



PATIENT

Harper Hogg

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

9 years

WEIGHT

9.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Sixteen Mild VC

REFERRING VET

Dr. Gibbs

INVOICE

30970

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Recently diagnosed diabetic. Likely pancreatitis flare up treated in May. Has been on Caninsulin 2IU BID.

Abnormal PE/Chem/CBC/UA Results: B/W done at another clinic showed ALP 288, Amylase 1986, Llpase 5626, BG 22.2, May 7th. U/A - pH 5, Protein 2+. Glucose 3+. Ketones 2+, Sp. gravity 1.024.

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 was noted. Ureteral papillae were normal.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The left kidney measured 4.54 cm. The right kidney measured 4.3 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 1.62 x 1.05 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland measured 2.13 x 0.66 cm at the caudal pole and 0.75 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 was noted.

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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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

Miniature Schnauzer

Structurally the **pancreas** appeared unremarkable with minor heterogenous changes that are expected for this age patient, yet there was no evidence of significant pancreatitis.

SEX

Spayed Female

Free Abdomen

AGE

9 years

Heterogenous falciform fat was noted in a region of approximately 4.0 cm. This appears to be stable. The patient has likely had past episodes of steatitis. However, there was no evidence of significant pathology.

WEIGHT

9.7 kg

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy with minor remodeling.

Diabetic nephropathy.

Heterogenous falciform fat, not pathological.

Otherwise, unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific therapy is recommended at this time.

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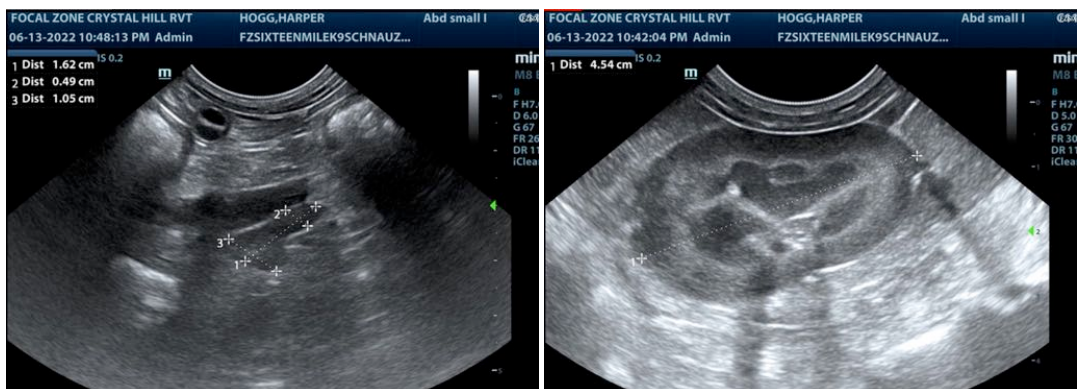
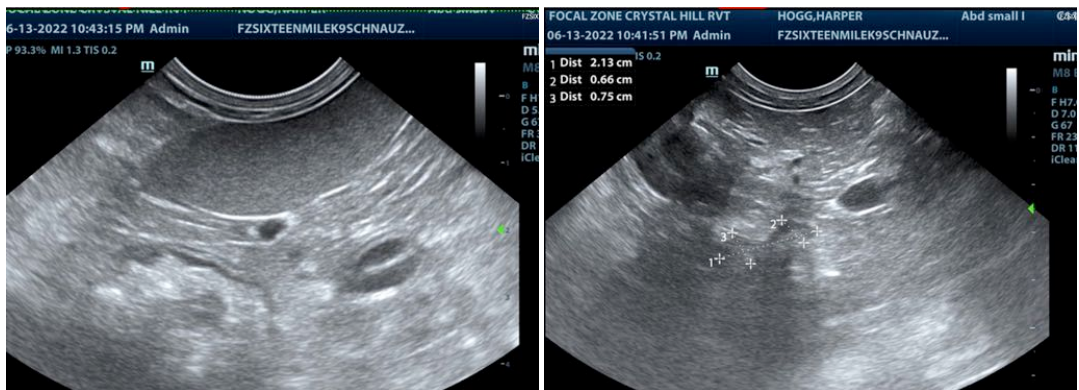
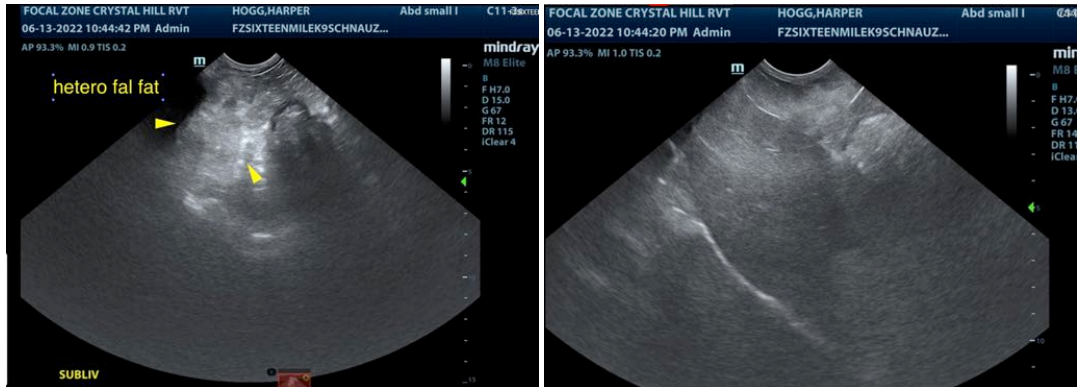
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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