



**PATIENT**

Minnie Schultze

**PRESENTING CLINICAL SIGNS**

Minnie presented for vomiting on and off throughout the day. She is lethargic. She stopped eating yesterday. She is drinking a lot of water.

Abnormal PE/Chem/CBC/UA Results: Amyl: 2,367 Lipa: >6,000

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Miniature Schnauzer

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with multiple primarily small dependent calculi. An example of a calculus measured 1.4 cm diameter. No overt evidence of concurrent cystitis. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

No evidence of pathology in the area of the aortic trifurcation.

**AGE**

11 Years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of nonobstructive medullary mineral were present in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 5.3 cm in length.

**WEIGHT**

22.18

*Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

*Spleen*

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

*Liver / Gallbladder*

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**HOSPITAL NAME**

Lanier Animal Hospital

The gallbladder was non distended in size with moderate hyperechoic to potentially mineralized primarily dependent nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Dr. Hannah Fearing

*Gastrointestinal*

The stomach exhibited marked distension with retained primarily anechoic fluid and mild chyme. The visualized gastric walls were overall sonographically unremarkable with subjective mild pyloric wall thickening. The degree of wall thickening did not appear to be consistent with mechanical pyloric outflow obstruction.

**INVOICE**

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The small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio with mild segmental duodenal and upper jejunal ileus. No evidence of an obstructive pattern. The lumen of the small intestine was empty with no signs of ileus or foreign material.

**DATE**

2-4-22



**PATIENT**

Normal visible colon wall layers were present with apparent formed feces in lumen.

Minnie Schultze

***Pancreas***

**SPECIES**

Canine

Regional enlargement of the area of the pancreas base and right pancreatic limb with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was hyperechoic extending to include the generalized cranial abdomen which may indicate suspected reactive to inflammatory change, adhesions, focal peritonitis, or emerging saponification. No overt evidence of concurrent free fluid.

**BREED**

***Free Abdomen***

Miniature Schnauzer

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary**

FS

- Active pancreatitis - subjectively moderate primarily in the area of pancreas base and right pancreatic limb, associated regional peripancreatic to cranial abdominal reactive to inflamed mesentery.

**AGE**

11 Years

- Significant gastric hypomotility with mild pyloric thickening - suspect inflammatory pyloric changes secondary to pancreatitis.

**WEIGHT**

22.18

- Overtly normal small bowel, suspect mild duodenitis to generalized enteritis.
- Probable reactive hepatopathy.
- Mineralized gallbladder debris.

**INTERPRETED BY**

**Secondary**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

- Cystic calculi.
- Bilateral chronic renal changes with nonobstructive medullary mineral.

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Hannah Fearing

Hospitalization with medical therapy for active pancreatitis, gastroenteritis, and gastric hypomotility recommended. Ideally, sonographic monitoring of the stomach for evidence of gastric emptying or improvement in gastric stasis suggested as well as monitoring of the pancreas.

**HOSPITAL NAME**

Lanier Animal Hospital

Urine culture and sensitivity recommended on a sterile urine sample given presence of cystic calculi.

**REFERRING VET**

Minor potential for pancreatic neoplasia or emerging pyloric mural infiltrative process cannot be definitively excluded yet thought less likely.

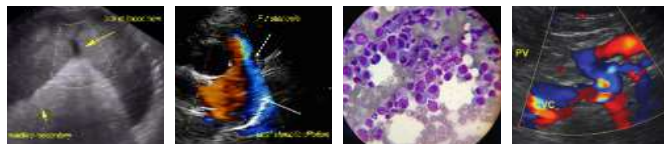
Dr. Hannah Fearing

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**SPECIES**

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**HOSPITAL NAME**

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**REFERRING VET**

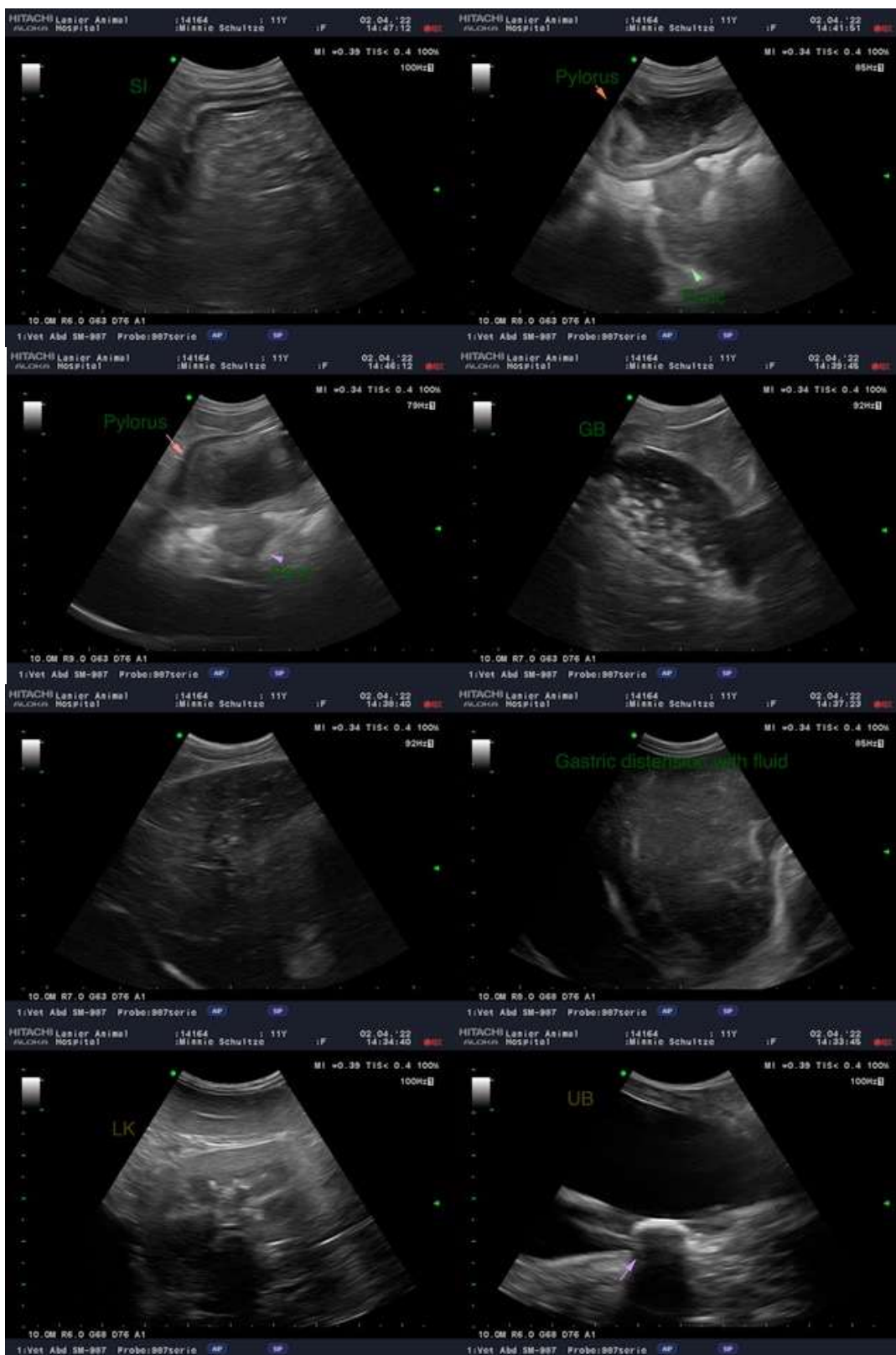
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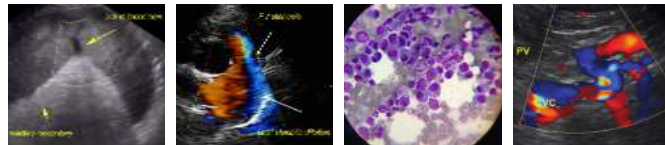
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

Miniature Schnauzer

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.

**SEX**

FS

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

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