



PATIENT PRESENTING CLINICAL SIGNS

Drexel Williams
Presented to rDVM for 3 days duration of coughing up foam. Lethargic, thin, weak. Heart murmur on auscultation (not new). Crackles lung auscultation. Thoracic rads; mild LA enlargement, No evidence of pulm edema, otherwise unremarkable. Was given furosemide, buprenorphine, cerenia and sq fluids.

SPECIES
Canine
Referred for Abdominal US
Abnormal PE/Chem/CBC/UA Results: ALP 157 BUN 36 creatinine normal 1.1 Hct 35% mildly decreased Abnormal cPL snap

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Schnauzer
Urinary System

SEX
Neutered Male
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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 8.0 mm.

AGE
18 Years
The **kidneys** presented moderate degenerative changes, cortical irregularities and areas of collapse. Loss of corticomedullary definition noted. The left kidney measured 4.5 cm. The right kidney measured 3.87 cm. Slight pyelectasia noted in both kidneys. Trace amounts of free fluid noted.

WEIGHT
Adrenal Glands

15 Pounds
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 2.01 cm x 0.59 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 2.05 cm x 0.64 cm at the caudal pole and 0.67 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

VCA Westmoreland

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Iso- to hypoechoic nodular changes noted. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

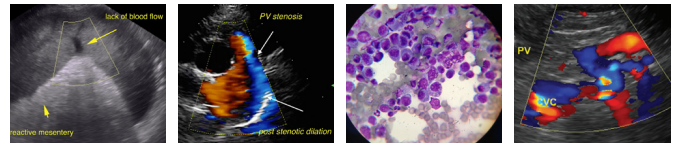
The **liver** presented coarse architecture and increased portal markings with a mild amount of remodeling. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Gallbladder wall was slightly echogenic.

Gastrointestinal

INVOICE
35485
Pyloric hypertrophy noted in this patient with empty lumen. Curvilinear patterns were maintained. However, hypertrophied muscularis and mucosal remodeling noted. The small intestine and colon were unremarkable.

DATE

2/4/22



PATIENT

Drexel Williams

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with moderate degenerative renal changes, subjectively near end stage with pyelectasia
- Hepatic remodeling
- Gastric hypertrophy/gastritis pattern

BREED

Schnauzer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

From a structural standpoint, I am most concerned about long-term viability of the kidneys in this patient. The cause of the slight free fluid is unclear, possibly related to abdominal inflammation, or the folded positioning of the spleen may be causing some minor congestion. GI support protocol warranted. BID canned diet feedings recommended given the pyloric hypertrophy. Renal values should be monitored carefully in the coming months in this patient.

AGE

18 Years

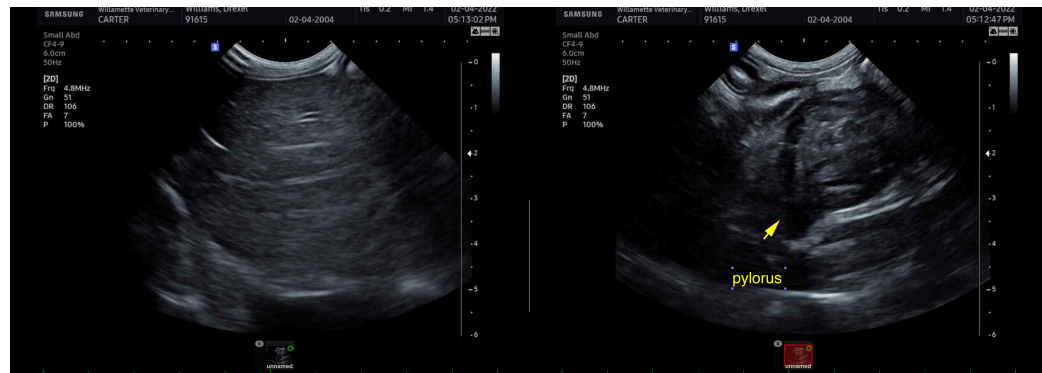
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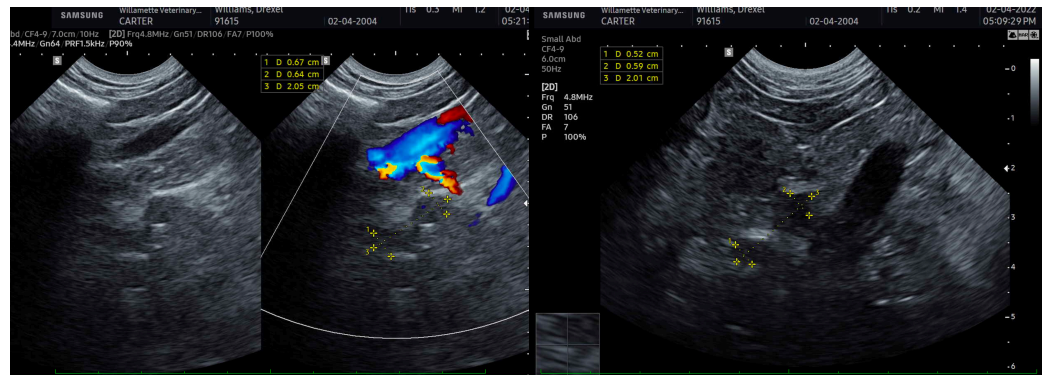
Drexel Williams

SPECIES

Canine

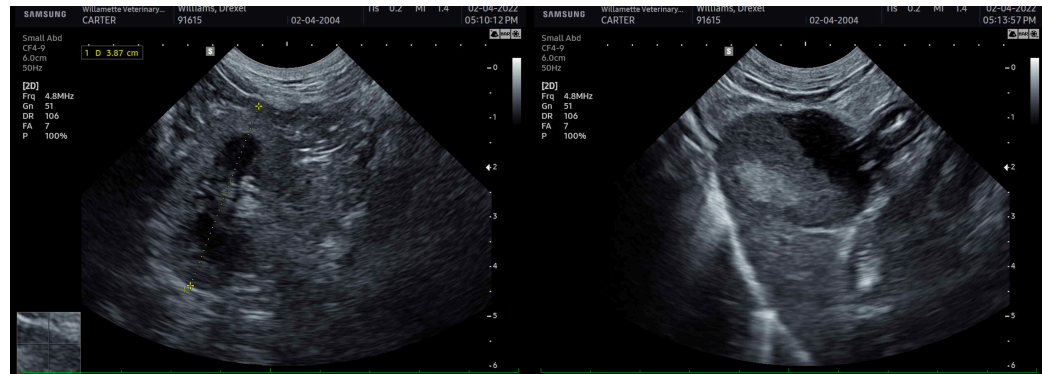
BREED

Schnauzer



SEX

Neutered Male



AGE

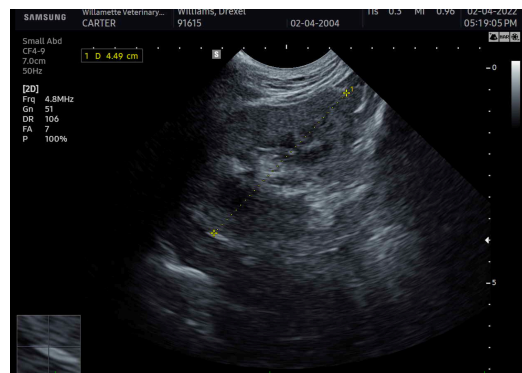
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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