


PATIENT

Llyod Banks Burrows

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes on BW. Needs a GA - assess if high risk. Dental. Ear injection. Uveitis.
 Abnormal PE/Chem/CBC/UA Results: ALT + ALP raised

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Miniature Schnauzer

The **urinary bladder** was essentially empty at the time of the sonogram. Minor micropolypoid changes were noted with anechoic urine. There was no evidence of calculi or masses. There is a potential for underlying cystitis.

SEX

Neutered male

AGE

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney revealed an anechoic cyst that measured 1.5 cm at the caudal cortex. The right kidney measured 5.4 cm. The left kidney measured 4.79 cm.

WEIGHT

22.5 lbs

Adrenal Glands
INTERPRETED BY

Jessica Miller

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.82 x 0.6 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 1.9 x 0.8 cm at the cranial pole and 0.66 cm at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen
HOSPITAL NAME

 Westwood Regional
 VH

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

Dr. Curtis

Liver

The **liver** revealed mild coarse architecture with slightly increased portal markings. The changes were relatively minor and largely expected changes for this patient's age and breed. Minor gallbladder debris was noted. The common bile duct was normal.

INVOICE

91137

Gastrointestinal
DATE

8/11/21

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Llyod Banks Burrows

SPECIES

Pancreas

Canine

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.

BREED

Miniature Schnauzer

ULTRASONOGRAPHIC FINDINGS

SEX

Geriatric abdomen.

Neutered male

Minor hepatic remodeling, non-specific.

Minor bladder thickening and benign renal cysts.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

There is no overt contraindication to anesthetic procedure. FNA of the liver could be considered at the time of dental procedure if desired to assess inflammatory cell type for long term management.

22.5 lbs

INTERPRETED BY

Jessica Miller

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

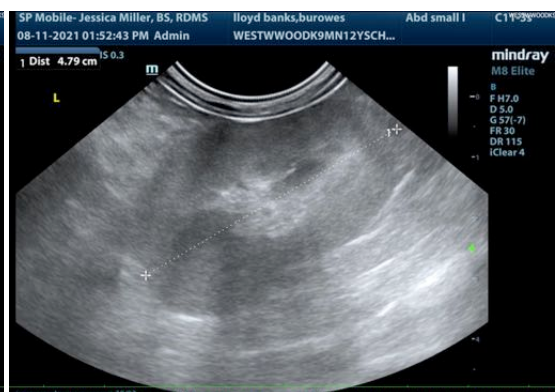
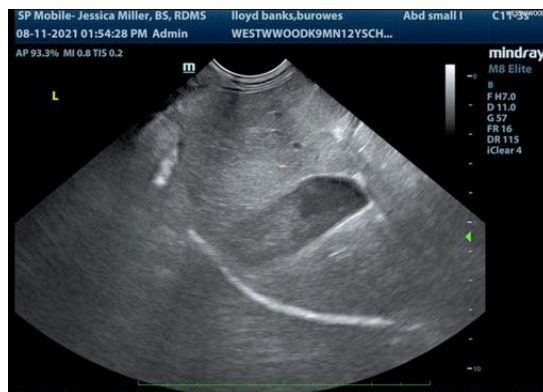
Dr. Curtis

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PATIENT

Lloyd Banks Burrows

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

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AGE

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WEIGHT

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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.

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