



PATIENT

Purl Tiegs

SPECIES

Canine

BREED

Mini Schnauzer

SEX

F/S

AGE

14 years

WEIGHT

15.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic,
Corvallis, OR

REFERRING VET

Justin Vaughn

INVOICE

14516

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Hx of picky appetite; more recently weight loss noted. Possible vestibular episode 2 weeks ago. Abnormal PE/Chem/CBC/UA Results: Thin haircoat, otehrwise NSF on PE BW: SC: PSL 223, AST 168, ALT 852, ALP 1470. All other UR CBC: Hct 33. All other UR Retic 50200 UA: USG 1.024. 2+ protein. IS. UPC 0.7 Previous hx 2/2021 showed elevated ALP 977 w/ normal ALT 123.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation and uterine remnant were free of overt pathology.

Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Subjective mild increased corticomedullary echogenicity was noted. The left kidney measured 5.2 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm length x 0.34 cm width at the caudal pole. No evidence of overt adrenomegaly or adrenal tumors was noted.

Spleen

The spleen was overall normal in size with primarily maintained symmetrical capsule contour. Medial folding of the cranial spleen. Generalized parenchyma heterogeneity including solitary to possible coalescing hyperechoic medial parenchymal nodules adjacent to the hilus, as well as multifocal to diffuse areas of pinpoint to focal hyperechoic splenic parenchyma foci, which may indicate pinpoint to focal areas of parenchymal microinfarction, fibrosis, or mineralization. Hyperechoic splenic nodule measured 1.1 cm in diameter. Normal splenic vascularity was noted.

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. The gallbladder was non-distended in size with primarily anechoic content with moderate congealed mildly hyperechoic luminal debris along with suspected areas of hypoechoic mucus. The



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gallbladder walls were sonographically normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.40 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small Intestinal wall width measured 0.39 cm.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively benign, vacuolar hepatopathy and nonobstructive cholestasis, inflammatory / immune-mediated disease with hepatic neoplasia considered unlikely differential diagnosis
- Moderate gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract
- Minor pancreatic remodeling - age-related variant, potential for low-grade to chronic pancreatitis
- Bilateral moderate chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status hepatic FNA for cytology with potential assessment for the presence of inflammatory cells is warranted. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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Adrenal disease is considered less likely current clinical signs and without reported evidence of PU/PD, polyphagia, etc. However, adrenal work-up could be considered If these clinical signs arise or have been previously noted.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs could be considered to rule out occult thoracic pathology as a contributing factor to the patient's weight loss. Monitoring of UPC level is recommended if persistent proteinuria.



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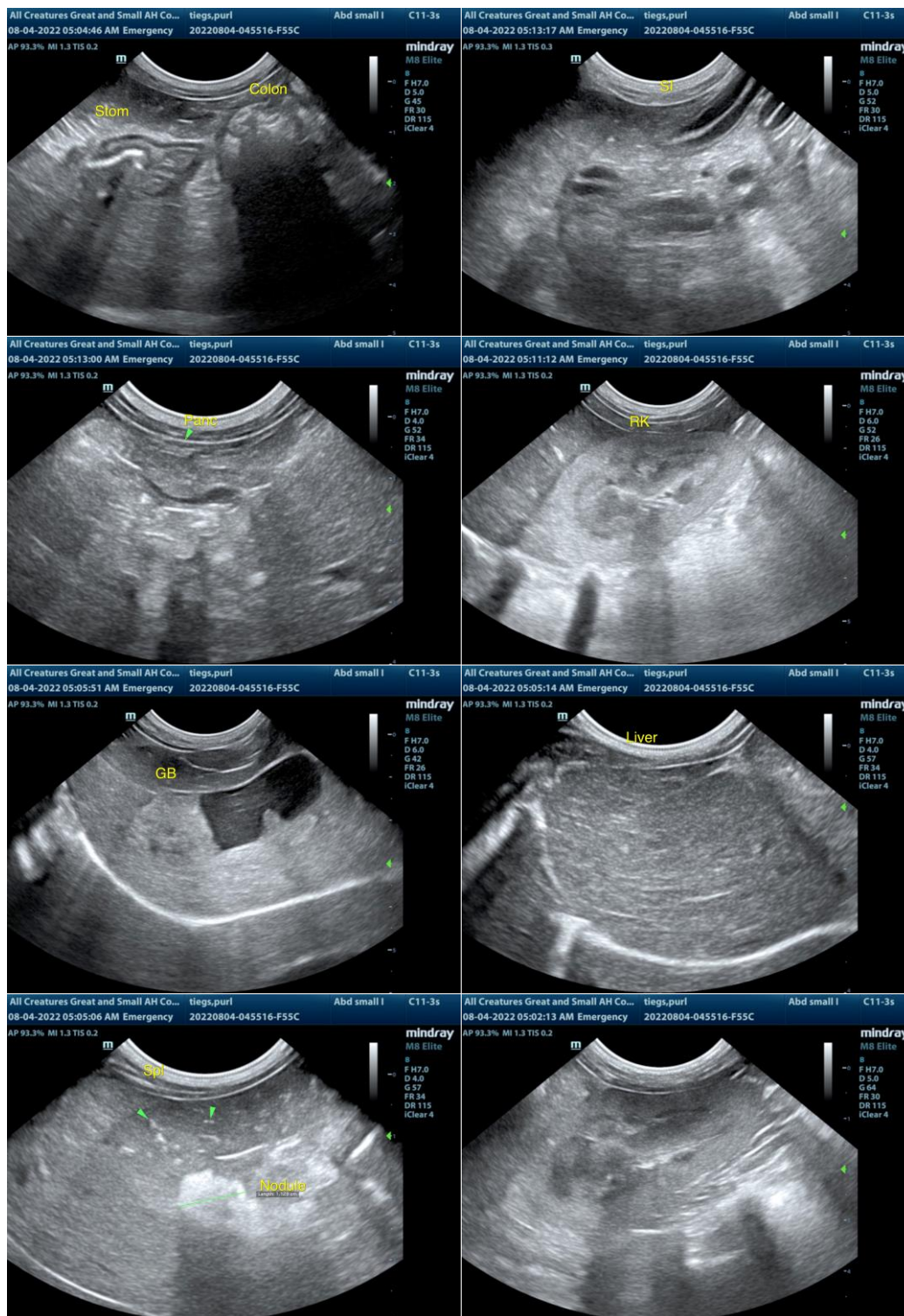
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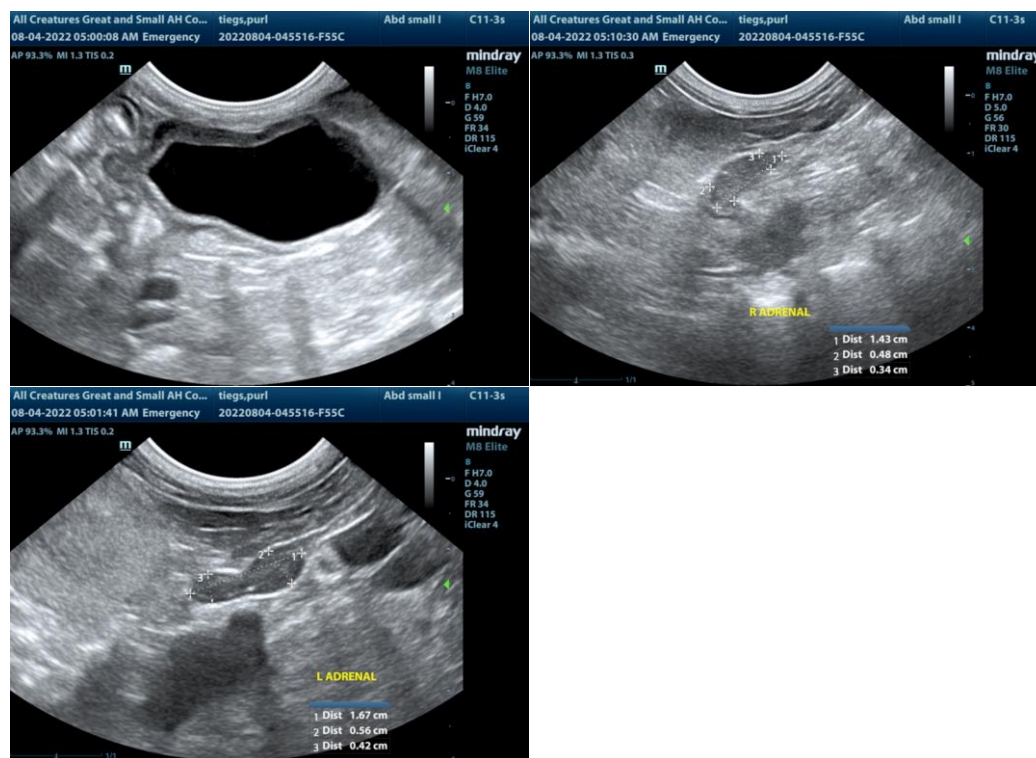
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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