



PATIENT

Leo Singer

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered male

AGE

8 ½ years

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

INVOICE

32710

DATE

9/1/22

PRESENTING CLINICAL SIGNS

History: History of elevated liver enzymes and normal bile acids post phenobarb being started for seizures. Pheno was discontinued but liver enzymes remained persistently elevated despite trial of denamarin, metro, enro and ursodial. This was 11/2021. Ultrasound at that time by radiologist showed "slightly small liver with ill-defined hypoechoic foci and areas of slightly irregular capsule. -suspected chronic inflammation. owner declined liver biopsy Liver enzymes have remained mildly elevated since. Now pet has chronic issue with vomiting, decreased appetite, loose stool, significant weight loss and is about 5 pounds underweight.

Abnormal PE/Chem/CBC/UA Results: most recent full panel was in June: leukocytosis, alt 315, ast 57, alkp 517 snap cpl: normal fecal- negative for parasites

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

The region of the trigone and visible pelvic urethra 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.

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

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

Liver

The **liver** revealed mildly increased portal markings with slight, irregular contour. The liver revealed uniform parenchyma otherwise. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive.



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Some striating bile is noted and is consistent with emerging mucocele. No adjunctive inflammation 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.

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Pancreas

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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.

AGE

8 ½ years

ULTRASONOGRAPHIC FINDINGS

Benign, non-specific, low-grade inflammatory hepatopathy/reactive hepatopathy.

WEIGHT

10.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. FNA of the liver can be considered for further definition.

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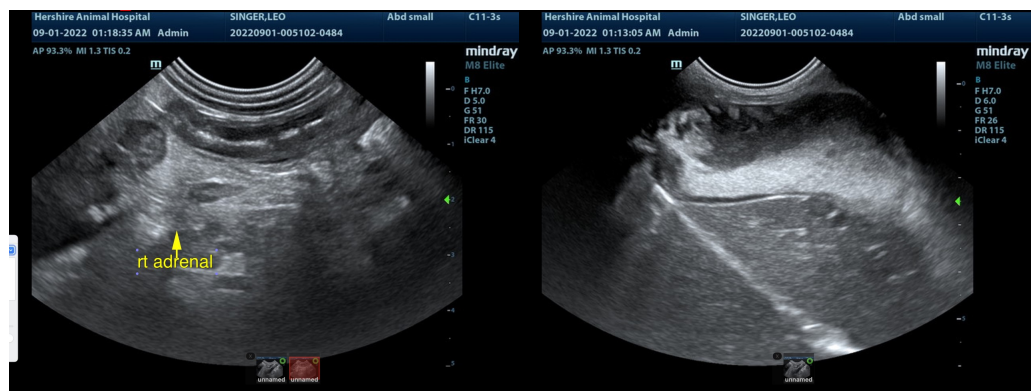
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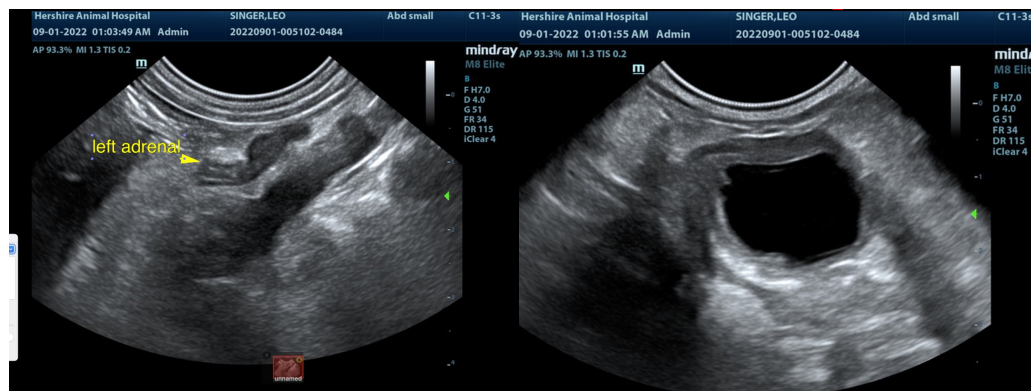
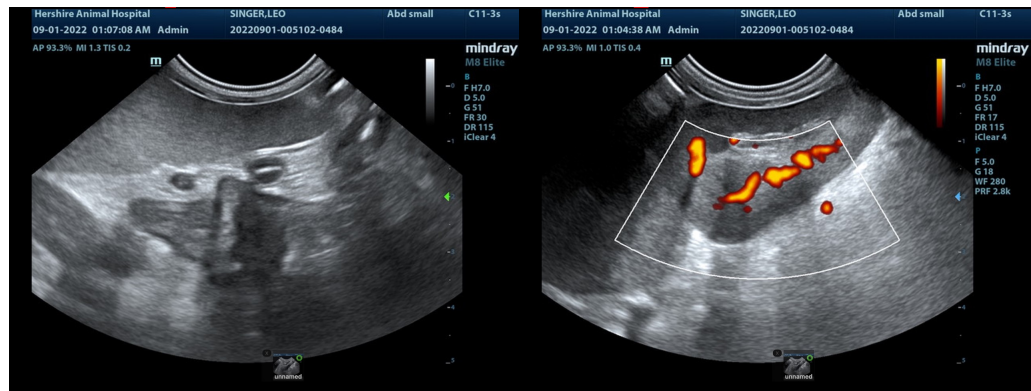
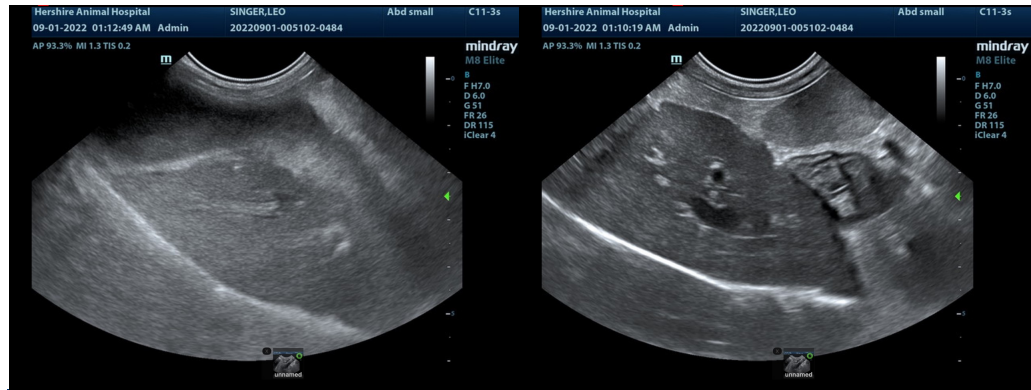
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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