



PATIENT	PRESENTING CLINICAL SIGNS
Sassy Sisak	History: 105.0 fever, V+, recurring pancreatitis.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Schnauzer	
SEX	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. Mild mineralization was noted in the kidneys. The left kidney measured 4.1 cm and the right kidney measured 4.62 cm.
Spayed female	
AGE	
12 years	
WEIGHT	Adrenal Glands
15 lbs	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 1.9 x 0.77 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland measured 1.56 x 0.51 cm at the cranial pole and 0.49 cm at the caudal pole.
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	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.
HOSPITAL NAME	
Rockaway AH	
REFERRING VET	Liver
Dr. Maniar	The liver revealed increased portal markings. The gallbladder was echogenic. This is consistent with history of cholangitis. Hepatic lymph node was mildly enlarged and microcystic at 1.0 cm.
INVOICE	Gastrointestinal
32067	Examination of the gastrointestinal tract revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of
DATE	
7/29/22	



PATIENT

Sassy Sisak

obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

SPECIES

Canine

Pancreas

The **pancreas** was hypoechoic and irregular with mildly enhanced surrounding mesentery.

BREED

Schnauzer

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis.

SEX

Spayed female

Mild pancreatitis.

Cholangitis liver pattern.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious agents such as Leptospirosis should be considered if liver enzymes are elevated. IV fluid support, Ampicillin, Metronidazole or similar combination is recommended with GI protectants. Recheck sonogram is recommended in 12-24 hours with a 24 hour n.p.o. followed by slurry feeding.

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

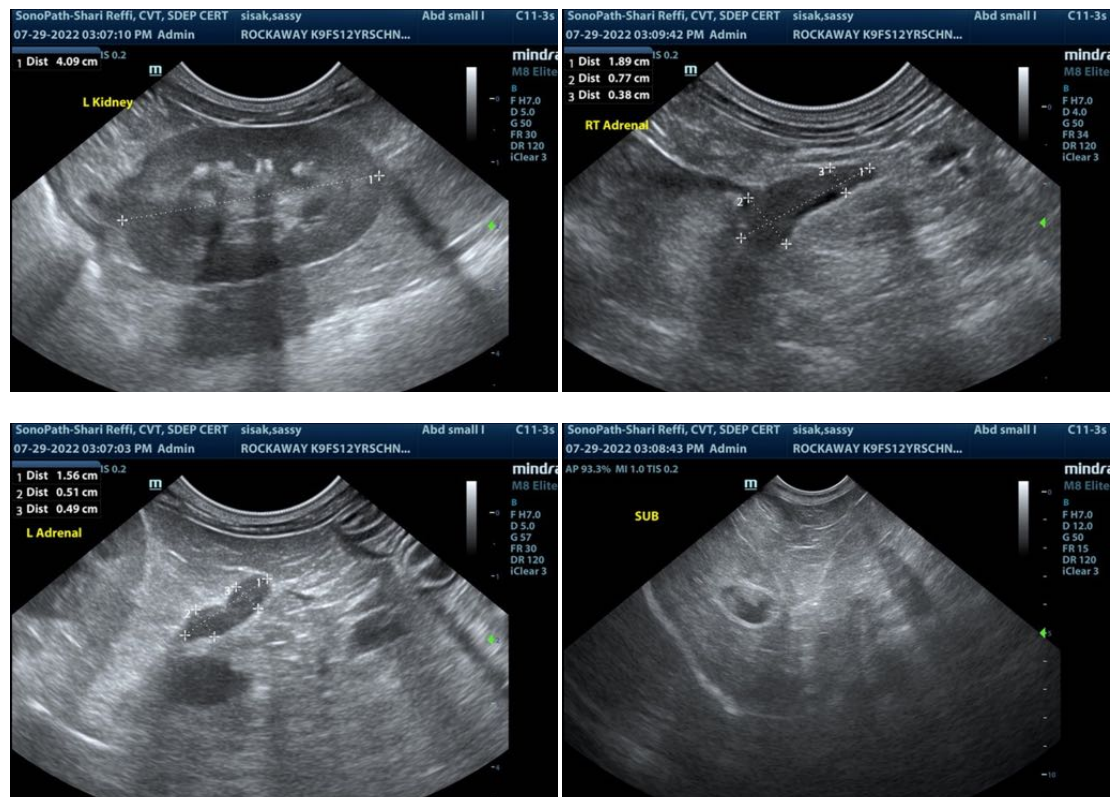
Dr. Maniar

INVOICE

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PATIENT

Sassy Sisak

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed female

AGE

12 years

WEIGHT

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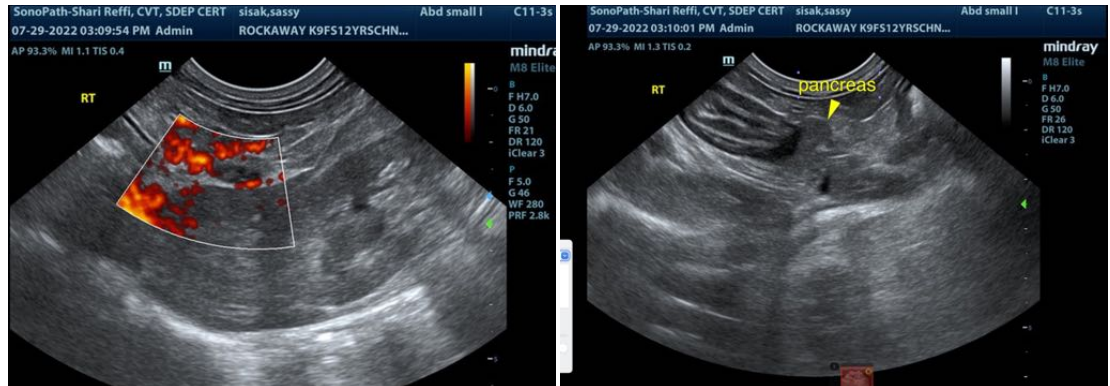
Dr. Maniar

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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
Info@SonoPath.com