

PATIENT

Belle Ruff

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

12 Years

WEIGHT

19 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

12688

DATE

8/23/21

PRESENTING CLINICAL SIGNS

History: acute vomiting and abdominal pain, loud GI sounds, Hx of pancreatitis

Abnormal PE/Chem/CBC/UA Results: BUN 34, BUN/crea 68, chol 407, trig 1442, ALT 451, ALKP 1152, WBC 5400 with decr neuts and monos, incr lymphs and baso

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Mineralization was present in the kidneys, non-obstructive. The right kidney measured 6.16 cm. The left kidney measured 5.12 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 left adrenal gland measured 2.1 cm x 0.63 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 1.94 cm x 0.56 cm at the caudal pole and 1.17 cm at the cranial pole.

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** revealed relatively normal size with mild increased portal markings. A slight amount of gallbladder overdistention and debris. Cystic hepatic lymph nodes were noted, likely owing to chronic lymphadenitis/low grade inflammation. FNA of the liver warranted for further definition.

Gastrointestinal

The **stomach** was empty in this patient. No evidence of foreign body. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was hypoechoic and irregular in the right limb with enhanced surrounding mesentery.



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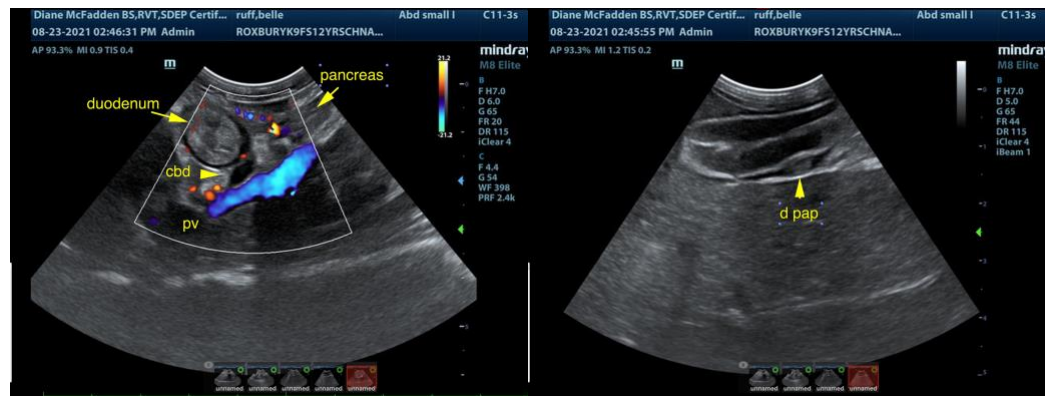
19 Pounds

ULTRASONOGRAPHIC FINDINGS

- Cystic hepatic lymphadenopathy/inflammatory hepatopathy
- Minor pancreatitis pattern
- Age-related renal changes with mineralization
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the elevated renal values and ALT, leptospirosis titers warranted. FNA of the liver warranted. Ampicillin, GI protectants and fluid support all indicated and reassessment of the clinical signs. Only minor pancreatic changes were noted to assess whether the pain is deriving from the pancreas. I recommend digital subxiphoid palpation versus paralumbar derived referred back pain.



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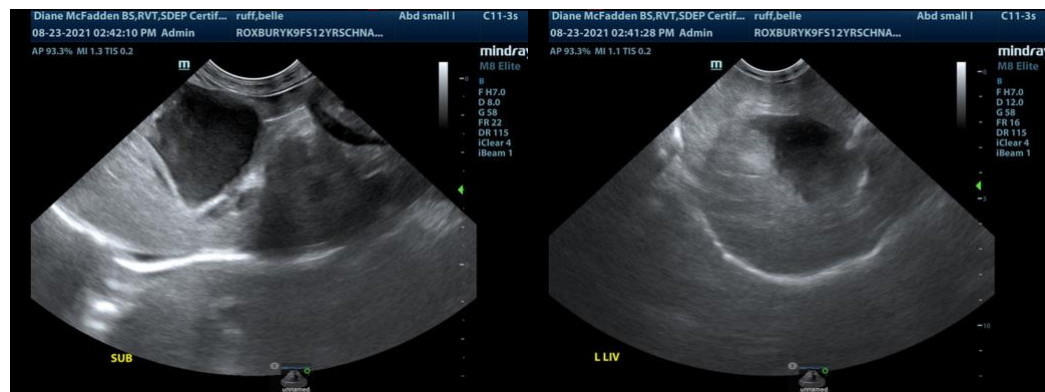
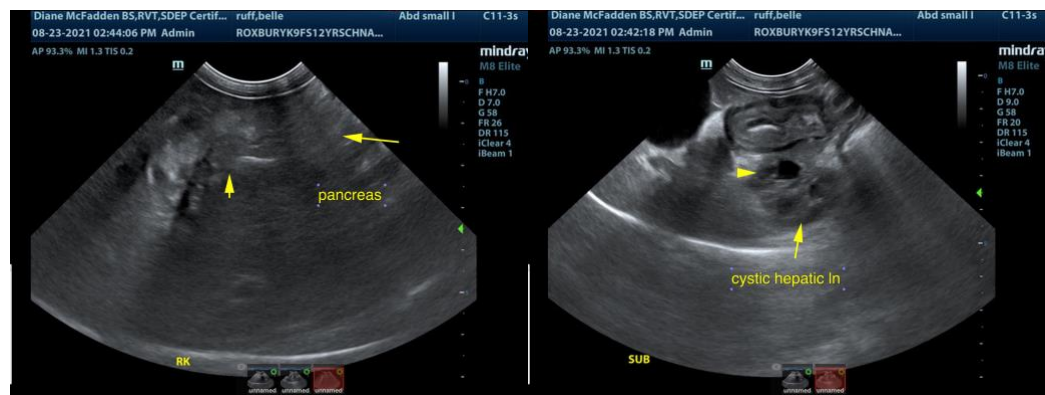
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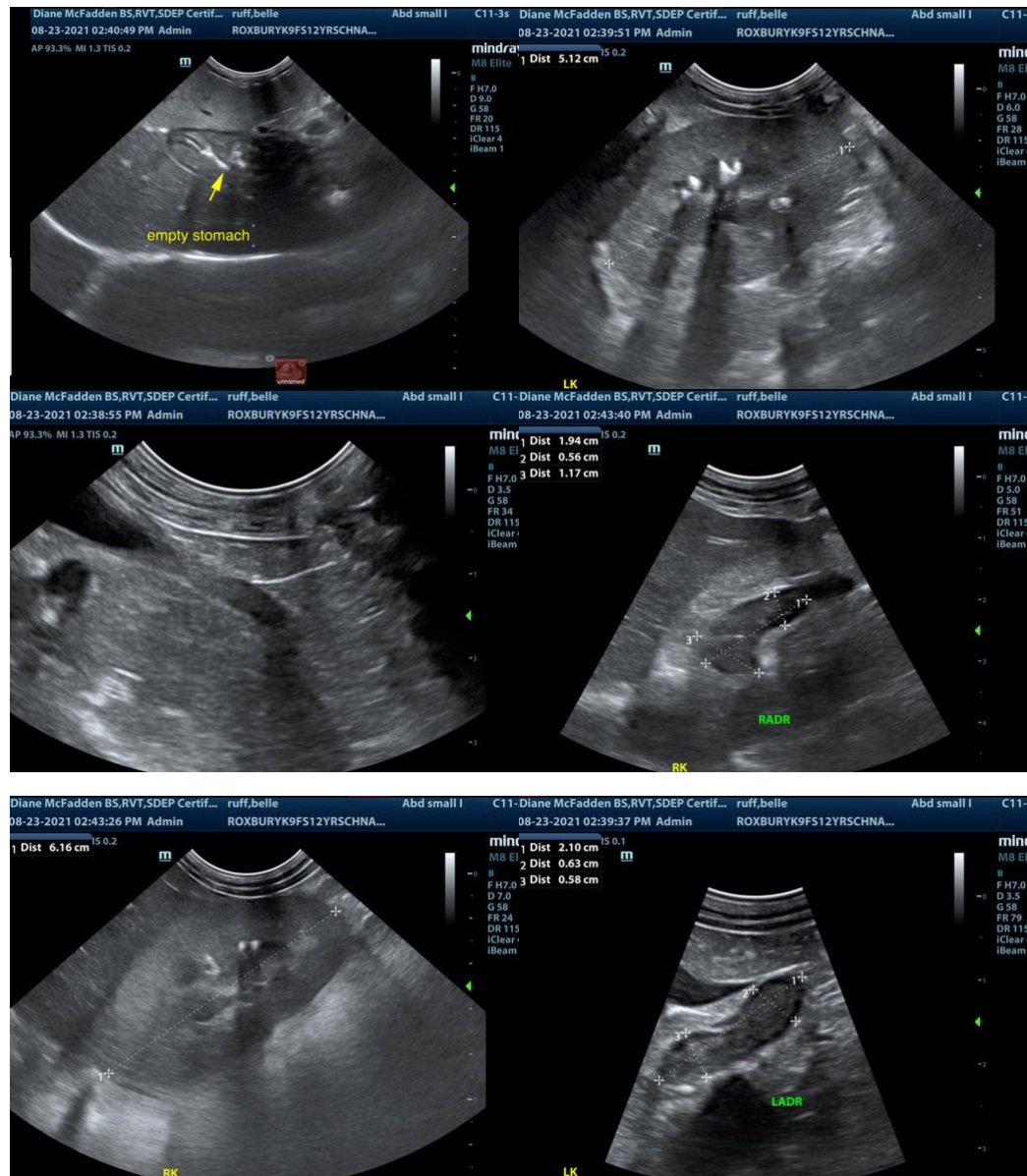
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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