



PATIENT

June Trela

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

7 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summer

INVOICE

32019

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Dog initially presented polydipsia, polyuria. Has resolved since. Was still eating okay.
Abnormal PE/Chem/CBC/UA Results: CBC all wnl. Chemistry shows increased ALT (476), AlkPhos (253), GGT (16). AST normal. UA shows SpGravity = 1.019 protein = negative otherwise wnl.

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. Both kidneys 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 1.0 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 1.7 x 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.

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 suspended gallbladder debris was noted.

Gastrointestinal

The stomach was mildly thickened and edematous. There was no loss of detail. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and



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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.

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Pancreas

The **pancreas** was hypoechoic and mildly irregular.

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ULTRASONOGRAPHIC FINDINGS

Hypoechoic, irregular pancreas. Otherwise, unremarkable abdomen.

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Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. There is a potential for low-grade pancreatitis. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort. The cause of PU/PD is unclear. Reactive hepatopathy/low grade inflammatory hepatopathy is possible. FNA of the liver can be considered for further definition. Given the gastric and pancreatic presentation reactive hepatopathy is most likely.

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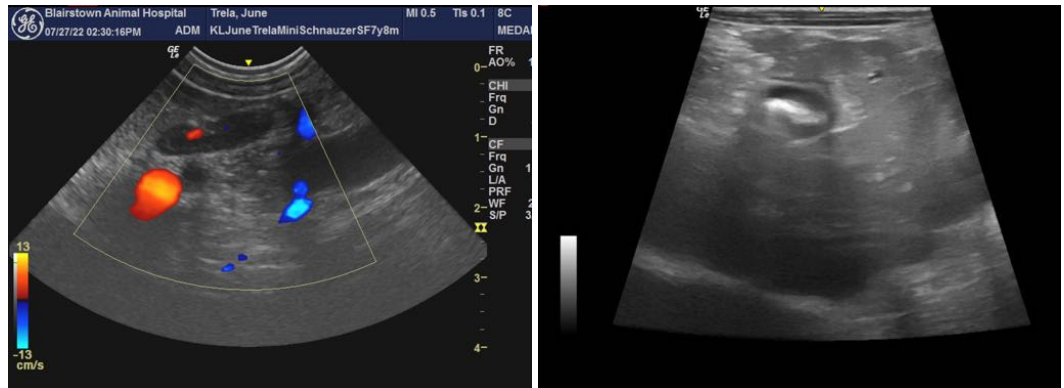
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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