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Clinical Sonography & Telecytology
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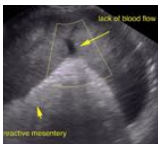
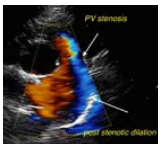
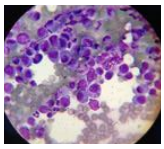
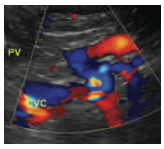

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1-800-838-4268 info@sonopath.com

PATIENT
Abby George

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Spayed Female

AGE
8 years

WEIGHT
24.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Marco Lichfield

HOSPITAL NAME
Sova AH

REFERRING VET
Dr. Ammeraal

INVOICE
98180

DATE
4/11/22

PRESENTING CLINICAL SIGNS

History: Ruling out cushings, history of bladder stones and pet has a grade 2-3/6 heart murmur. Abnormal PE/Chem/CBC/UA Results: Bw shows ALK phos. at 2382, psl at 229, platelet count at 453, amd pH in urine at 8.5

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 3.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. The bladder revealed small calculus with a trace amount of sand. The calculus measured 0.3 cm with minor, apical, bladder wall polypoid changes noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.67 cm. The left kidney measured 5.09 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 1.83 x 0.51 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 1.77 x 0.4 cm at the cranial pole and 0.5 cm at the caudal 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 was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor heterogenous parenchymal changes were noted. The gallbladder and common bile duct were unremarkable. This is consistent with benign hepatopathy, which is typical for the breed.

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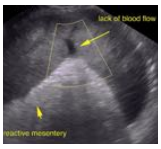
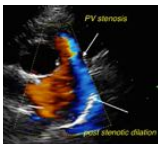
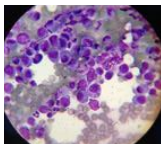
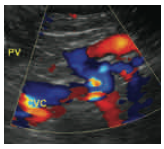

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Gastrointestinal

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.

ULTRASONOGRAPHIC FINDINGS

Bladder calculus.

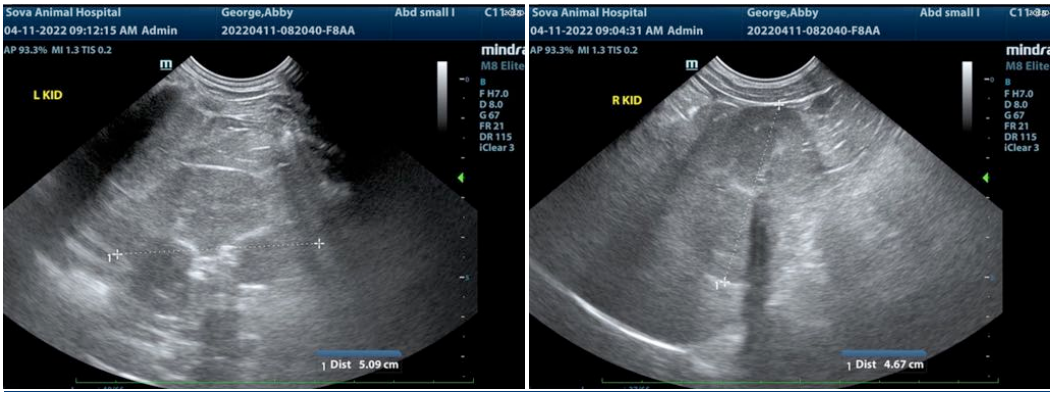
Benign hepatopathy with mild remodeling.

Otherwise, unremarkable abdomen.

Adrenal glands measure normal; however, a minor percentage of PDH patient's can have normal adrenal gland size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for bladder stone dissolution and treatment for any evidence of UTI would be appropriate. FNA of the liver could be considered for further definition. Otherwise, cystotomy is warranted. Cushingoid parameters should be very solid and repeatable if Cushing's is suspected.



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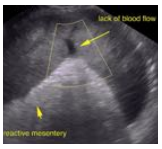
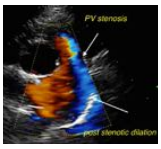
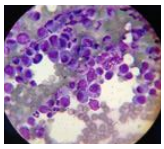
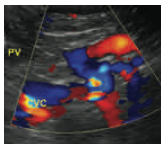

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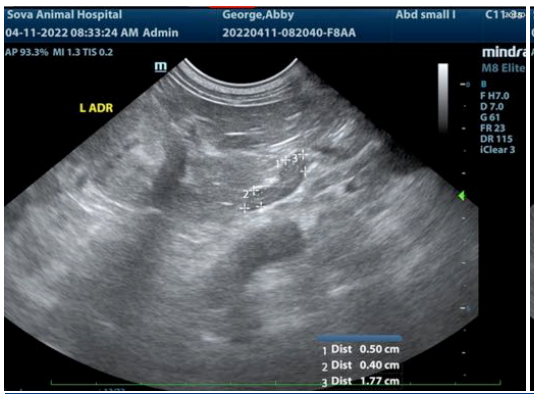

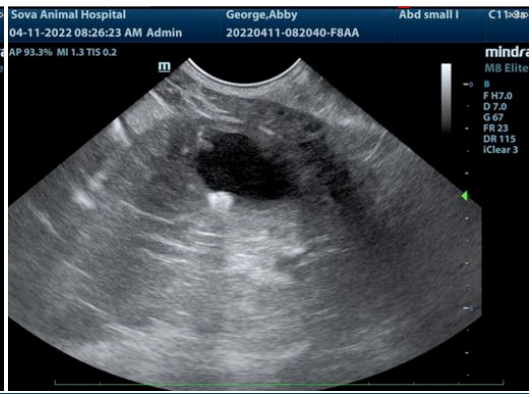

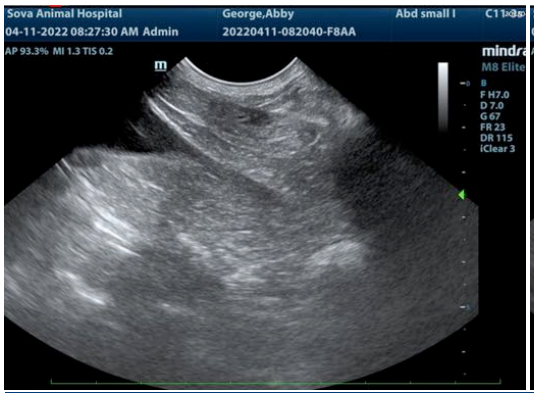

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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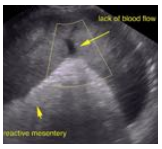

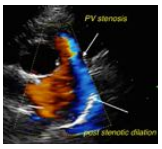

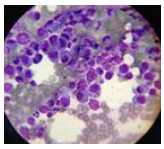
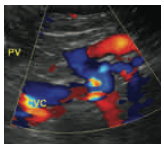

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