



**PATIENT**

Duke Bernardi

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered Male

**AGE**

1 Year 7 Months

**WEIGHT**

14 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Lesley Cohen

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Lesley Cohen

**INVOICE**

23066

**DATE**

6/25/23

**PRESENTING CLINICAL SIGNS**

History: 1.5Y NM mini schnauzer presented for hyporexia, vomiting, and worsening hematochezia since 6/21/23. Seen 6/22 for Gi signs given SCF, and rxpropractalin, visbiome, sucralfate, omeprazole, entyce, and ondansetron, no improvement. Hospitalized previously 6/17/23 for suspect acetaminophen/codeine toxicity, on rx denamarin, acetylcysteine.

Abnormal PE/Chem/CBC/UA Results: 6/17 CBC = wnl methemoglobin assessment (drop on white paper towel) = negative, bright red blood chem10 = ALP 15 (L), rest wnl. ALT 89 6/24 cPL- <50 normal PCV/TS-48%, 5.8 Chem 17- ALKP (35) wnl, ALT (29) wnl, GGT (0) wnl, BUN (6) L, Crea (0.5) wnl\_ CBC- lymphocytosis (5.66), monocytosis (3.02), leukocytosis (20.69), neutrophilia (11.69) PT/PTT- 12/85- wnl Radiographs: Mild small intestinal gas dilation with no evidence of mechanical obstruction. Included skeletal structures wnl. R lateral radiograph 30 min post: Gas dilation within the small intestine appears to have shifted. Schirmer tear test = now 6s OD, 10s OS Negative fecal

**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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.44 cm. The right kidney measured 4.7 cm.

**Adrenal Glands**

The region of the **left adrenal gland** was imaged and revealed no evident pathology, however, it may be subnormal in size. Screening for Addisons is warranted given the patient history.

The **right adrenal gland** was 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 0.4 cm at the cranial pole and 0.3 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 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. The gallbladder presented acceptably



**PATIENT**

Duke Bernardi

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.

**SPECIES**

Canine

**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.

**BREED**

Miniature Schnauzer

**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.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

1 Year 7 Months

- Nonspecific GI insults without any sonographic changes. No evidence of foreign bodies.

**WEIGHT**

14 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive Gi care should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Screening for Addisons is warranted to rule out this complicating factor.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Lesley Cohen

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Lesley Cohen

**INVOICE**

23066

**DATE**

6/25/23



**PATIENT**

Duke Bernardi

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered Male

**AGE**

1 Year 7 Months

**WEIGHT**

14 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Lesley Cohen

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

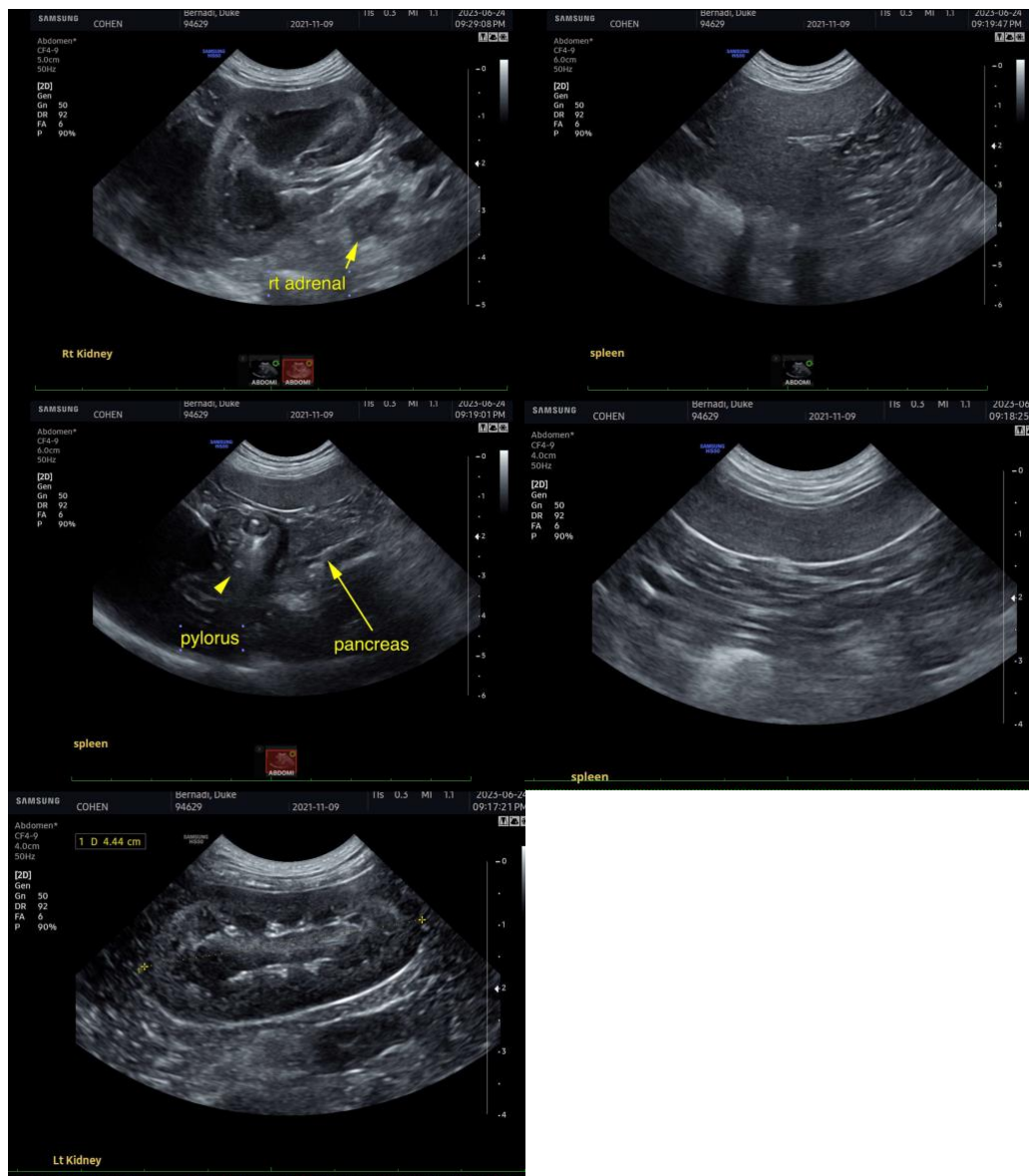
Dr. Lesley Cohen

**INVOICE**

23066

**DATE**

6/25/23



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