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**DATE**

6/17/22

**PATIENT**

Tia Hart

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

Spayed Female

**AGE**

1/1/16

**WEIGHT**

20.7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

38860

**PRESENTING CLINICAL SIGNS**

Brought in by Daughter-in-law is currently pet sitting. Mother-in-law on cruise die back on Sunday. Has been away since Thursday. Beginning today started with diarrhea. Owner fed normal diet at 6pm - ate then gave insulin. Approx. 1 hour later vomited. Diarrhea has continued and is bloody. Vomited numerous times. Current diet - Dry Royal Canin and Homemade Organic mix of chicken, sweet potato. No diet changes. Currently gets insulin at 6am and 6pm. Glargine Insulin 12 units BID. Brought in own insulin pen

Current Medications: Metronidazole, Dextrose, Cerenia, Omeprazole. Glargine.

Lab Results: Trace Ketones. Blood glucose difficult to regulate with long acting insulin (drops to 50's; keeping on Dextrose CRI)

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 **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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.05 cm with trace pyelectasia of 0.28 cm. The right kidney measured 5.2 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 1.67 cm x 0.54 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.88 cm x 0.57 cm at the caudal pole and 0.67 cm at the cranial 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 were noted.

**Liver**

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. Minor gallbladder wall edema noted in this patient, cholangitis likely. Minor gallbladder debris.

**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. Soft stool noted in the colon. Reactive mesenteric lymph nodes noted up to 1.27 cm.

## Pancreas

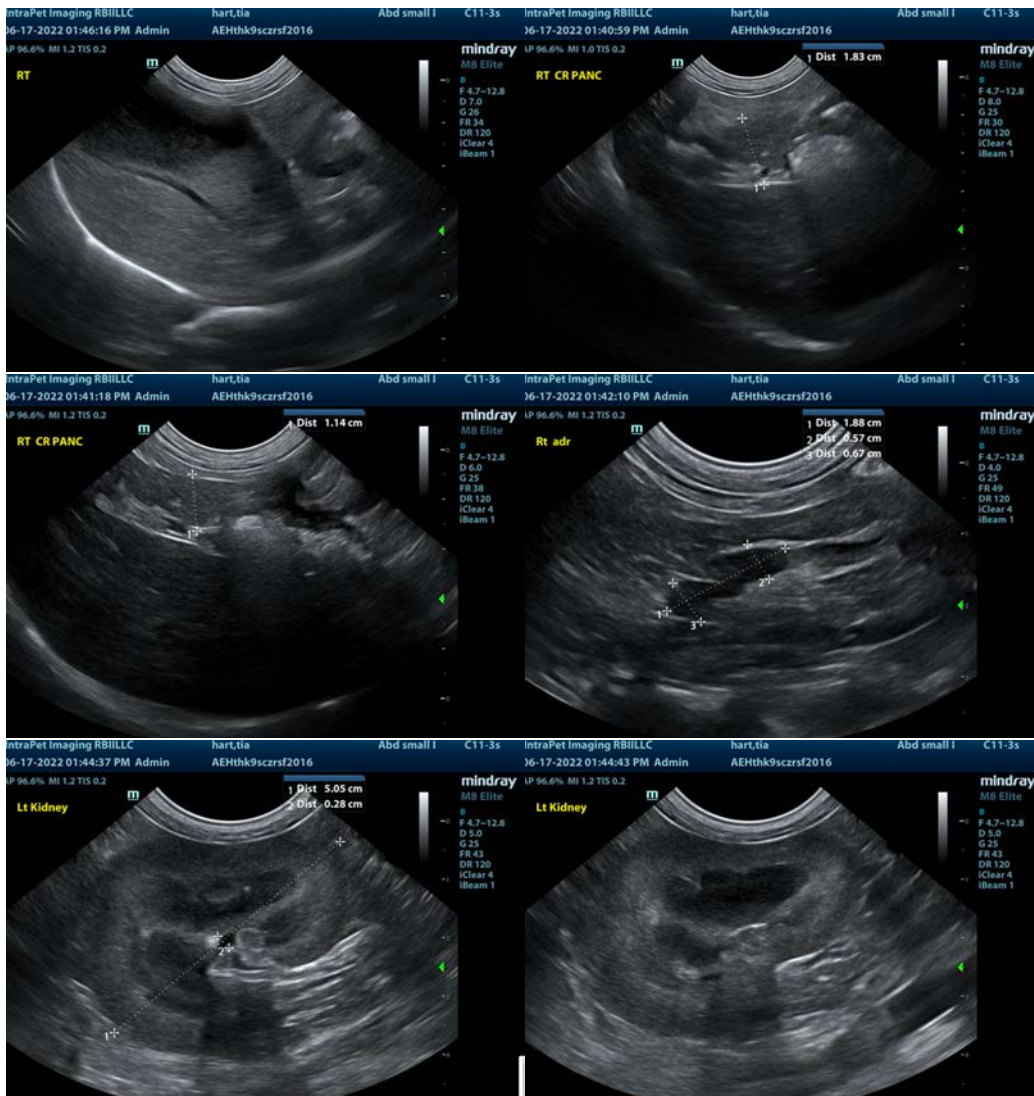
The **pancreas** presented minor heterogeneous hypoechoic parenchymal changes in the right base with enhanced surrounding mesentery.

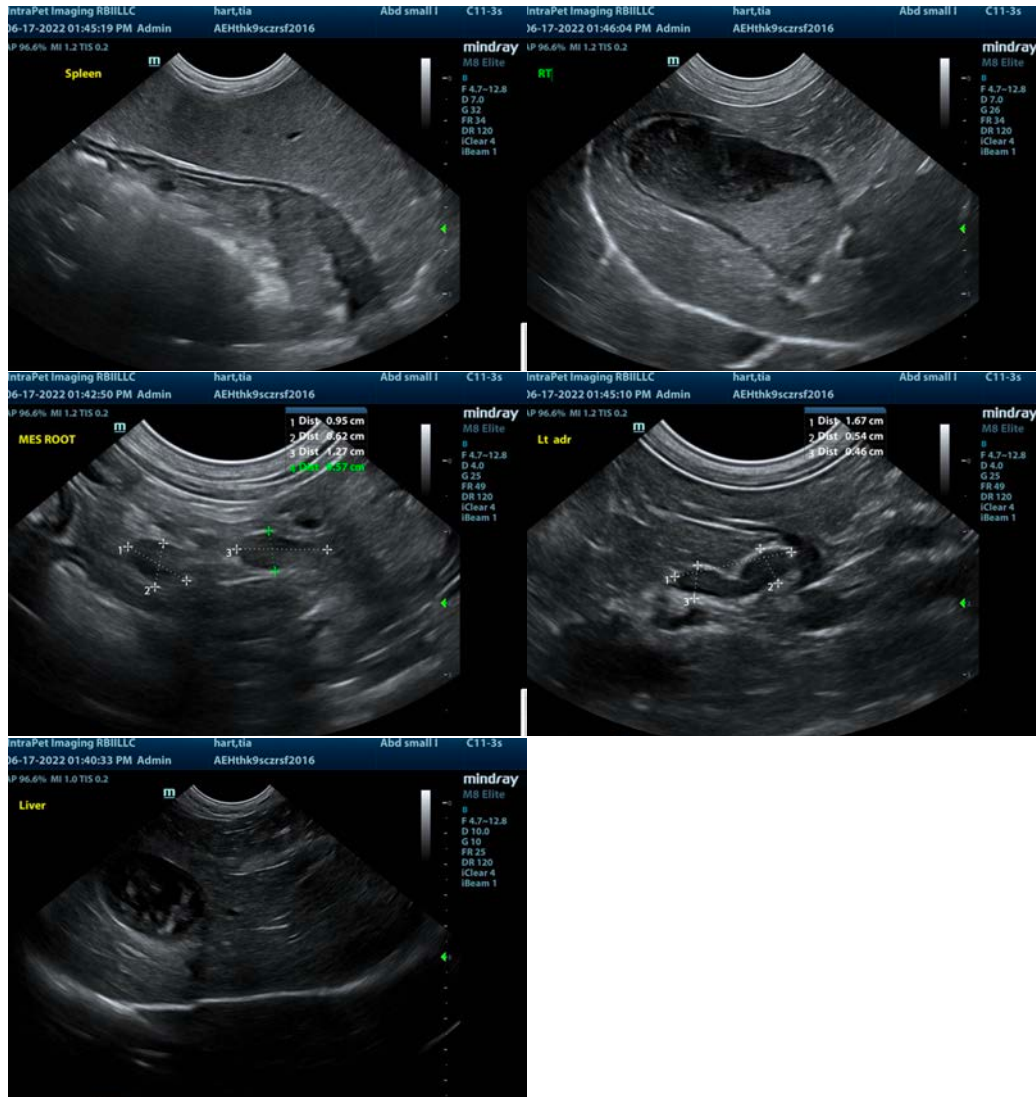
## ULTRASONOGRAPHIC FINDINGS

- Minor pancreatitis pattern
- Structurally unremarkable GI tract with soft stool
- Minor gallbladder debris - minor cholangitis likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour NPO, IV fluid support, treatment for pancreatitis, coverage for parasites all indicated. No evidence of neoplasia or obstructive disease. The patient should respond well to medical management. Leptospirosis titers indicated.





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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