



PATIENT

Ziva Wallace

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

8 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Schanche

HOSPITAL NAME

Hadley Harris

REFERRING VET

Dr. Schanche

INVOICE

16164

DATE

6/17/22

PRESENTING CLINICAL SIGNS

History: 8 yo FS min schnauzer with the following problem list: 1) Heart murmur 4/6- currently asymptomatic 2) Proteinuria (UP:C 1.4) though high suspicion this is caused by bladder stones 3) Uroliths- unknown type- asymptomatic - ~ 1.2 cm when measured last 6/7/2022 4) Osteoarthritis 5) Suspect chronic intermittent pancreatitis vs emerging mucocele, perhaps both- currently asymptomatic and bloodwork is not overly concerning for either **6) Uncontrolled hypertension**- current main problem Pt is newer to us and came with the diagnoses of the heart murmur, proteinuria, hypertension and OA. Since transferring to us, the pt had multiple GI episodes that lead to the dx of the pancreatitis and emerging mucocele. Pt was switched to a GI low fat diet and started on Ursodiol and pt has been doing great since then. The stones were an incidental finding when doing the FAST scan to assess for cause of GI signs. Pt is not symptomatic for the stones. The primary reason for the ultrasound is that the hypertension at this point is uncontrolled. I cannot determine from the previous records when the pt was first diagnosed with hypertension. But earlier this year the BP at the previous clinic was at 280mmHg. BP at the visit on 6/7 was 200mmHg. Pt is on the max dose of Amlodipine and Telmisartan. ***So the ultrasound is to check for possibility of pheochromocytoma.*** CURRENT MEDICATIONS: galliprant 20mg SID (been on for ~2 months) Pimobendan 2.5mg in am and 1.25mg in pm amlodipine 5mg 1 AM & 1/2 PM telmisartan 20mg 1/2 AM SID EiscosaDerm omega 3 liq. Ursodiol 250mg: 1/2 tab po SID CURRENT DIET: RC GI low fat with struvite shield LABWORK (5/11/22- when pt was having a flare up of GI signs): BUN 34 (6-31) H PSL 175 (24-140) H Crea, Alt, ALP, GGT, T. bili were all normal, as were WBCs UP:C 1.4- quiet sediment

Abnormal PE/Chem/CBC/UA Results: LABWORK (5/11/22- when pt was having a flare up of GI signs): BUN 34 (6-31) H PSL 175 (24-140) H Crea, Alt, ALP, GGT, T. bili were all normal, as were WBCs UP:C 1.4- quiet sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multiple coalescing calculi, a grouping of which measured 1.82 cm. Multiple calculi measured up to 5.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pinpoint mineralizations were noted in the kidneys, nonobstructive. The right kidney measured 4.72 cm. The left kidney measured 4.5 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 2.54 cm x 0.6 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland was visualized obliquely and measured 0.69 cm in width.

Spleen



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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** was uniformly swollen. 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. Occasional hyperechoic lipogranuloma was noted in the liver, measuring up to 1.0 cm.

The **gallbladder** was mildly over distended with mild suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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

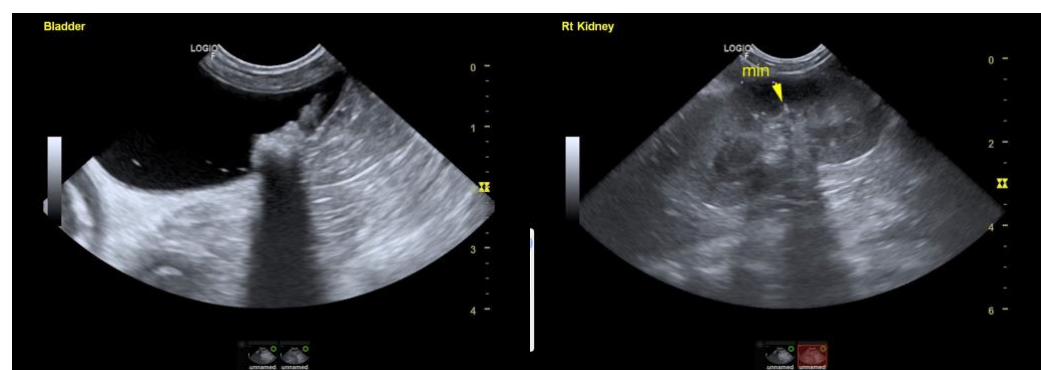
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder calculi, non-obstructive at the time of the sonogram
- Age-related renal changes with slight pinpoint mineralizations
- Benign hepatopathy with gallbladder sludge
- Normal abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis and culture are recommended.





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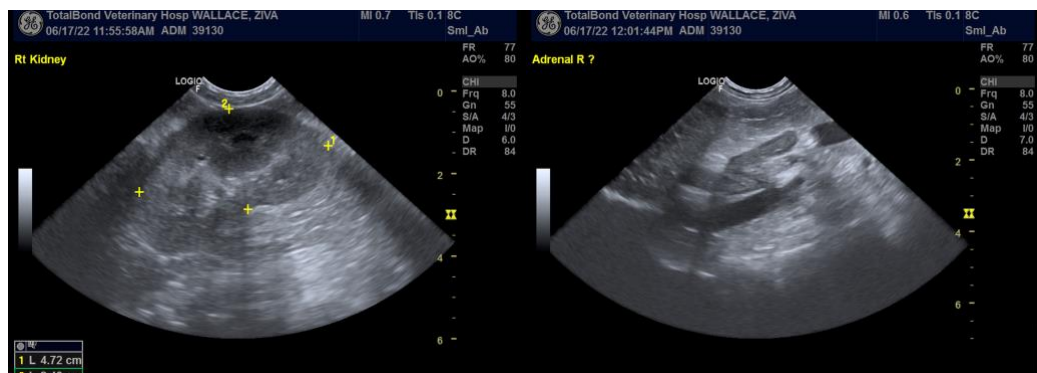
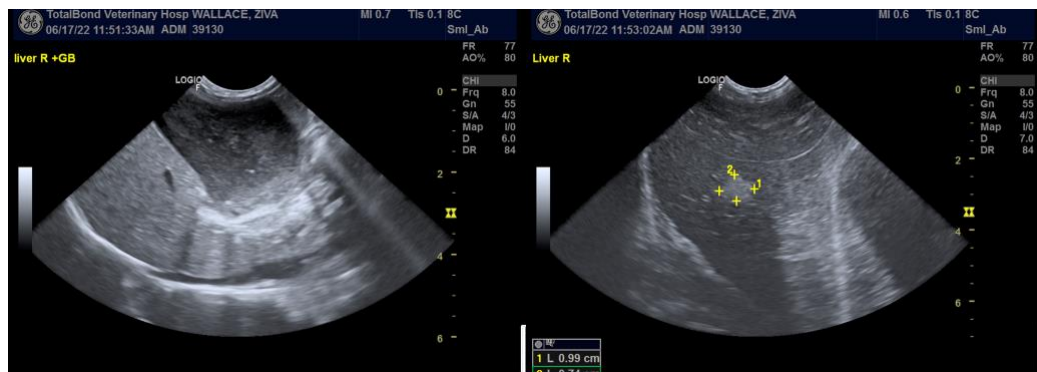
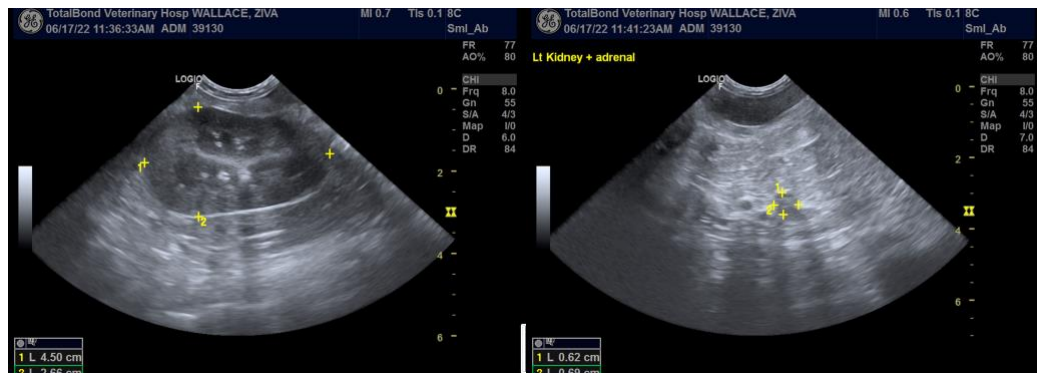
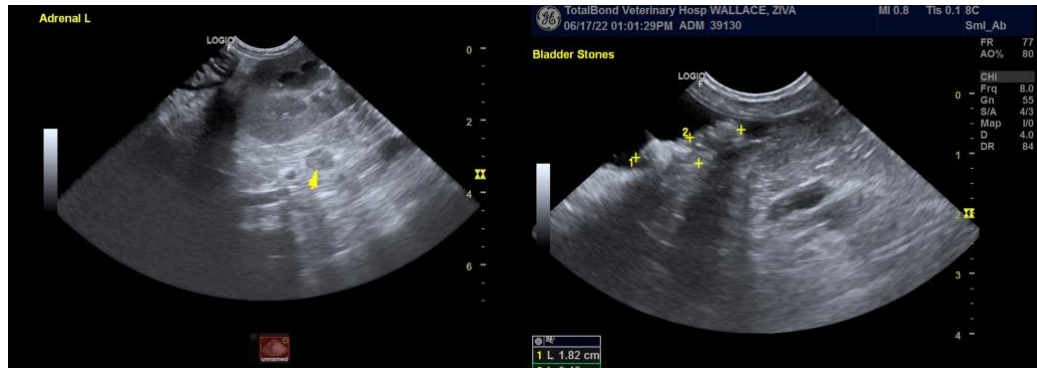
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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