



**PATIENT**

Nina Jobes

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

Chief Concern / Provisional Diagnosis: ~progressive ALP enzyme elevations, chronic proteinuria~  
Relevant Medical History and Physical Exam findings: UCCR normal, recent UA showed well concentrated urine (unlikely cushings) Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ALP elevation, ALT elevation (progressive, chronic) ~ Current medications (include full name, dosage and frequency): ~denamarin, weight appropriate dosing~

**BREED**

Mini Schnauzer

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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

**AGE**

6 Years 7 Months

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm. The right kidney measured 5.7 cm.

**WEIGHT**

35 Pounds

No evidence of pathology in the area of the uterine remnant or aortic trifurcation.

**Adrenal Glands**

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 0.45 cm at the cranial pole and 0.61 cm at the caudal pole.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**Spleen**

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. A solitary, non-expansive, hypoechoic nodule was present in the subjective craniolateral spleen, measuring 0.65 cm in diameter. 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.

**HOSPITAL NAME**

MountainView AH

**Liver**

**REFERRING VET**

Dr. Sarah Kalivoda

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 minor non-dependent, echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**INVOICE**

25286

**DATE**

9/9/21



## PATIENT

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## Gastrointestinal

## SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

## BREED

Mini Schnauzer

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

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

## SEX

## Pancreas

Spayed Female

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

## AGE

6 Years 7 Months

## Free Abdomen

No overt lymphadenopathy. Normal uniform omental echogenicity. A small pocket of scant anechoic free fluid was noted in the right cranial abdomen.

## WEIGHT

35 Pounds

## ULTRASONOGRAPHIC FINDINGS

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

- Non-specific yet non-expansive splenic nodule – focal hyperplasia, hematopoiesis, or similar suspected, potential for neoplastic nodule unlikely.
- Hepatopathy – subjectively benign.
- Minor gallbladder debris (non-mucocele)
- Gastrointestinal ingesta – suspect recent meal ingestion.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

- Heterogeneous pancreas with mild pancreatic duct dilation – potential low-grade chronic inflammation.
- Small pocket of scant cranial abdominal free fluid

## HOSPITAL NAME

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the adrenal nodule for evidence of progression with initial recheck in 4 weeks suggested. Chronic vacuolar hepatopathy with non-clinical cholestasis, inflammatory/infectious hepatic disease (non-specific hepatitis) possible. No evidence of hepatic neoplasia, which is considered a less likely differential diagnosis. Assuming normal clotting status, hepatic FNA using 25-gauge needle may be considered for screening cytology. Continued hepatosupportive medications recommended. Leptospirosis titers/PCR may be considered if clinically indicated. UPC suggested if persistent chronic proteinuria.

## REFERRING VET

Dr. Sarah Kalivoda

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**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Spayed Female

**AGE**

6 Years 7 Months

**WEIGHT**

35 Pounds

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DVM, DABVP

**IMAGING BY**

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LVT

**HOSPITAL NAME**

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**REFERRING VET**

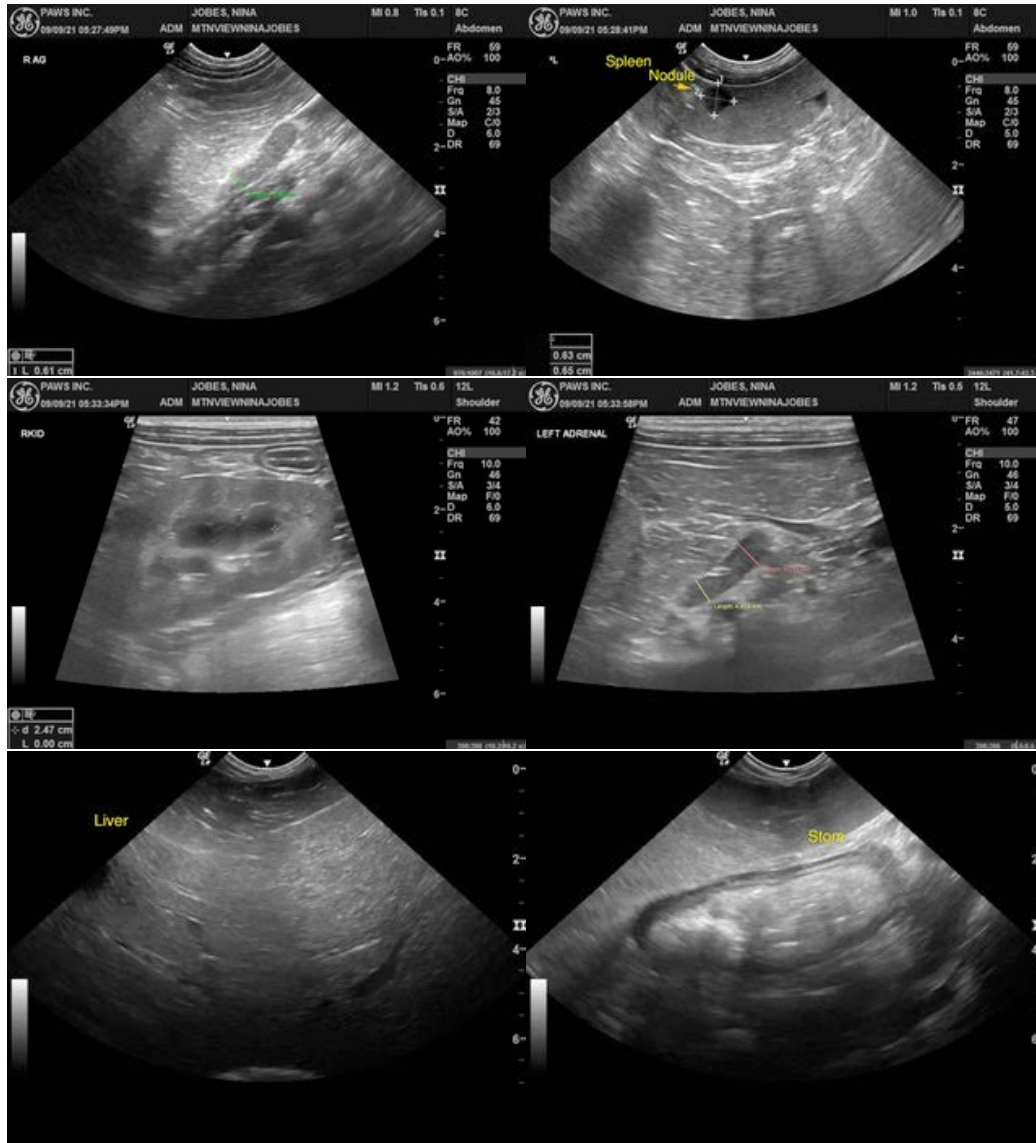
Dr. Sarah Kalivoda

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

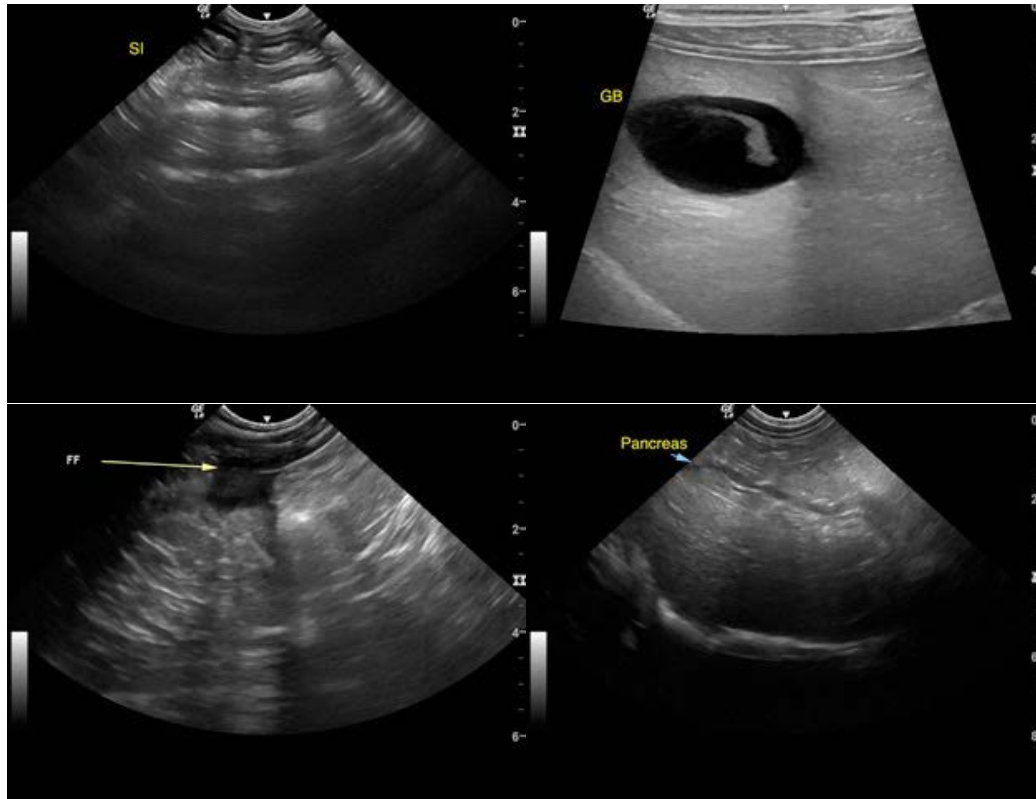
Spayed Female

**AGE**

6 Years 7 Months

**WEIGHT**

35 Pounds



**INTERPRETED BY**

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DVM, DABVP

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

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

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.

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

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr. Sarah Kalivoda

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