



PATIENT

Pierre Roesaer

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered male

AGE

12 years

WEIGHT

15.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Norhtside VC

REFERRING VET

Dr. Mack

INVOICE

96307

DATE

2/24/22

PRESENTING CLINICAL SIGNS

History of intermittent vomiting and diarrhea.
Abnormal PE/Chem/CBC/UA Results: Has had thrombocytopenia and non-regenerative anemia with ALT elevation that is slowly declining over the past few months Currently on anti-inflammatory doses pred, enrofloxacin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 residual prostate measured 1.0 cm.

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 5.0 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** was largely normal with a focal, hypoechoic nodule that measured 0.6 cm at the mid body. This was non-disruptive.

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.



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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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Free Abdomen

A cystic and parenchymal round structure was noted in the midabdomen in this patient. This is likely of lymph node origin and measured 1.5 cm. This may have no clinical significance; however, FNA with drainage of the cystic portion and FNA of the parenchymal portion is warranted.

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ULTRASONOGRAPHIC FINDINGS

Focal splenic nodule, non-disruptive.

Cystic and parenchymal round structure, likely of lymph node origin.

Otherwise, unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review, bone marrow aspirate, and FNA of the splenic nodule would all be recommended. Prednisone therapy may be suppressing a more significant presentation.

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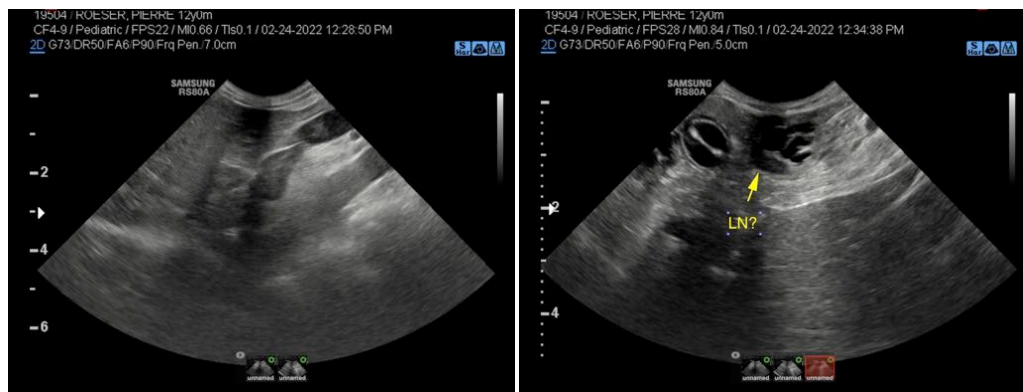
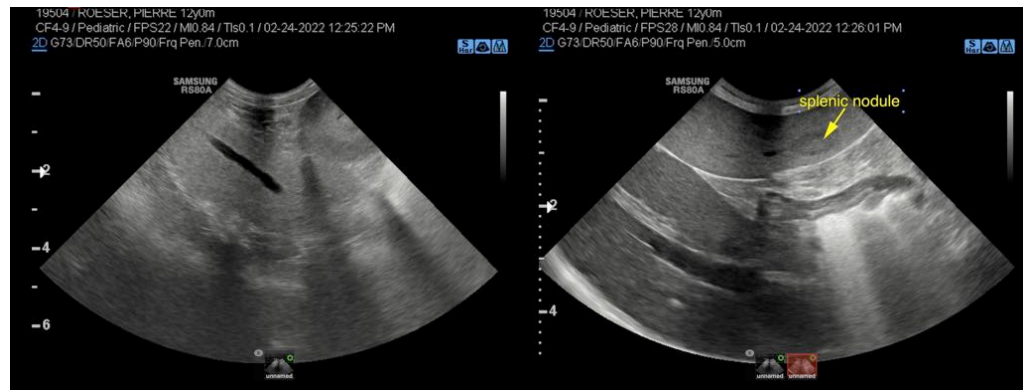
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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