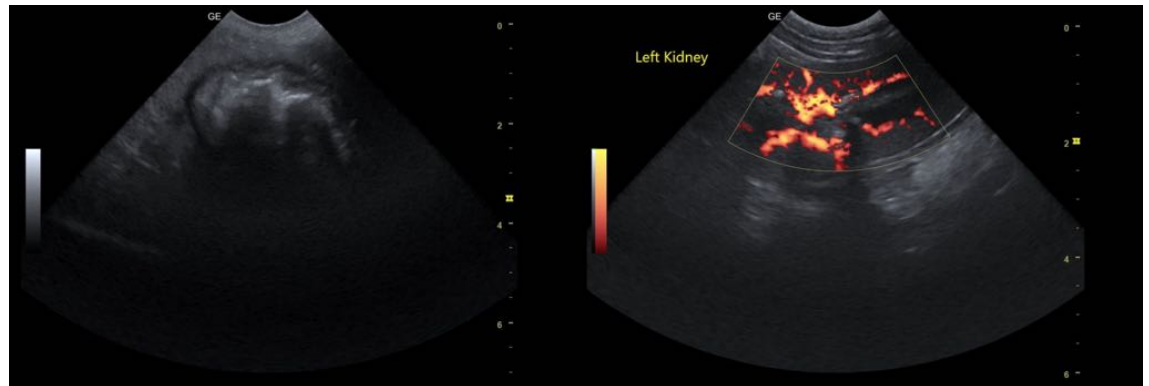
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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