



PATIENT

Hattie Ketchum

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

9 Years

WEIGHT

17.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Schneck

HOSPITAL NAME

Willamette VH

REFERRING VET

Schneck

INVOICE

16660

DATE

8/2/22

PRESENTING CLINICAL SIGNS

History: Last night Pt was very unsettled and anxious. Today Pt has been shaking, uncomfortable, and had an episode of wheezing when going up some stairs. O took Pt to rdvm today, was given some subq fluids. Pt has a Hx of pancreatitis, and had a similar episode on July 8th, rdvm prescribed tramadol and issues resolved. Pt also has a grade 4+ murmur_

Abnormal PE/Chem/CBC/UA Results: 02.9 F, 4/6 murmur, SQ fluids along left ventral lateral thorax-painful on palpation 8/1/22: _CBC- HCT 41.7%, Lymp 0.87, MPV 13.6 CHEM 17, BUN 33, ALKP 236 lites-K 6.0 Lac-Normal CPL Normal 3 view Thoracic rads-moderate cardiomegaly, no signs of CHF, cranial abdomen has increased radiopacity, poss hepatomegaly or fluid present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented small calculi, nonobstructive, the largest of which measured 4.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 5.68 cm. The right kidney measured 5.68 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 0.46 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Minor gallbladder polyps and excessive sludge was noted.



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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.

Pancreas

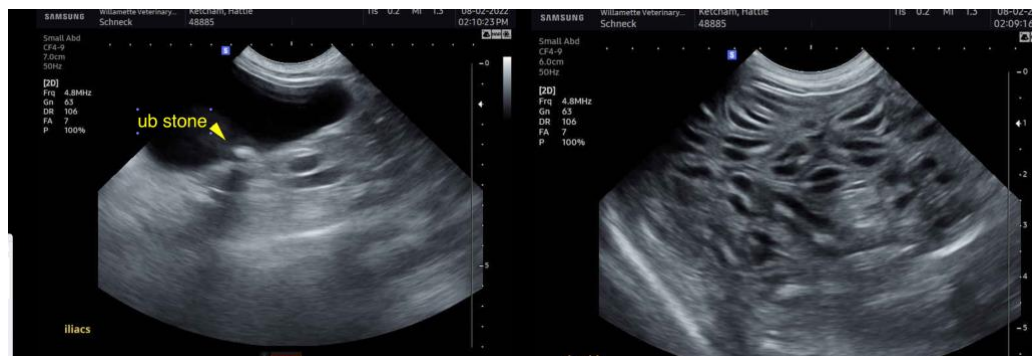
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder calculi
- Age-related renal and hepatic changes
- Gallbladder polyps and excessive sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have passed a calculus recently, given the clinical history, yet no obstructive disease was noted at this time.





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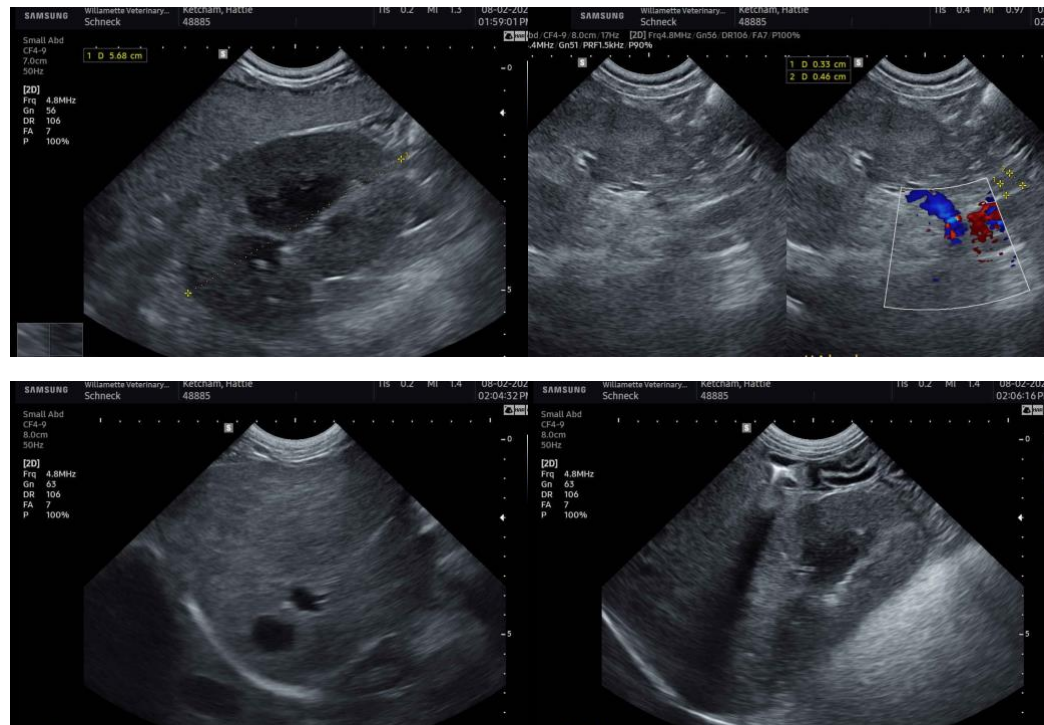
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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