



**PATIENT**

Petrie Tichinin

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

17.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Couser

**INVOICE**

30042

**DATE**

4/29/22

**PRESENTING CLINICAL SIGNS**

Presented to rDVM on 4/27/22 for 2 day duration of diarrhea & inappetence. Submitted blood work to lab, rads declined, gave SQF & Metronidazole. rDVM labs 4/27/22: CBC: HCT 51%, nRBC 4/100 WBC, total WBC wnl 10.5k, Bands 0.42k, moderate toxic changes & dohle bodies noted on blood smear review. Chem: ALKP 583, Glu 141, rest wnl. Lytes all wnl. Precision PSL 108 (normal 24-140) Fecal PCR pending at rDVM Returned to rDVM today 4/29 for ongoing diarrhea. Took rads and started IVF. Rad report = stomach contains soft tissue opaque material/ ingesta. No evidence of complete GIT obstruction or radiopaque FB. Recommended hosp for supportive care, recheck fasted rads in 12-24 hrs, and/or abd US.

Abnormal PE/Chem/CBC/UA Results: Recheck labs today at wilvet: CBC: HCT 45.8%, WBC 14.24k (wnl), Neut 10.18k, suspect bands, Mono 1.43k, rest wnl. PLT 350k Chem10: ALKP 441, rest wnl Lytes: Na 156, K 4.0, Cl 113 LAC = 1.12 (wnl) Diarrhea in hosp. Offered small amount of food after US and P ate readily.

**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 **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 left kidney measured 3.5 cm. 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 0.6 cm.

**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.



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**Liver**

Petrie Tichinin

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

The **stomach** was mildly hypertrophied with echogenic remodeling. This is suggestive for chronic inflammation. The small intestines and colon were unremarkable.

**Pancreas**

The right limb of the **pancreas** was hypoechoic to the surrounding mesentery and is mildly irregular. Enhanced, surrounding mesentery is noted and suggestive for inflammation.

**ULTRASONOGRAPHIC FINDINGS**

Minor pancreatitis pattern.

Gastritis.

Otherwise, structurally unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Gastrointestinal protectant protocol is indicated. Treatment for systemic infection given the patient's history; however, viscerally only the pancreas and stomach reveal any evident pathology. The changes in the pancreas are fairly minor. There is no evidence of foreign body.





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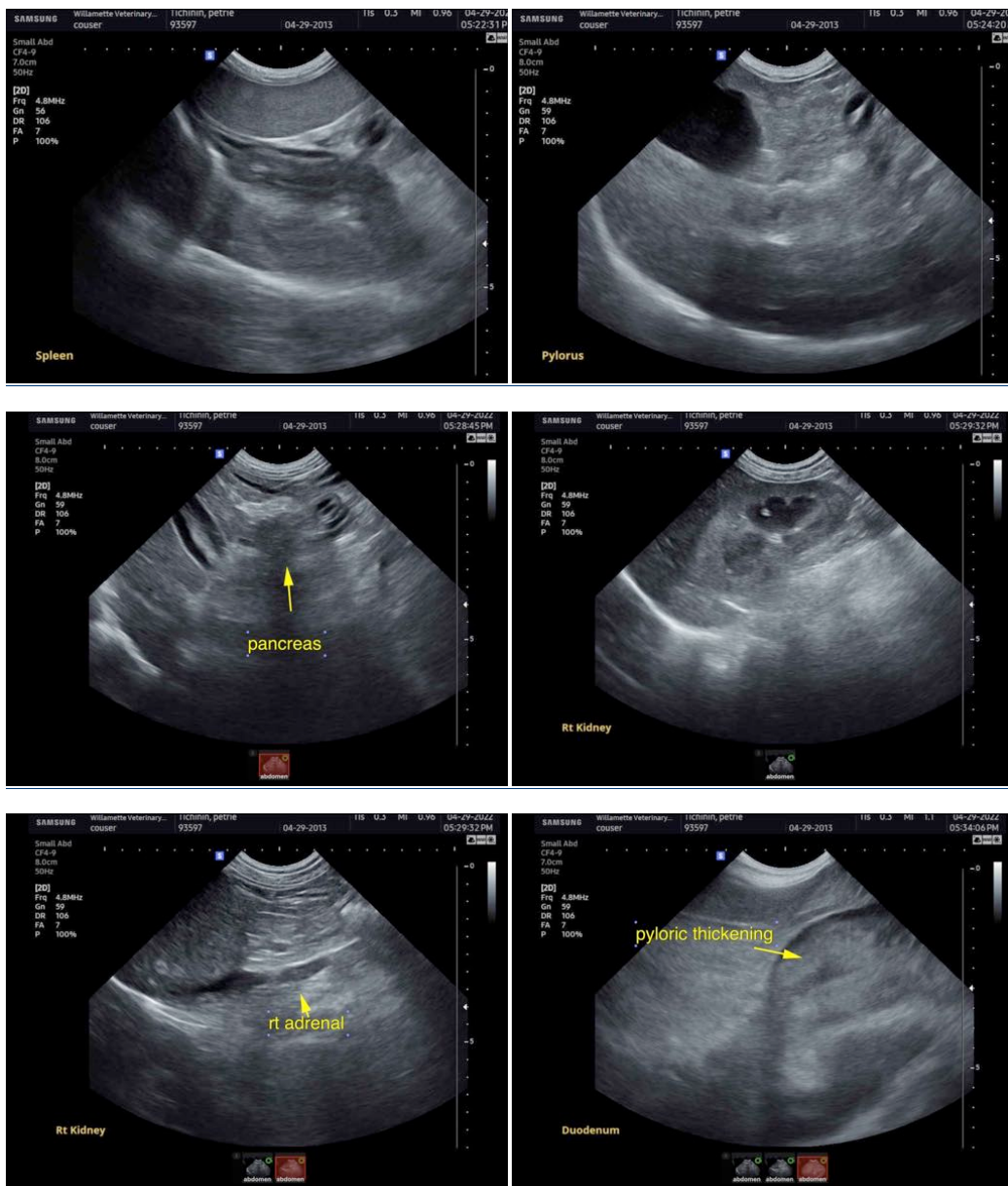
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com