



**PATIENT**

Schruff Kreiter

**SPECIES**

Canine

**BREED**

Schnauzer Mix

**SEX**

Netuered male

**AGE**

12 years

**WEIGHT**

35 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Gramazio

**HOSPITAL NAME**

Shohola VH

**REFERRING VET**

Dr. Gramazio

**INVOICE**

42219

**DATE**

12/19/22

**PRESENTING CLINICAL SIGNS**

History: Ultrasound was performed under general anesthesia, presented for mass removal and on pre-op blood work there was elevation of liver enzyme and proteinuria  
Abnormal PE/Chem/CBC/UA Results: ALP 690 5-160 U/L CHOLESTEROL 362 131-345 mg/dL SG 1033 Protein in urine 4+ pH 8.5

**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 and no evidence of pelvic dilation was present. The left kidney measured 4.64 cm. The right kidney measured 4.8 cm.

**Adrenal Glands**

The **adrenal glands** are not visualized.

**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 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 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.



**PATIENT**

**Gastrointestinal**

Scruff Kreiter

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 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.

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**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.

**SEX**

Netuered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 years

Unremarkable abdomen.

Benign hepatopathy.

Age related adrenal changes.

**WEIGHT**

35 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If adrenal disease is suspected in this patient then further imaging is indicated, yet there was no evidence of pathology.

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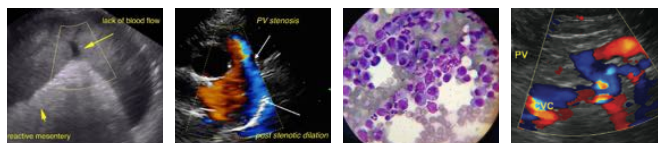


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com