



**PATIENT**

Beatty Gore

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered Male

**AGE**

15 Years 5 Months

**WEIGHT**

14.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ruth Loomis

**HOSPITAL NAME**

Brookwood AC

**REFERRING VET**

Dr. Ruth Loomis

**INVOICE**

41778

**DATE**

9/29/22

**PRESENTING CLINICAL SIGNS**

P has hx of IBD - P is on prednisone/ HP diet/ oral cobalamine/ low dose metronidazole recently O has been finding blood on his beard but only after a prolonged fast and after he has eaten. No coughing/nasal discharge. Dental done in May repeated sedated oral exam and nothing noted anywhere in oral cavity or rostral airway/esophagus

Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia (HCT between 28-30% the last 4 weeks) hx of elevated liver values (alkp = 1660/ alt = 137)

**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 prostate measured 0.50 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.5 cm.

**Adrenal Glands**

The **left adrenal gland** was mildly heterogeneous, measuring 0.40 cm in width.

The **right adrenal gland** was mildly heterogeneous, measuring 0.60 cm at the cranial pole and 0.40 cm at the caudal pole, fairly uniform.

**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** presented coarse architecture and uniform enlargement. Moderate hepatic remodeling noted with increased portal markings. The gallbladder was unremarkable with a trace amount of sand.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed mild hypertrophy with mucosal remodeling and hyperperistalsis. The small intestine was mildly thickened. No loss of mural detail.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed.



**PATIENT**

Beatty Gore

Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. A 1.4 cm nodule was noted, likely regenerative.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Miniature Schnauzer

- Benign hepatopathy with remodeling and trace biliary sand
- Moderate degenerative renal changes
- Gastric hypertrophy with mucosal remodeling and minor intestinal thickening
- Heterogeneous adrenal glands
- Pancreatic nodule

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has likely undergone variable gastrointestinal and pancreatic inflammatory issues. GI protectant protocol warranted. If anorexia is an issue, GI protectant protocol warranted. GI blood loss may be the cause of anemia. The liver subjectively appears benign. However, bile acid profile indicated. FNA of the liver and pancreatic nodule could be considered for further definition, yet subjectively appear benign. The Prednisone may be suppressing a more significant presentation.

**AGE**

15 Years 5 Months

**WEIGHT**

14.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ruth Loomis

**HOSPITAL NAME**

Brookwood AC

**REFERRING VET**

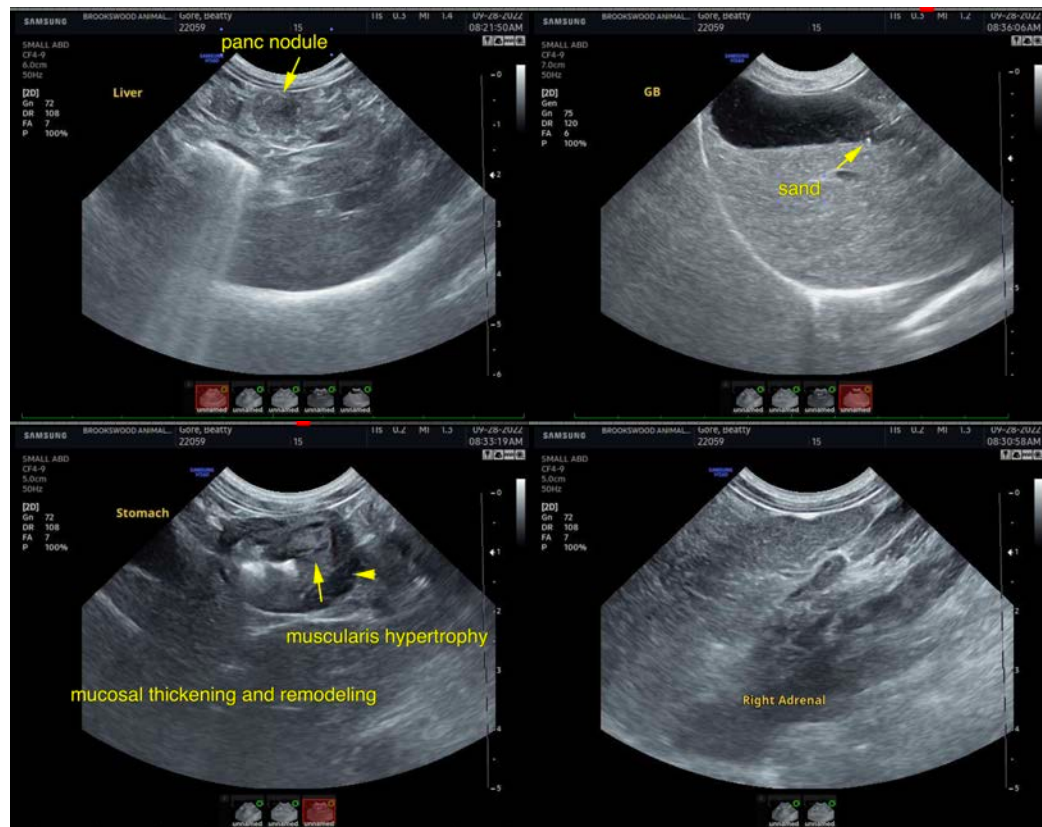
Dr. Ruth Loomis

**INVOICE**

41778

**DATE**

9/29/22





**PATIENT**

Beatty Gore

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered Male

**AGE**

15 Years 5 Months

**WEIGHT**

14.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ruth Loomis

**HOSPITAL NAME**

Brookwood AC

**REFERRING VET**

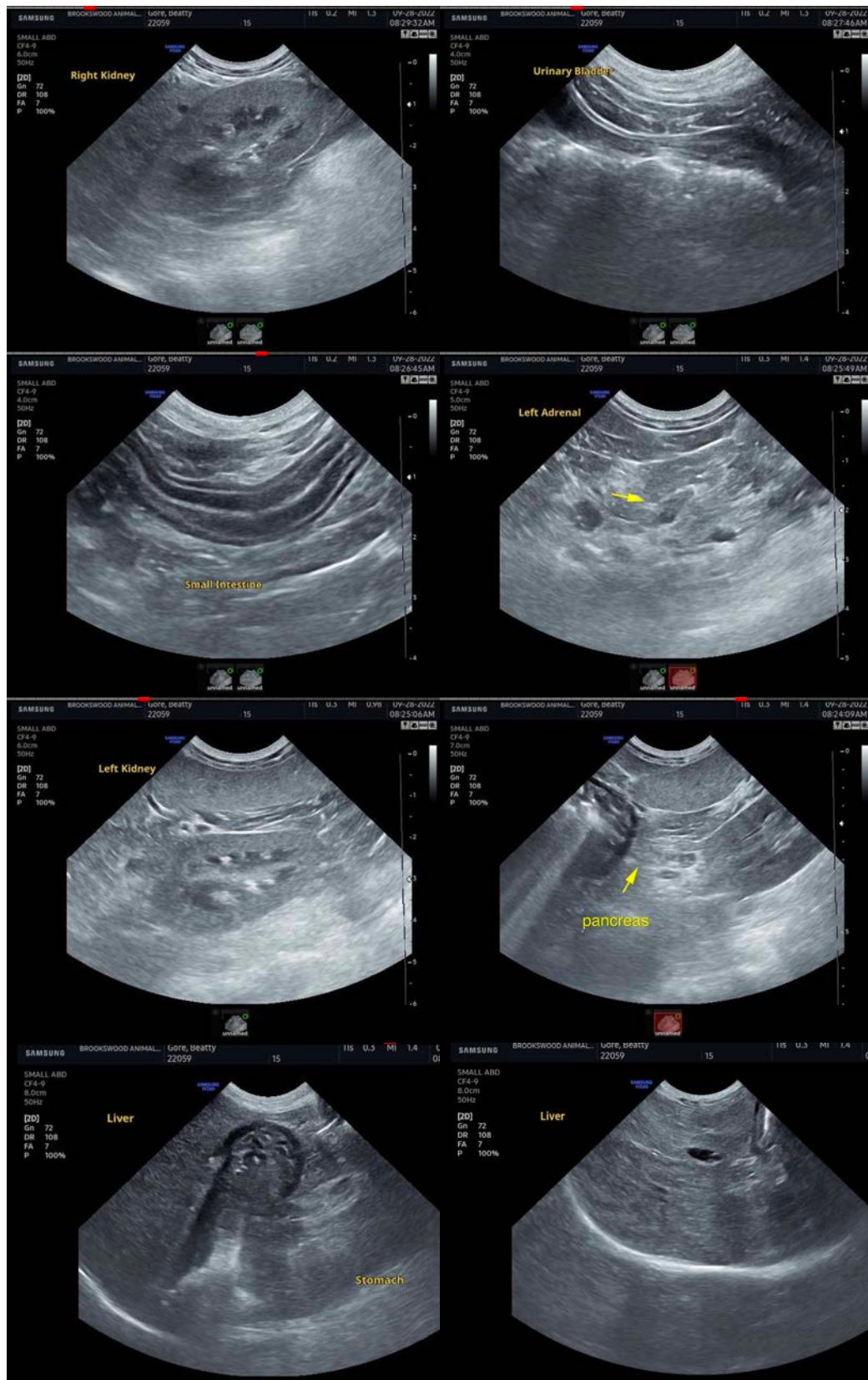
Dr. Ruth Loomis

**INVOICE**

41778

**DATE**

9/29/22





**PATIENT**

Beatty Gore

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.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

**BREED**

Miniature Schnauzer

**SEX**

Neutered Male

**AGE**

15 Years 5 Months

**WEIGHT**

14.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ruth Loomis

**HOSPITAL NAME**

Brookwood AC

**REFERRING VET**

Dr. Ruth Loomis

**INVOICE**

41778

**DATE**

9/29/22