



PATIENT

Beatty Gore

SPECIES

Canine

BREED

Schmauzer

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

15.5 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wavelength VS

HOSPITAL NAME

Brookwood AC, LLC

REFERRING VET

Misty Doornek

INVOICE

13024

DATE

12/12/21

PRESENTING CLINICAL SIGNS

History: Hx of chronic recurrent pancreatitis. Managed on low fat diet but continues to have severe flair ups. Head bobbing when eating.

Abnormal PE/Chem/CBC/UA Results: ALT 182, Alp 190 Metronidazole and probiotics

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The urinary bladder revealed a calculus measuring 0.22 cm. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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 moderate 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. Mineralization was present in the kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.89 cm. A 1.0 cm x 0.5 cm anechoic cyst was noted in the caudal pole of the right kidney.

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 left adrenal gland measured 1.82 cm x 0.41 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 1.17 cm x 0.41 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

A hypoechoic nodule was noted in the mid body of the **spleen**, measuring 0.75 cm. The remainder of the spleen was unremarkable. Folding of the spleen was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented moderate 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.

Gastrointestinal

The **stomach** itself was unremarkable. Area of mucosal speckling noted throughout the small intestine and hyperperistalsis, underlying irritable bowel suspected. High resolution revealed areas of mucosal fogging.

Pancreas



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Heterogeneous **pancreatic** changes were noted consistent with remodeling.

Beatty Gore

Free Abdomen

SPECIES

A 0.75 cm x 1.0 cm isoechoic pancreatic nodule or lymph node was noted in the left cranial **abdomen**, appears to be stable.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Bladder calculus
- Age-related renal changes with renal calculi, non-obstructive and left renal cyst
- Undefined splenic nodule, likely hyperplasia- FNA indicated.
- Mild to moderate hepatic remodeling
- Left pancreatic nodule
- Mucosal speckling and hyperperistalsis, underlying irritable bowel suspected. Areas of mucosal fogging present. Albumin levels should be monitored.

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FNA of the left pancreatic nodule or lymph node as well as the splenic nodule recommended. Cystostomy, stone analysis and upper GI biopsies could also be considered. No overt evidence of neoplasia, unless the pancreatic nodule or overlying lymph node represents an early low grade neoplastic event, however, this is unlikely. Given the mucosal fogging and possible lymphangiectasia, diet change to Purina HA or Royal Canin HP diet may prove effective in this patient.

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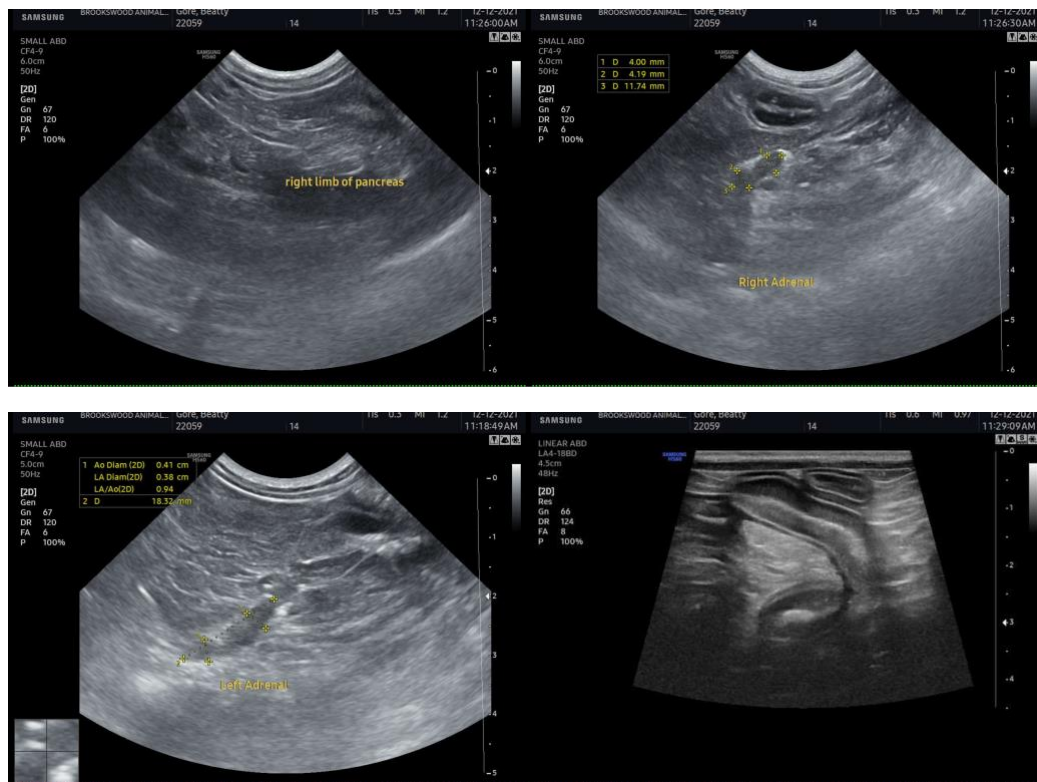
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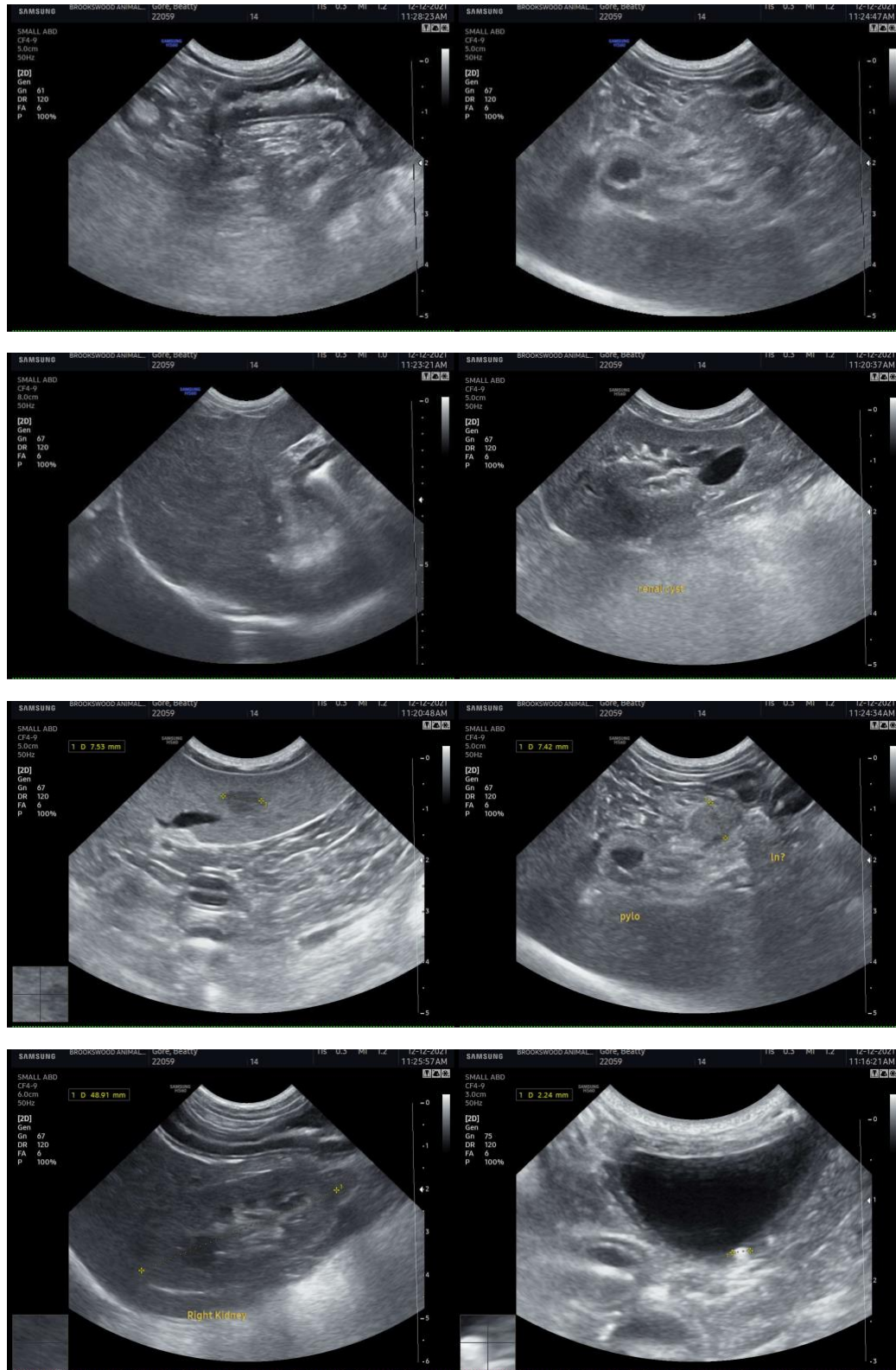
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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