



PATIENT

Rile Sprockett Fuentes

SPECIES

Canine

BREED

Schnauzer Cross

SEX

Spayed female

AGE

5 years

WEIGHT

12.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Gumley

INVOICE

45047

DATE

6/29/23

PRESENTING CLINICAL SIGNS

History: Obtained as a rescue at a young age. Has recently had seizures beginning March 2022. Started on Zonisamide Oct 2022. Developed a cluster of seizures May 15th 2023. Seen by a neurologist and suspected may have PSS
Abnormal PE/Chem/CBC/UA Results: Mild elevations in AST (75), ALT (136) and normal ALP; Elevated pre and post SBAs.

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 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 right kidney measured 5.5 cm. The left kidney measured 5.2 cm.

Adrenal Glands

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 0.34 cm at the caudal pole and 0.33 cm at the cranial pole. The left adrenal gland was visualized obliquely and measured 0.4 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.

Liver

The **liver** was mildly subnormal in size, yet had a uniform parenchyma. Minor gallbladder debris was noted with slight overdistension. This is typical for n.p.o. status. The portal vein to vena cava ratio was normal with no evidence of intrahepatic or extrahepatic shunting. Curvilinear vascular patterns were present. The portal vein measured 0.65 cm and the vena cava measured 0.74 cm and aorta measured 0.7 cm.



PATIENT

Rile Sprockett Fuentes

SPECIES

Canine

BREED

Schnauzer Cross

SEX

Spayed female

AGE

5 years

WEIGHT

12.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Gumley

INVOICE

45047

DATE

6/29/23

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. The small intestine and colon were unremarkable. However, mild gastric submucosal thickening was noted in the stomach with fluid filled lumen. Assessment for history of gastritis is warranted.

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.

Free Abdomen

A hyperechoic, granulomatous type change was noted adjacent to the left renal artery. This is likely of lymph node origin.

ULTRASONOGRAPHIC FINDINGS

Portohypoplasia/microvascular dysplasia is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the seizure activity skull CT with contrast is indicated. Medical management is recommended.

Hepatic Support for Bile Acid Elevation +/- Hepatic Encephalopathy

Royal Canin Hepatic Support diet or Hills L/D, Metronidazole (7.5 mg/kg PO bid) over the next 14 days, **Lactulose** (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a **high-quality protein supplement** of minor amount of **yogurt or cheddar cheese**. Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. SAME and nutraceuticals as needed. **Ursodiol** (10-15 mg/kg p.o. q24h) can be considered as hepatoprotectant and to enhance bile flow. **Zinc** serum level keep between 200–500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day. Gastrointestinal protectants are recommended if the patient is anorexic.



PATIENT

Rile Sprockett Fuentes

SPECIES

Canine

BREED

Schnauzer Cross

SEX

Spayed female

AGE

5 years

WEIGHT

12.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

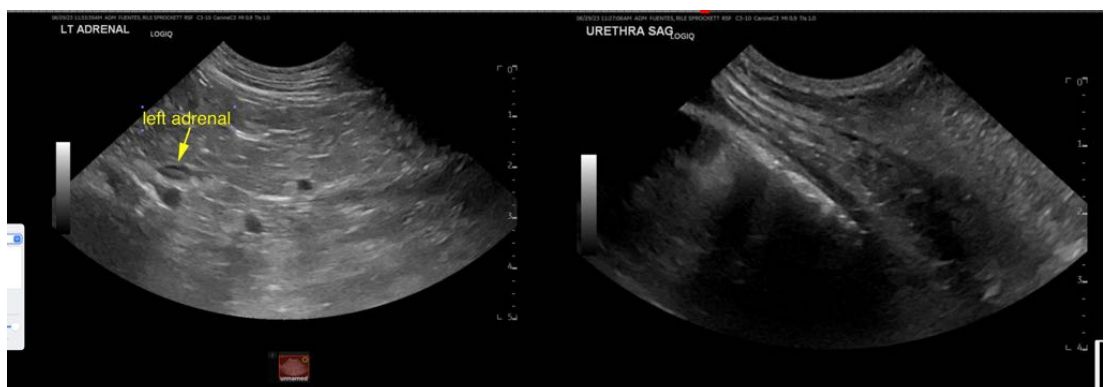
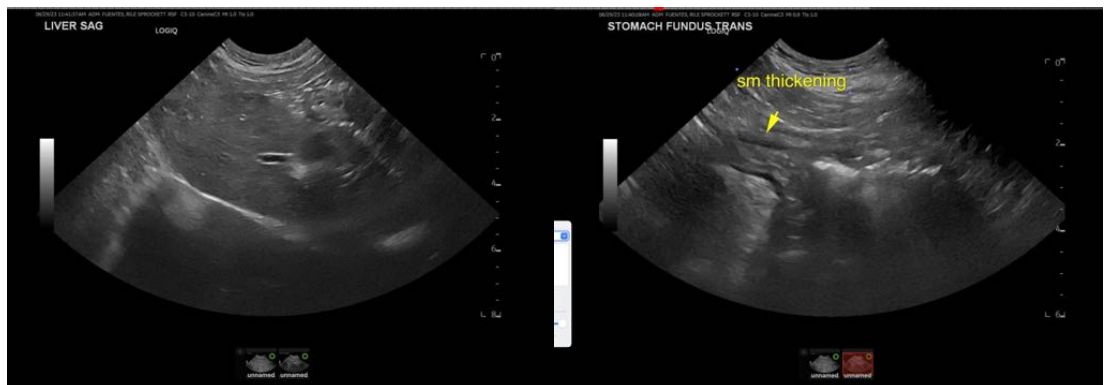
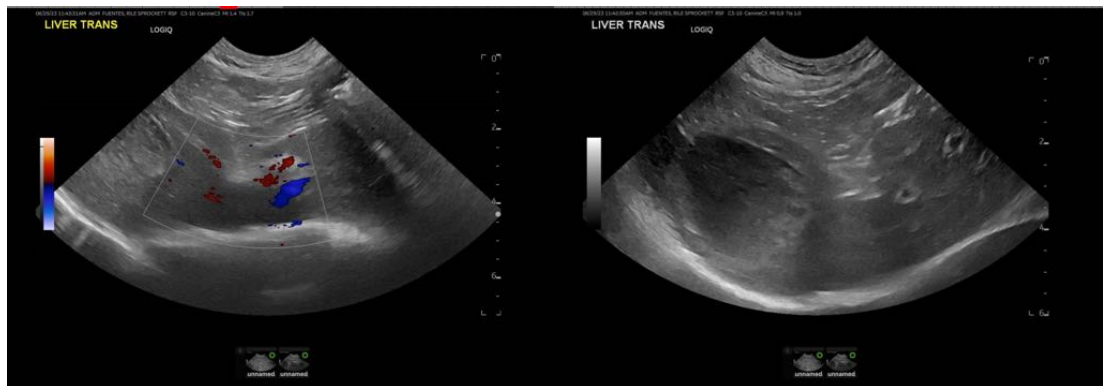
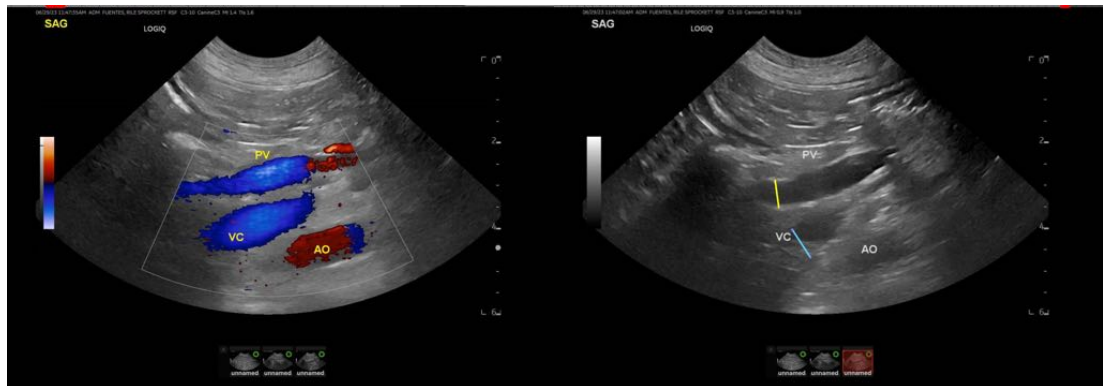
Dr. Gumley

INVOICE

45047

DATE

6/29/23





PATIENT

Rile Sprockett Fuentes

SPECIES

Canine

BREED

Schnauzer Cross

SEX

Spayed female

AGE

5 years

WEIGHT

12.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

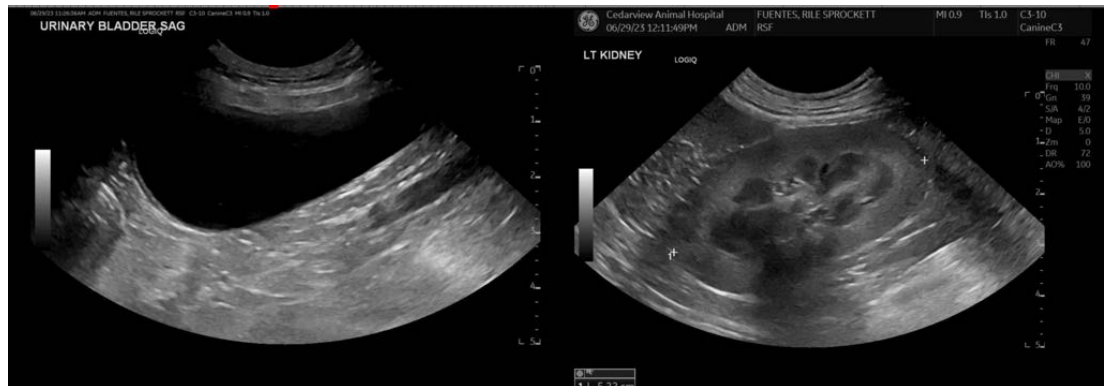
Dr. Gumley

INVOICE

45047

DATE

6/29/23



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com