



PATIENT

Tex Schulman

PRESENTING CLINICAL SIGNS

History: WT LOSS ANOREXIA SEVERE AZOTEMIA UA/LEPTO TITERS/URINE CULTURE PENDING
BP=170 HX OF LIVER/GB DZ

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Poodle

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

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. Slight mineralization was noted in the kidneys. The right and left kidney measured 5.0 cm.

AGE

12 years

WEIGHT

14 lbs

Adrenal Glands

Both **adrenal glands** were slightly enlarged. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.7 cm in width.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Barnea

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Occasional hyperechoic, lipogranuloma was noted. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Barnea

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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Gastrointestinal

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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.

SPECIES

Canine

BREED

Miniature Poodle

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Mild bilateral adrenal hypertrophy.

AGE

12 years

Subjectively benign hepatopathy.

WEIGHT

14 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the urine specific gravity is less than 1.020 and the patient appears Cushingoid then work-up for PDH is indicated. The abdomen otherwise appears benign. The cause of weight loss is unclear. The cause of severe azotemia is unclear. Acute insult upon mild, chronic degenerative changes is likely. Leptospirosis or toxin exposure is suspected.

INTERPRETED BY

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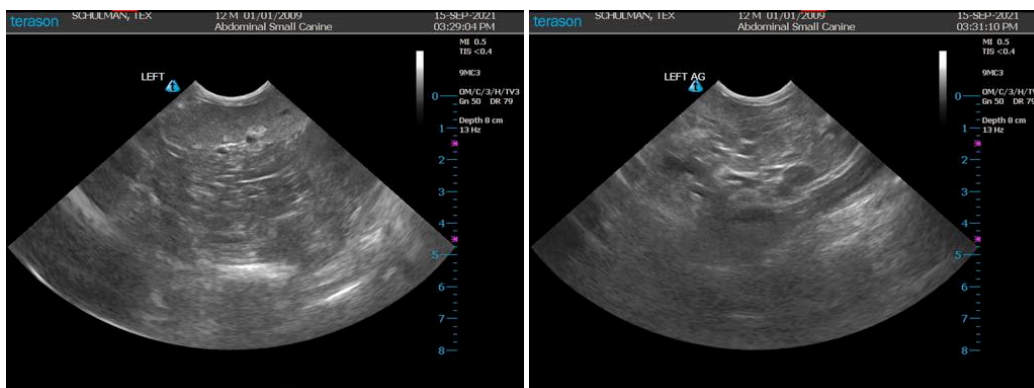
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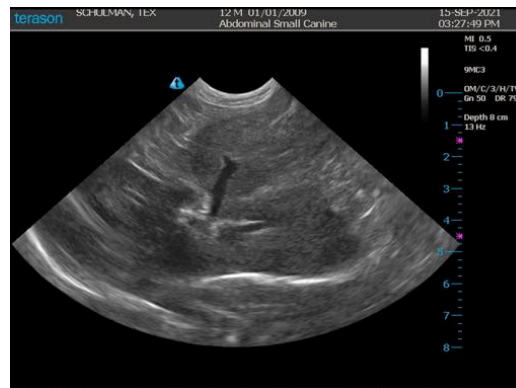
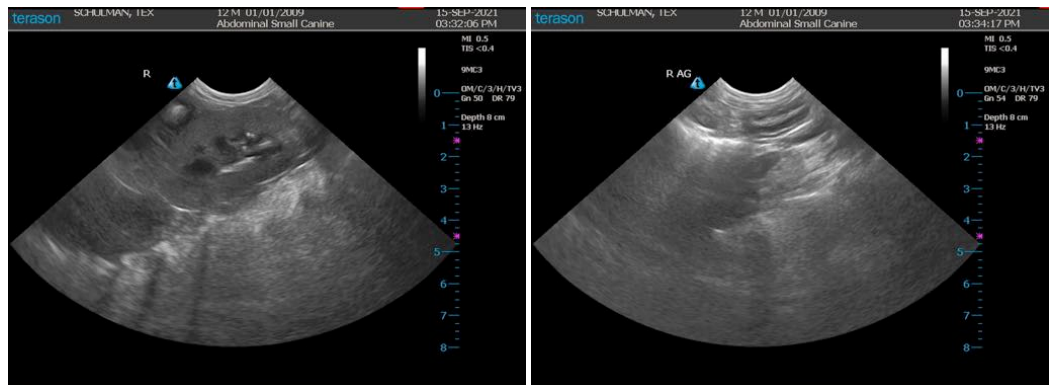
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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