



PATIENT

Henry Luebben

SPECIES

Canine

BREED

Standard Schnauzer

SEX

Neutered male

AGE

7 years

WEIGHT

37 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

M Kermendy, CVT

HOSPITAL NAME

Wauwautosa Vet

REFERRING VET

Dr. Binor

INVOICE

94747

DATE

12/20/21

PRESENTING CLINICAL SIGNS

History of vomiting randomly the past couple months. Most recently, starting to vomit blood tinged bile. Eats "Taste of the Wild" with bison. Patient is not having diarrhea. Normal activity level. No response to feeding T/D. Had mild cranial/abdominal discomfort. Imaging to check for FB obstruction, pancreatitis, IBD, etc. Has allergies to chicken.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/CPL/T4 were all unremarkable.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities.

Adrenal Glands

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 1.24 x 0.41 cm at the caudal pole and 0.42 cm at the cranial pole. The region of the right adrenal was imaged with no evidence of pathology.

Spleen

The **spleen** was uniformly enlarged and measured up to 4.0 cm in width. Granular, micronodular appearance was noted. The spleen was folded upon itself cranially and caudally.

Liver

The **liver** images submitted revealed subjectively subnormal liver size, yet normal contour and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Splenomegaly. Emerging round cell neoplasia, hyperplasia/reactive spleen/splenitis are all possible.

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Otherwise unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen is recommended depending upon cytology results. Splenectomy may be appropriate. Chest radiographs are warranted if not already performed to assess the cranial mediastinum and lung fields for potential metastatic disease depending upon cytology results. There was no evidence of structural GI signs or foreign bodies.

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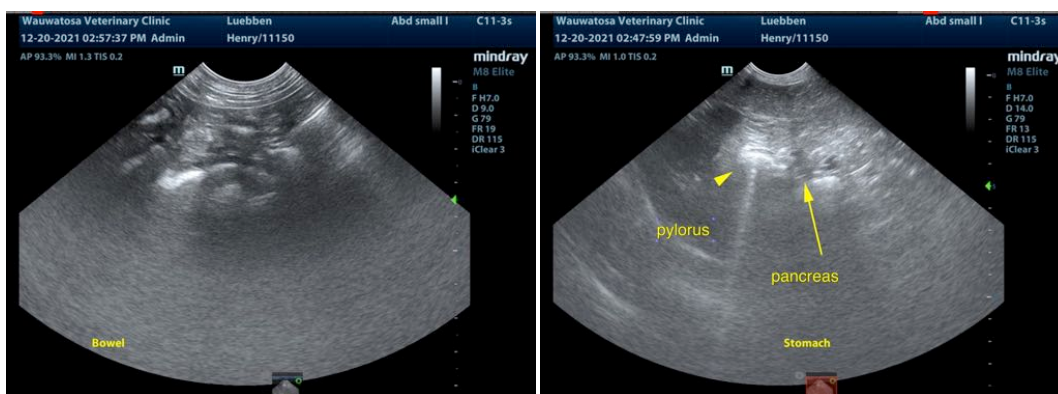
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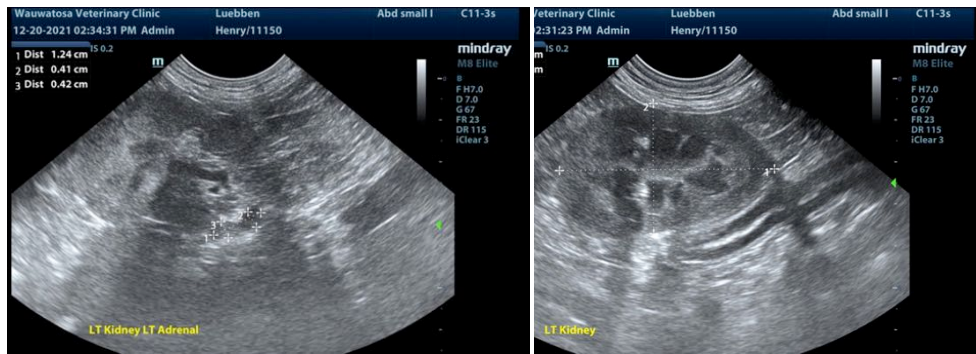
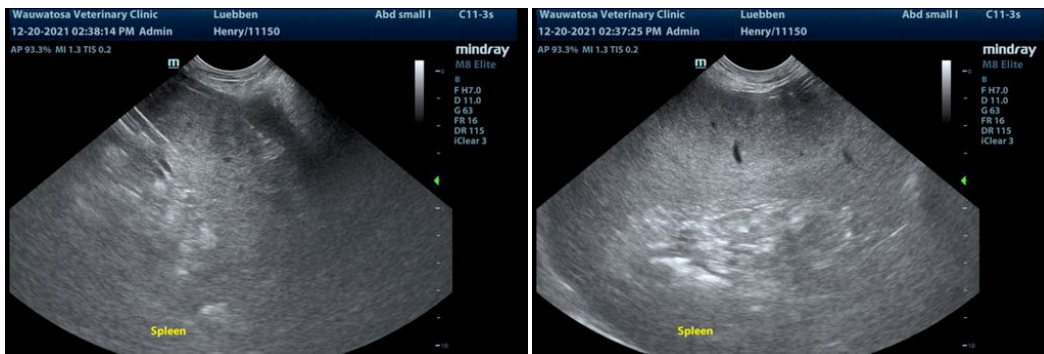
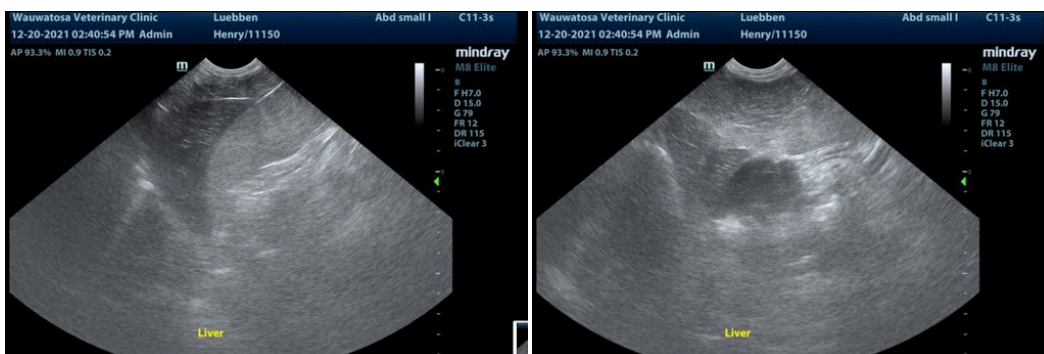
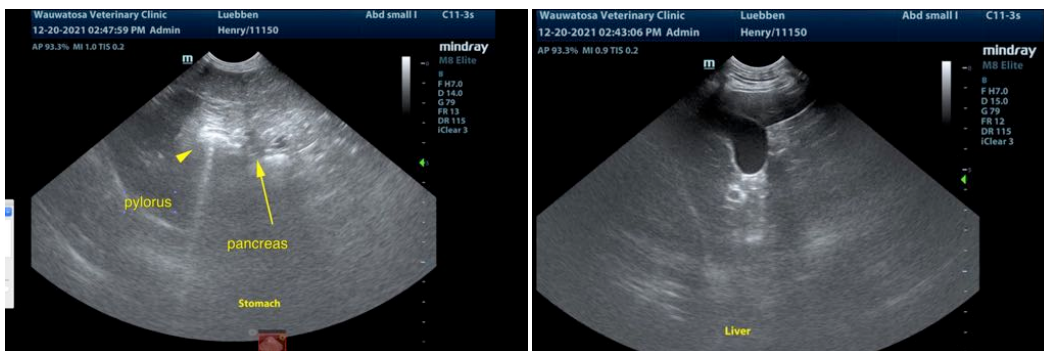
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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