



PATIENT

Baby Pereida de Almeida Tulha

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

13 Years

WEIGHT

15.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Charlie Rodriguez

INVOICE

35587

DATE

2/10/22

PRESENTING CLINICAL SIGNS

Baby presented for 2 days of worsening v/d and as of today inappetance
Abnormal PE/Chem/CBC/UA Results: Baby has 2 sq abdominal masses, severe periodontal disease, 4/6 heart murmur not treated, v/d for 2 days, she is quiet and alert, temp of 103.5. BW is pending, obtained rads which showed maybe a splenic mass or enlargement of liver? Blood was quite dark when drawn. Heart very large on rads but no CHF. Up to date on vaccines. treated with cerenia, fluids, metronidazole, and fortiflora.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 this age patient. Medullary structure differed distinctly from that of the cortex. Multifocal mineralizations and slight pyelectasia noted. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

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 0.5 cm. The region of the **right adrenal gland** was imaged, no evident pathology.

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 were 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. Gallbladder polyps noted. 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

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Mild **gastric** wall thickening noted with mucosal hypertrophy. Anechoic fluid noted in the lumen. The small intestine and colon were unremarkable.

SPECIES

Pancreas

Canine

The **pancreas** presented minor heterogeneous parenchymal changes.

BREED

ULTRASONOGRAPHIC FINDINGS

Miniature Schnauzer

- Gastroenteritis and minor pancreatitis pattern
- Chronic cystitis bladder pattern

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

24-hour NPO, IV fluid support, broad-spectrum antibiotics and GI protectants all indicated. Recheck sonogram if the clinical signs persist.

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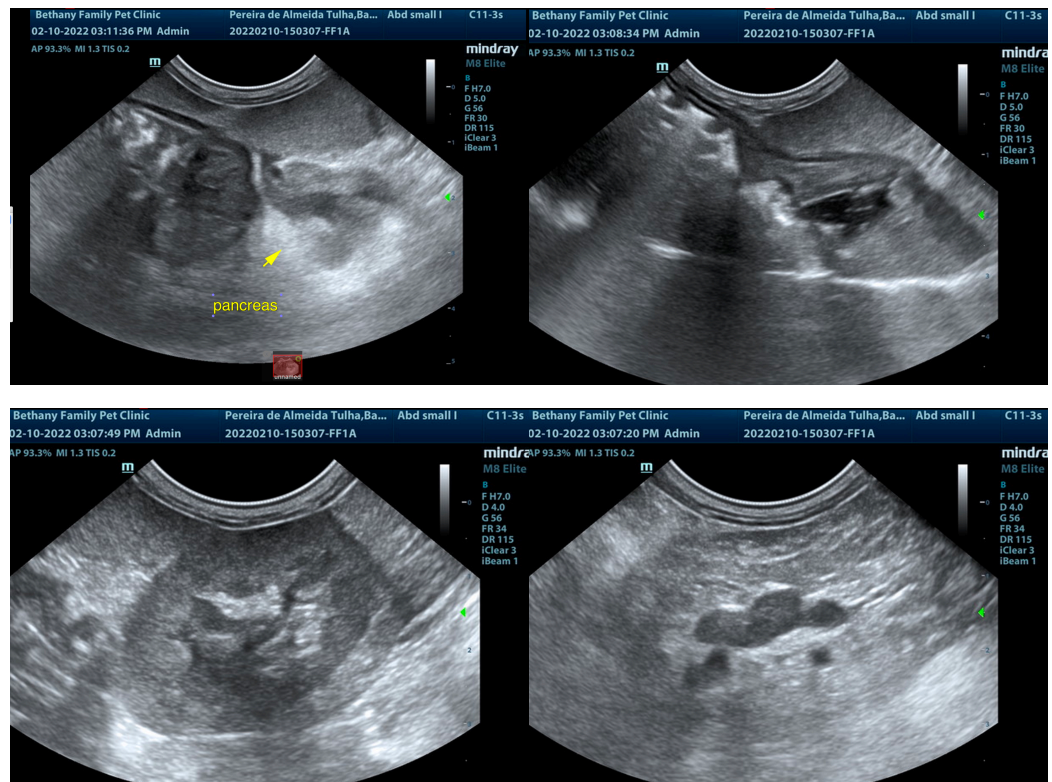
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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