



PATIENT

Maverick Schmidt

PRESENTING CLINICAL SIGNS

History: Previously splenomegaly seen on x-rays 05/2022. Current medications: Enalapril for proteinuria Gabapentin & Tramadol for arthritic pain

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Jack Russell Terrier
Cross

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

SEX

Neutered male

The prostate measures appropriate for the XX(neutered/intact) status of the dog. The parenchyma appears homogenous.

AGE

10 years

The left kidney is normal in size and shape with smooth peripheral margins and measures 4.47 cm. There is moderately decreased corticomedullary distinction and the cortex is hyperechoic with hyperechoic speckling. There is scant pyelectasia that measures 0.1 cm and no evidence of nephroliths, infarcts or hydroureter. There are at least two cortical cysts the largest measured 0.25 x 0.35 cm.

WEIGHT

10.81 kg

The right kidney is similar in appearance to the left, but there are no cortical cysts or pyelectasia. The right kidney is normal in size and shape with smooth peripheral margins and measures 4.9 cm. There is moderately decreased corticomedullary distinction and hyperechoic, cortical echogenicity with hyperechoic speckling. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

Adrenal Glands

The left adrenal gland measured 0.42 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Dallas Reynolds LVT

The right adrenal gland appeared plump. The right gland measured 0.44 cm at the cranial pole and 0.65 cm at the caudal pole.

HOSPITAL NAME

Lone Mountain AH

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. A small, hypoechoic nodule measuring 0.34 x 0.32 cm was noted. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis. The spleen measured 1.9 cm at the hilus.

REFERRING VET

Dr. Munoz

Liver

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The liver is subjectively enlarged with rounded contours, normal structure and smooth, but rounded peripheral margins. The echogenicity appears hyperechoic and heterogenous with hyperechoic portal markings. There was no overt evidence of inflammatory or infiltrative pathology. The visible portions of the vasculature and biliary tree appear normal. No pathological, hepatic lymphadenopathy observed. There is a small, cystic liver nodule. The borders of which are indistinct and measures 0.84 cm x 0.73 cm.

DATE

2/9/23



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The gallbladder lumen is moderately distended with echogenic debris. The wall has a normal thickness and smooth. There is a large amount of non-dependent, organizing debris within the gallbladder. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

BREED

Jack Russell Terrier
Cross

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. .o focal lesions observed.

SEX

Neutered male

The section of colon are visualized with formed fecal material and gas shadowing distally.

AGE

10 years

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

WEIGHT

10.81 kg

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dallas Reynolds LVT

Primary Findings

- Moderate, chronic degenerative renal changes.
- Significant gallbladder sludge.

HOSPITAL NAME

Lone Mountain AH

Secondary Findings

- Cystic liver nodule.
- Hypoechoic splenic nodule, likely benign. Differentials include extramedullary hematopoiesis, nodular hyperplasia, lymphoid hyperplasia.
- Hyperechoic hepatomegaly.

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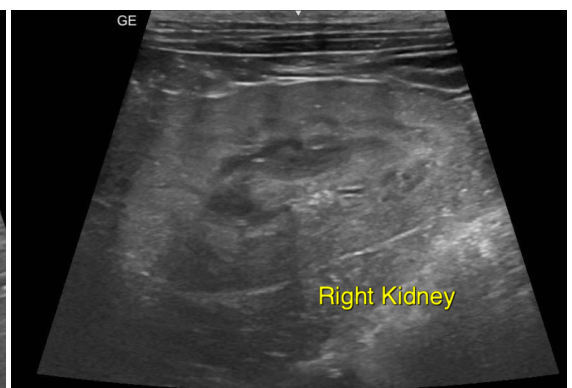
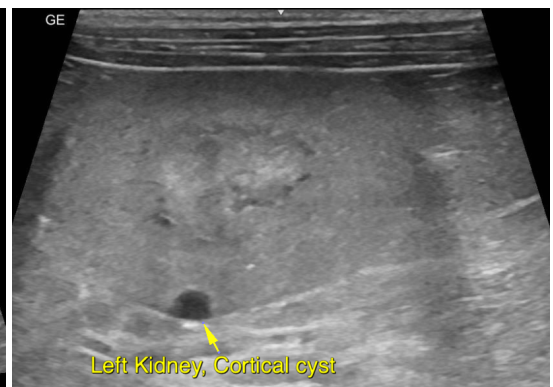
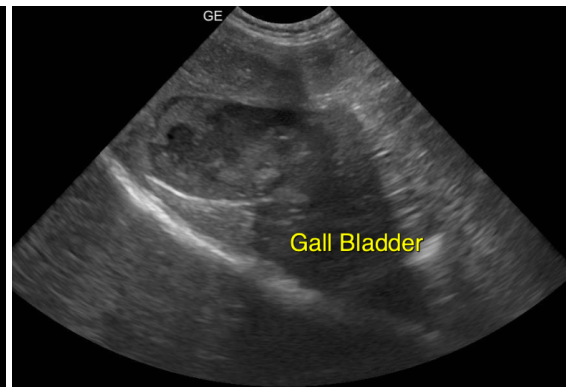
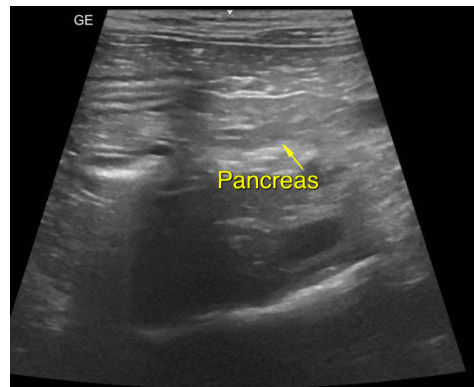
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen measured 1.9 cm at the hilus and did not appear enlarged. There was a small, hypoechoic splenic nodule that is likely considered benign; however, aspirates of the spleen and infectious disease testing can be considered if there are ongoing concerns. The changes to the kidneys are considered moderate and represent moderate chronic kidney degeneration. Ongoing monitoring of renal values and urine testing are indicated. The changes in the liver are consistent with vacuolar hepatopathy, which is considered a benign change. There is a small, cystic nodule that is considered benign, but ongoing ultrasonographic monitoring would be reasonable. If there is concern of hepatopathy from serum chemistry then further work-up could be pursued, but the changes to the liver do not appear overtly worrisome. Consider Ursodiol therapy if not contraindicated given changes to the gallbladder.





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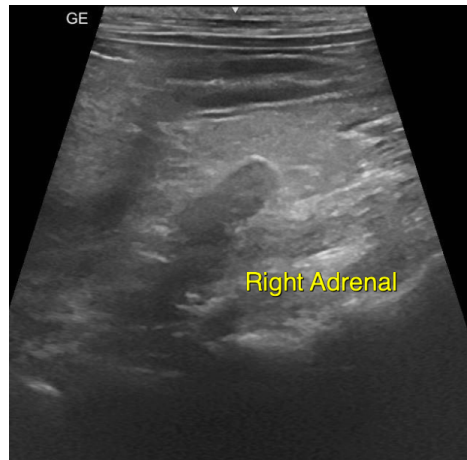
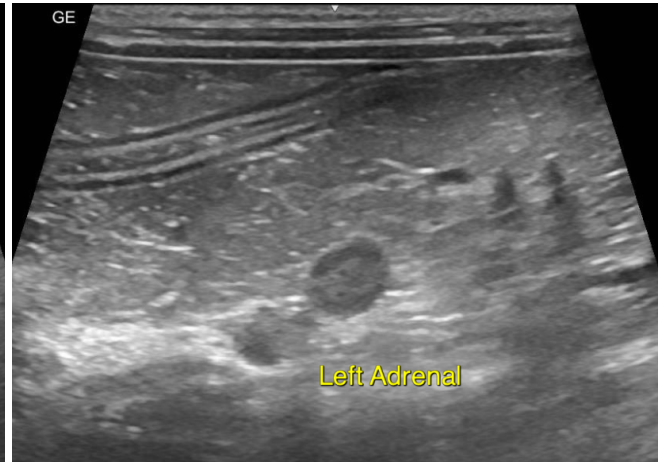
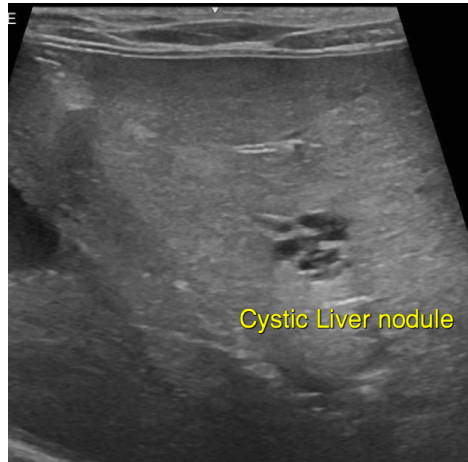
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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