



PATIENT

Lexi Trepkau

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

8 years

WEIGHT

20 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Giuliani

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Guiliani

INVOICE

43001

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: suspect hypertriglyceridemia, PU/PD, polyphagia, gross lipemia on fasted blood sample. LDDS test, inconclusive for Cushing's.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented chronic cystitis pattern with multiple calculi. Grouping of which measured approximately 2.0 cm. Apical ventral wall thickening was noted. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared 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 4.44 cm. The right kidney measured 4.36 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 0.6 cm. The right adrenal gland measured 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.

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.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

Minor pancreatic remodeling.

Chronic cystitis bladder pattern with multiple calculi.

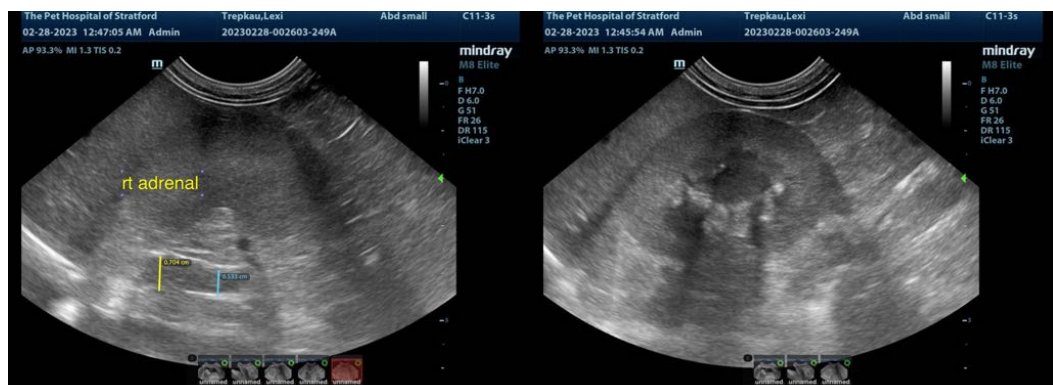
Structurally normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis and culture are indicated. Emerging pituitary dependent Cushing's is possible, yet structurally at this time the adrenal glands appear normal, yet a small percentage of patients with normal adrenal glands can be Cushingoid. I recommend addressing the bladder calculi and treatment for an infection and then reassessment of the clinical signs of the patient.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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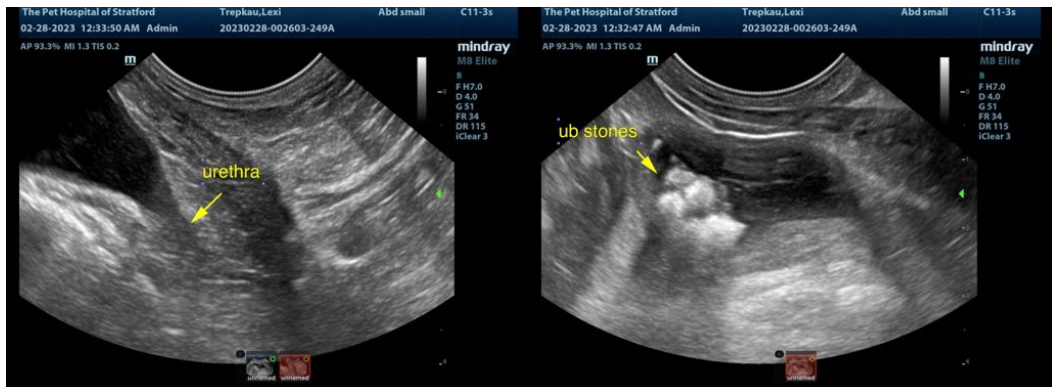
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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