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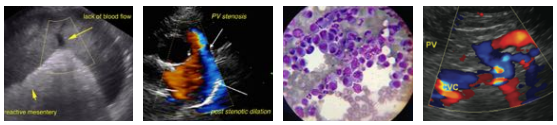

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Mookie Clifford

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Neutered male

AGE
11 years

WEIGHT
26.6 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Amazon Park AC

REFERRING VET
Dr. Jones

DATE
2/15/23

Invoice
42828

PRESENTING CLINICAL SIGNS

History: Vomited large amount blood on 2/13, followed by lethargy and anorexia. Had been taking clavacillin 250 mg PO twice daily for infected mass on front leg. T102.7, abdomen slightly tense, slight delay in skin tent. Had diarrhea 2/14 that was dark brown/black.
Abnormal PE/Chem/CBC/UA Results: PCV 30%, reticulocyte count 197,000. ALT 179, ALP 1810 (these liver enzymes have been similar since 2021) Current Medications None - antibiotics were stopped.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multiple calculi. The largest of which measured 1.5 cm and was non-obstructive at the time of the sonogram. The patient is likely passing calculi periodically from the kidneys to the bladder.

The residual prostate measured 1.02 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. The right kidney measured 5.5 cm. The left kidney measured 5.77 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 right adrenal gland measured 2.64 x 1.78 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.23 x 0.57 cm at the caudal pole and 0.41 cm at the cranial pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. Hyperechoic llipogranulomatous changes were noted as well.

Liver

The **liver** was uniformly swollen with minor gallbladder polyps, yet not pathological. 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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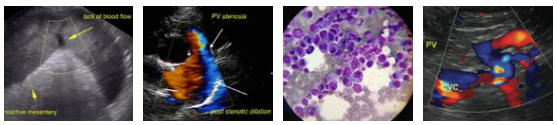

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Gastrointestinal

The **stomach** revealed a minor amount of chyme accumulation. There was no overt ulcerative disease present; however, given the patient's history microulcers cannot be completely ruled out.

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

Bladder calculi.

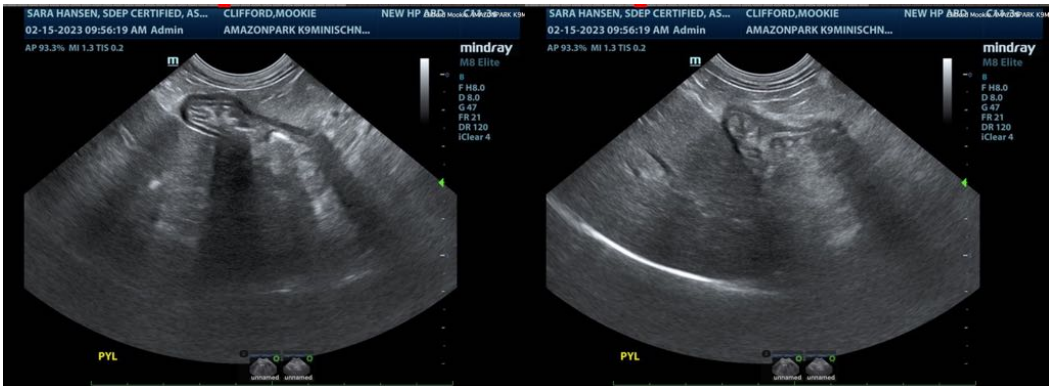
Non-obstructive renal calculi.

Benign hepatopathy with gallbladder polyps.

Unremarkable upper GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history microulcers cannot be completely ruled out, yet there was no evidence of ulcerative disease. GI protectant protocol such as the following is recommended. Gastric biopsies can be taken at the time of cystotomy. The patient may have passed calculi periodically contributing to the clinical signs. There was no evidence of neoplasia.



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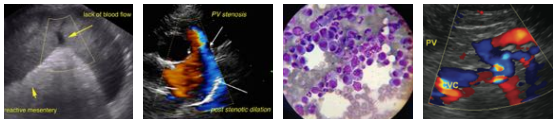

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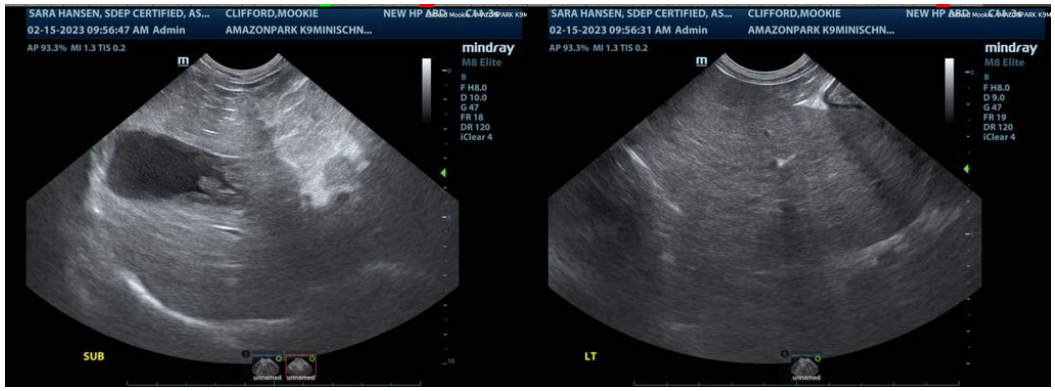

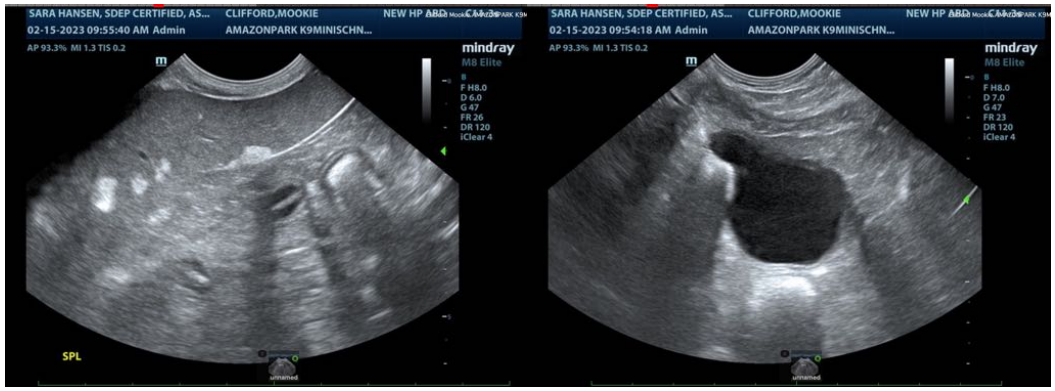

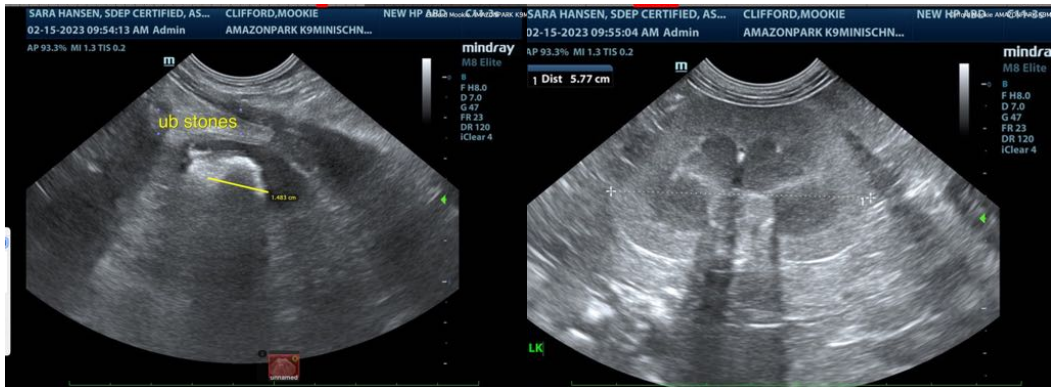

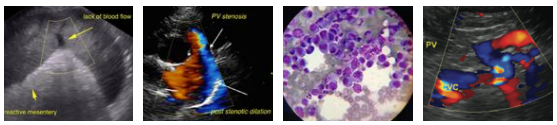

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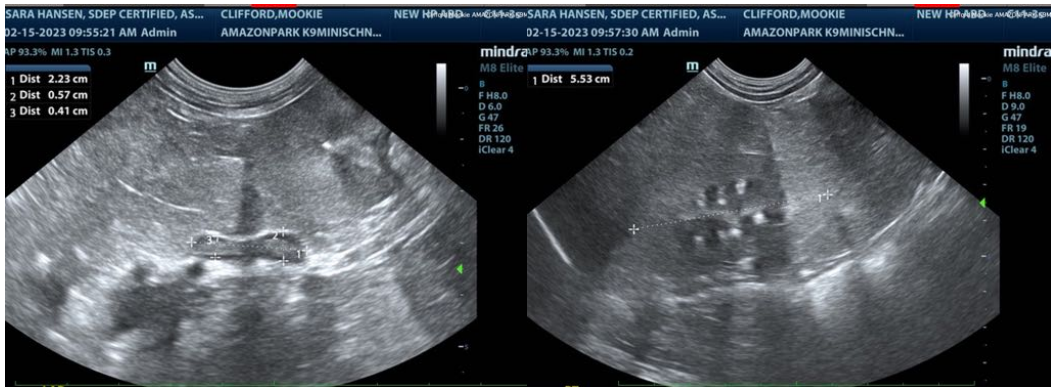

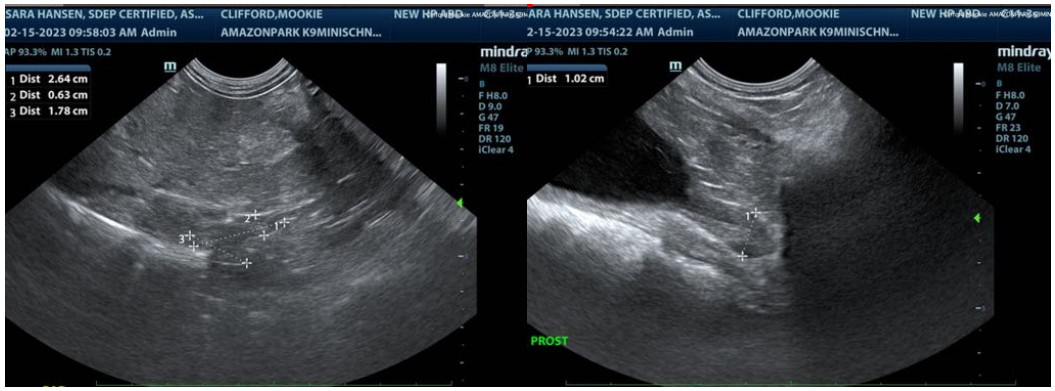

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com