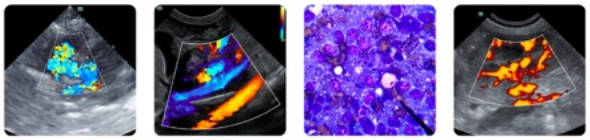

PATIENT

Lucy Murphy

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

11 ½ years

WEIGHT

8.3 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview VH

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PRESENTING CLINICAL SIGNS

- presented for drooling, inappetence of a few weeks, vomiting, bloodwork showed increased SDMA, creat and urea, but also elevated panc enzymes and lipase/amylase. Started on multiple days of fluids/meds for symptomatic care and diuresis. Has been home now but still isn't eating well and is drooling a bit. bloods yesterday still showed renal changes but lip/amylase had resolved, no panc enzyme was ran. suspect renal disease acute v chronic + pancreatitis
- CBC Feb 14- mild elevation retics Feb 18- mild lymphopenia CHEM Feb 14- SDMA 18 (0-14) Feb 18- SDMA 20 Feb 14- creat 340, then 236 (44-159) Feb 14- urea 24.7 then 14.6 (2.5-9.6) Feb 14- amylase and lipase elevated, then normal on the 18th Feb 14- panc lipase 1,102, not tested again (0-200) U/A- done on 18 only- ph5, pro 500mg/dl, glu 50 mg/dl, bld 25 ery/ul, wbc 3/hpf, non hyaline casts >1/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is mildly underdistended. Maximum wall thickness measures 2.11 mm (due to underdistension, wall measurement may be mildly overestimated). The bladder wall appears smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.84×2.08 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. Renal length is mildly decreased for an 8.3 kg dog (expected approximately 4.5–6.0 cm depending on conformation), suggesting possible chronicity. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

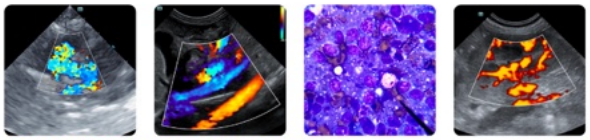
The right kidney is normal in shape and size: 4.26×2.12 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane. Renal length is at the low end of expected for body size. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.39 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.41 cm at the caudal pole. These measurements are within normal limits for a dog of this size.

Spleen

Splenic thickness is 1.17 cm (within normal limits). The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall demonstrates focal areas of frond-like mucosal thickening consistent with possible gallbladder mucosal hyperplasia or small polyps. The luminal contents are primarily anechoic with a small amount of biliary sludge. The common bile duct appears mildly dilated in its proximal portion.

Gastrointestinal

The stomach is empty and folded with a gas pattern. Mural thickness measures 1.29 mm and wall layering is preserved (within normal limits). The pylorus measures 5.45 mm with a small amount of intraluminal fluid.

Duodenum: 3.45 mm (mildly increased; normal generally ≤3.0 mm in small dogs). Jejunum: 2.57 mm. The segment measuring 3.36 mm is mildly increased relative to expected reference ranges (≤3.0 mm), though wall layering remains preserved. No ultrasonographic signs of obstruction, ileus, or foreign material are identified.

Colon: 0.96 mm, with few formed feces in the descending segment. Wall layering preserved.

Pancreas

Pancreatic thickness measures 5.31–5.87 mm, within normal limits for a dog of this size. Margins are smooth. Parenchymal echogenicity is normal. No peripancreatic fat reactivity or free fluid is observed.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Abdominal lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucosal hyperplasia or small polyps.
- Mild proximal common bile duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal ultrasonographic appearance is within normal limits. Renal size, contour, cortical thickness, corticomedullary differentiation, and vascular pattern are preserved bilaterally. There is no ultrasonographic evidence of obstructive uropathy, renal pelvic dilation, infarction, or architectural

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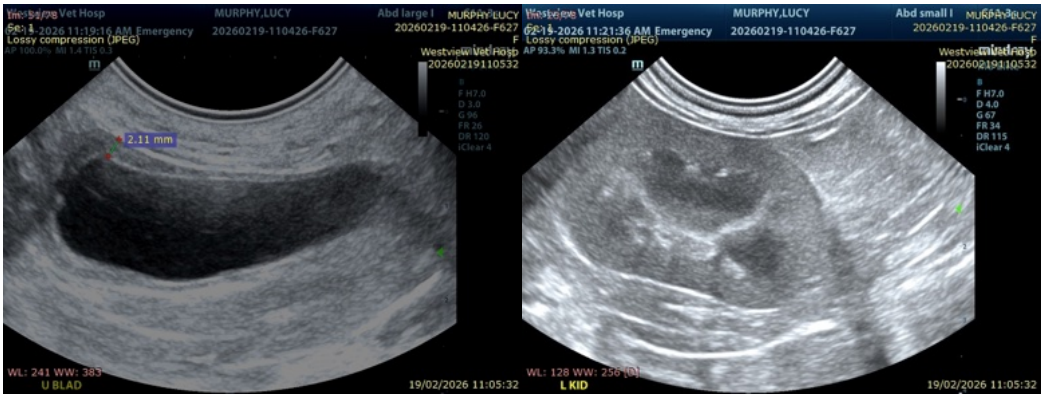
distortion. Based on imaging alone, there is no structural evidence of advanced chronic kidney disease. The current azotemia may therefore represent acute kidney injury, acute-on-chronic disease not yet structurally evident, or functional impairment without significant architectural change.

The pancreas appears normal in size, echogenicity, and surrounding fat reactivity. There is no ultrasonographic evidence of active pancreatitis at this time.

Mild proximal dilation of the common bile duct and gallbladder mucosal hyperplasia or small polyps are noted. In the context of recent pancreatitis, mild biliary duct dilation may reflect transient or resolving inflammatory change at the level of the major duodenal papilla. There are no findings consistent with overt biliary obstruction.

Recommendations

- Serial monitoring of renal parameters (creatinine, SDMA, electrolytes) is recommended to assess progression and response to therapy.
- Perform a urine protein:creatinine ratio to quantify proteinuria and assess clinical significance. Blood pressure measurement is recommended given the presence of proteinuria.
- Repeat pancreatic-specific lipase (Spec cPL) may be considered, at the discretion of the attending clinician, to assess for persistent or recurrent pancreatitis, as ultrasonography may not detect mild or resolving disease.
- Continue supportive management targeting nausea and uremic gastritis as clinically indicated, as drooling and inappetence may be secondary to metabolic causes rather than primary structural disease.



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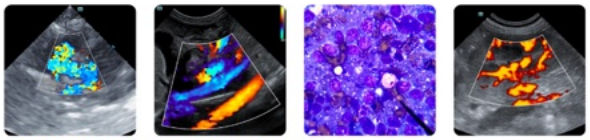

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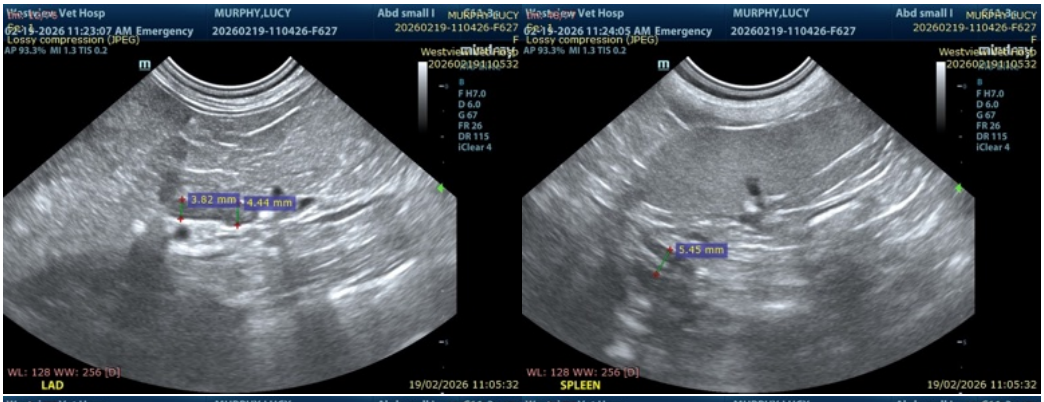

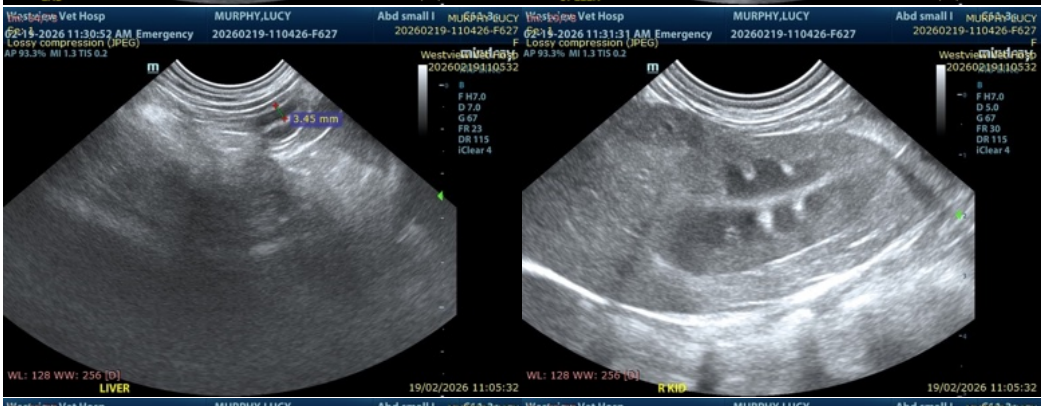

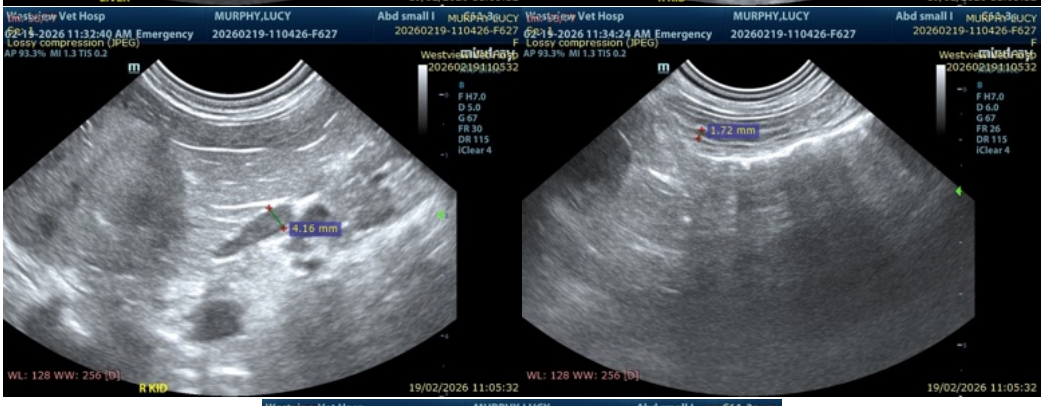

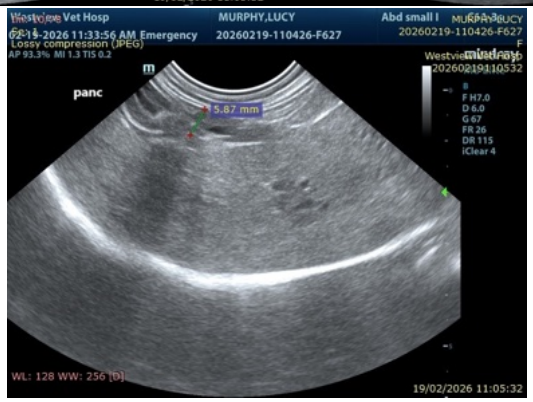

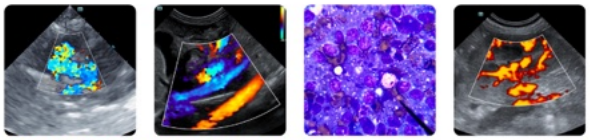

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com