



**PATIENT**

Pixie Relyea

**PRESENTING CLINICAL SIGNS**

intermittent incontinence; hx of urinary stones

**SPECIES**

Canine

**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.

**BREED**

Miniature Schnauzer

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 4.46 cm with pyelectasia. The left kidney measured 4.18 cm. Calculi noted up to 3.0 mm in both kidneys.

**SEX**

Spayed Female

**AGE**

9 Years

**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 1.54 cm x 0.52 cm at the caudal pole and 0.42 cm at the cranial pole. The right adrenal gland measured 1.52 cm x 0.84 cm at the cranial pole and 0.49 cm at the caudal pole.

**WEIGHT**

16 Pounds

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**Liver**

**HOSPITAL NAME**

Rockaway AH

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 polyps noted, a grouping of which measured approximately 2.0 cm x 1.0 cm.

**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

39999

**Pancreas**

**DATE**

8/1/22

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.



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**ULTRASONOGRAPHIC FINDINGS**

- Age related renal changes with calculi, non-obstructive, unremarkable abdomen otherwise
- Minor gallbladder polyps

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lower urinary tract was unremarkable. No evidence of obstructive disease noted at this time. However, given the patient history, periodic passage of calculi may be an issue given the renal presentation.

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**HOSPITAL NAME**

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**REFERRING VET**

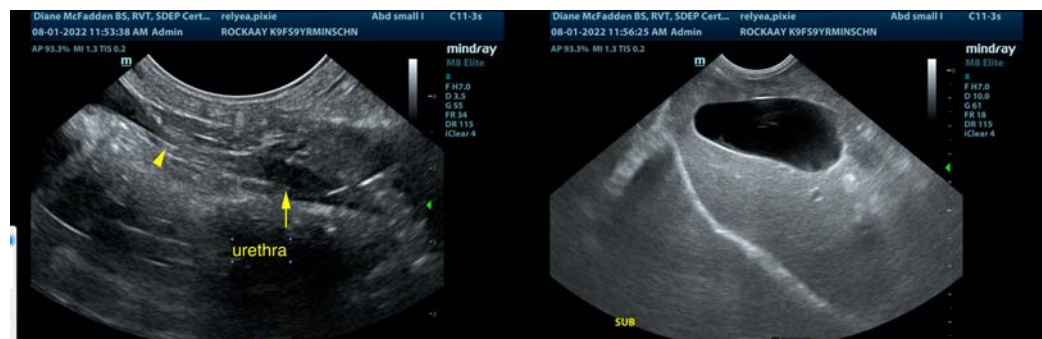
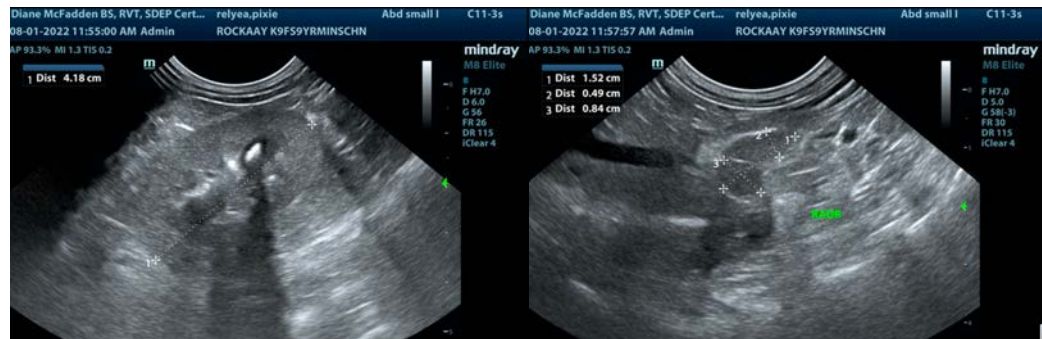
Dr. Maniar

**INVOICE**

39999

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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.

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

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