



PATIENT

Sierra Pishvanov

PRESENTING CLINICAL SIGNS

History: Recheck AUS for chronic hepatopathy, BW enzymes recently increased.
Abnormal PE/Chem/CBC/UA Results: ALT 424, ALP 681, C BILI 0.2, CHOL 402

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Schnauzer

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Persistent sand and small calculi were noted. Grouping of which measured 1.06 cm. Suspended bladder debris was also noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed female

The **kidneys** were normal in size and contour with no evidence of significant disease. The right kidney measured 4.54 cm. The left kidney measured 4.22 cm with slight pyelectasia.

AGE

8 years

Adrenal Glands

WEIGHT

17.7 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 1.59 x 0.37 cm at the cranial pole and 0.35 cm at the caudal pole. The left adrenal gland measured 1.77 x 0.56 cm at the cranial pole and 0.61 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

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

Millburn VH

Liver

REFERRING VET

Dr. Turowsky

The **liver** revealed slight coarse architecture with occasional, hypoechoic nodule that measured up to 0.8 cm. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

DATE

8/17/22

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.



PATIENT

Pancreas

Sierra Pishvanov

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Persistent bladder sand and debris.

Miniature Schnauzer

Subjectively persistent, benign hepatopathy with minor inflammatory component.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed female

FNA of the liver could be considered for further definition. There is no evidence of neoplasia. FNA would allow for assessment of inflammatory cell type. Cystotomy and bladder lavage could be considered or updated urinalysis with medical management regarding diet and management of any UTI.

AGE

8 years

WEIGHT

17.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Millburn VH

REFERRING VET

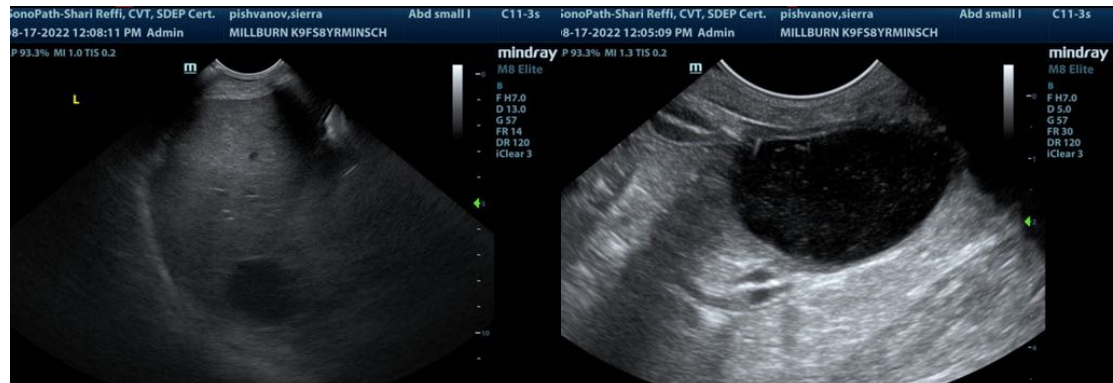
Dr. Turowsky

INVOICE

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DATE

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PATIENT

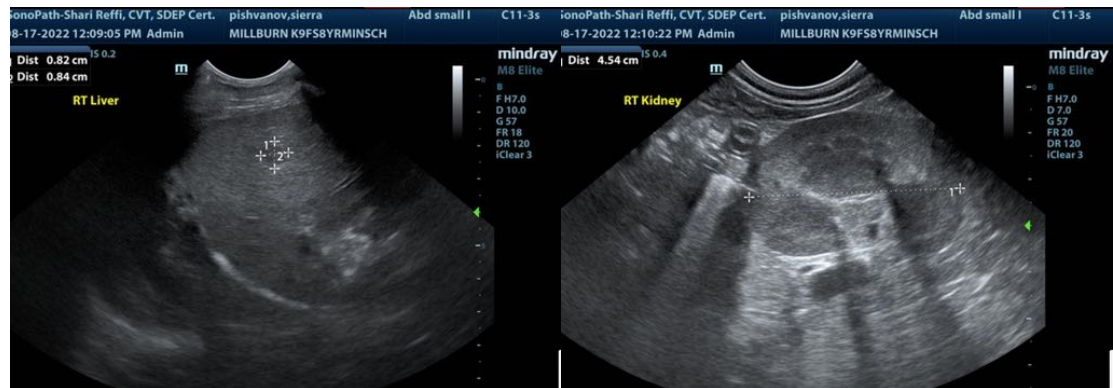
Sierra Pishvanov

SPECIES

Canine

BREED

Miniature Schnauzer



SEX

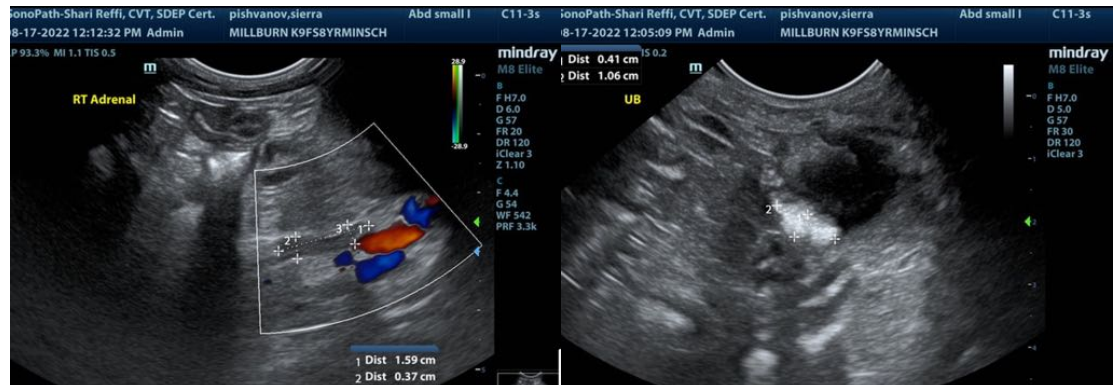
Spayed female

AGE

8 years

WEIGHT

17.7 lbs



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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.

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