



PATIENT

Baxter Flygare

SPECIES

Canine

BREED

Pomeranian

SEX

Female spayed

AGE

10 Years

WEIGHT

1.65 kgs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)

**IMAGING
PERFORMED BY**

Focused Ultrasound
Resources

HOSPITAL NAME

Focused Ultrasound
Resources

REFERRING VET

Dr. Meola

INVOICE

11993kk

DATE

10/9/21

PRESENTING CLINICAL SIGNS

History: Collapse, electrolyte derangements, circling, ataxic

Abnormal PE/Chem/CBC/UA Results: Na: 125 iCa: 0.91 K: 3.1 Cl: 106

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A few pinpoint hyperechoic foci are observed within the dorsal bladder wall. No cystic calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.42 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (2.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nephroliths are visualized. Trace pyelectasia is observed. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (2.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.30 x 0.29 cm cortical cyst is seen. Trace pyelectasia is observed. Several nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.27 cm at cranial pole) (0.48 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm at cranial pole) (0.34 cm at caudal pole) (0.97 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.76 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. A 0.72 x 0.86 cm ill-defined, hyperechoic area is observed on the right side. The remaining parenchyma is homogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of



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aggregated, echogenic, gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenum is mildly hyperperistaltic. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

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- Bilateral age-related renal pathology with non-obstructive nephrolithiasis.
- The hyperechoic hepatic lesion trends towards the benign (i.e., a focus of vacuolar hepatopathy or nodular hyperplasia with a low possibility of emerging neoplasia).
- Gallbladder sludge, non-mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

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**An obvious cause for the patient's clinical signs and electrolyte derangements is not identified in this study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. A thorough neurologic examination and baseline blood pressure measurement are recommended.
2. Referral to a board-certified veterinary neurologist may be warranted. Also consider three-view thoracic radiographs to assess for cardiopulmonary disease.
3. Depending on the above results, a cardiac work up can be considered.

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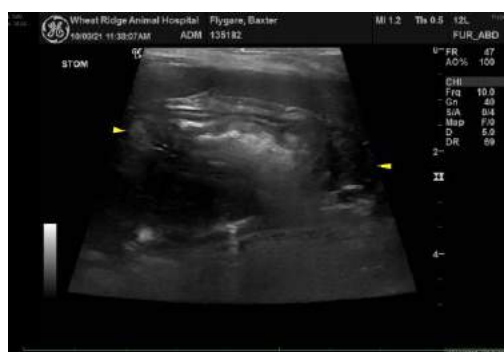
Dr. Meola

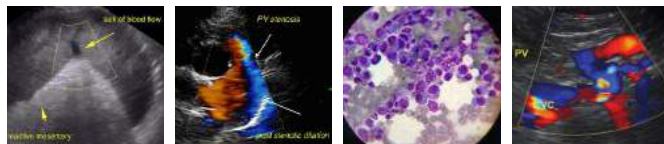
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com