



PATIENT

Sierra Pishvanoz

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

7 Years

WEIGHT

16.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn Vet Hospital

REFERRING VET

Dr. Turowsky

INVOICE

35791

DATE

2/22/22

PRESENTING CLINICAL SIGNS

Off/on elevated ALP and ALT, asymptomatic. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALP 374, ALT 90 (was 303 over summer) UA 3+ protein, 6-10 WBC, marked cocci (free catch), 3+ struvite SG: 1.034

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a sand accumulation up to 1.5 cm with suspended debris and minor bladder thickening. Sand accumulation was non-obstructive. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. The right kidney measured 4.8 cm. The left kidney measured 4.34 cm.

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 1.8 cm x 0.95 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland measured 1.77 cm x 0.60 cm at the caudal pole and 0.56 cm at the cranial pole.

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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

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.

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

- Bladder sand and debris – suspect UTI and secondary sediment
- Chronic inflammatory hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management should prove effective. Otherwise, cystotomy, bladder lavage, culture and sand analysis could be considered. However, fluid therapy along with treatment for UTI may be adequate to flush out the urinary bladder. Given the pyuria, chronic UTI treatment is warranted with recheck sonogram in one month. FNA could be considered for further definition.

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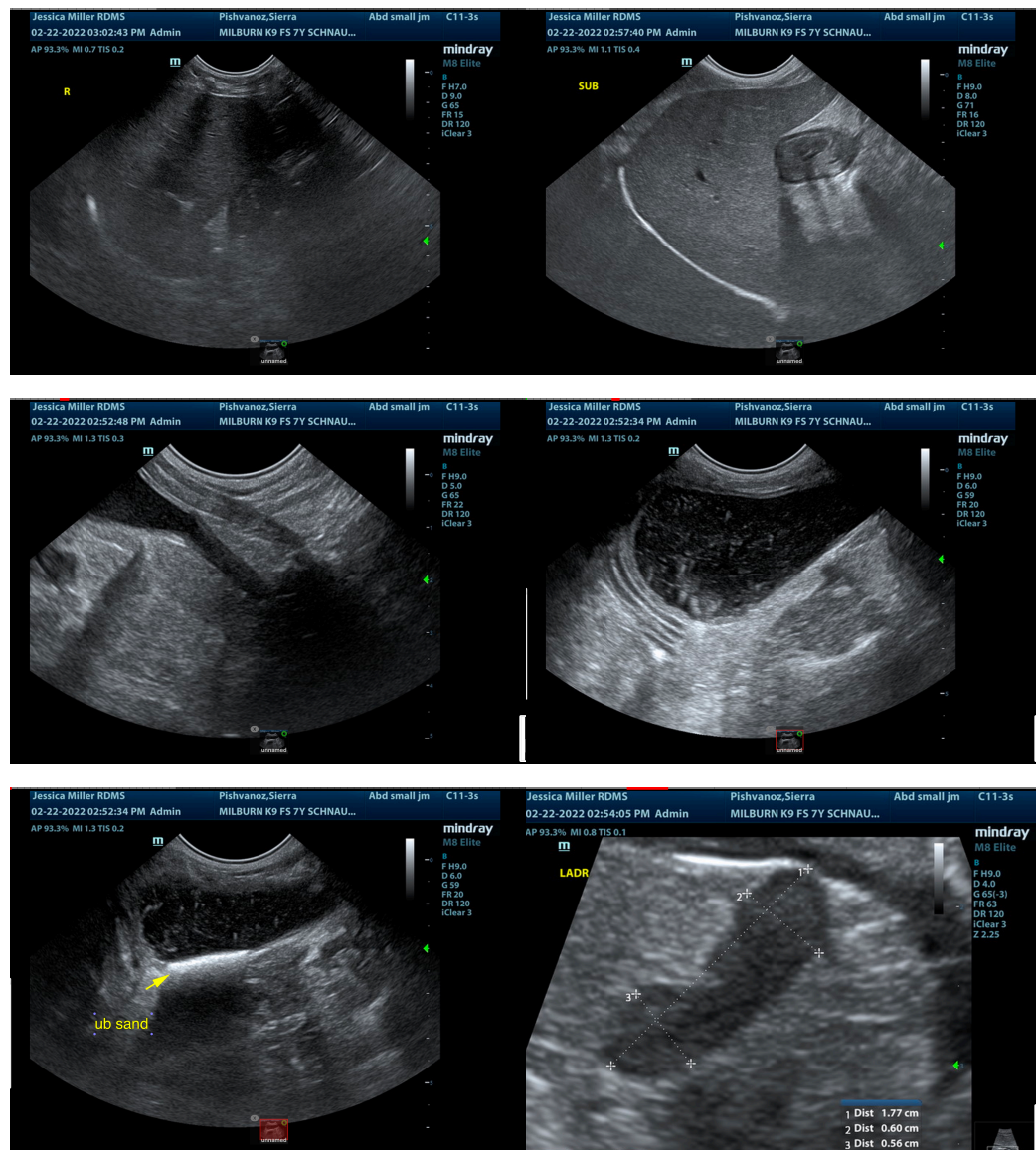
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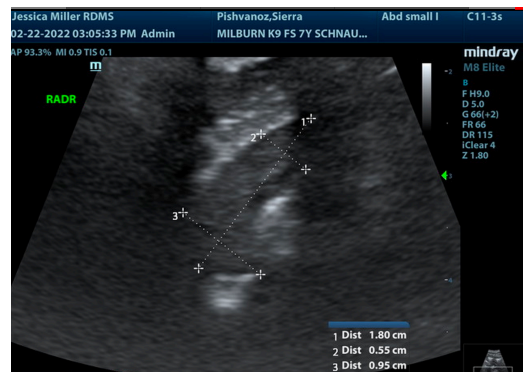
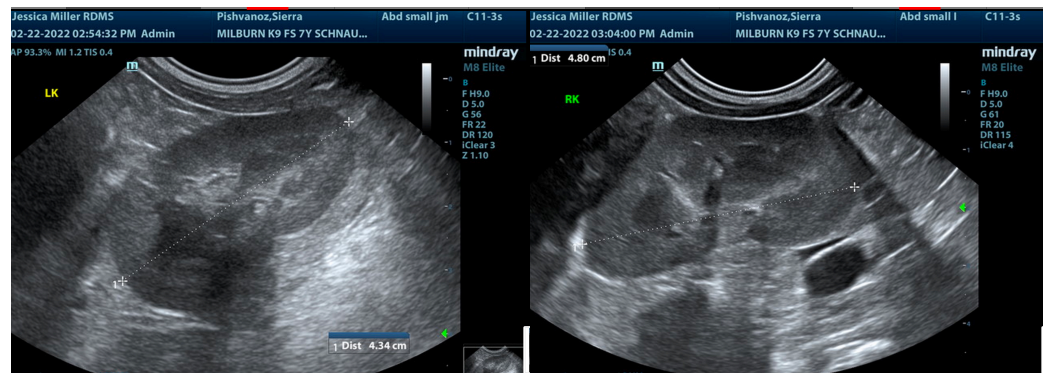
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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