

PATIENT

Sunny Ludlow

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

15 Years

WEIGHT

5.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

16332

DATE

05/19/26

PRESENTING CLINICAL SIGNS

Patient has not been improving since diagnosis of pancreatitis. patient was placed on medications at rDVM - patient is on sucralfate, proviable, and metronidazole

Abdomen: Tense on palpation. generalized thickened intestines appreciated Bloodwork: CBC. NSF Chemistry. BUN 85.6, creatinine 2.2, albumin 4.4, glucose 137 EPOC. BUN 63, creatinine 2.75, lactate 4.03, sodium 152, BE -6.6, pH 7.293 USG. spg 1.022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The left kidney is normal in size (3.6 cm) while the right kidney is small in size (2.9 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Moderate pyelectasia is present in the left kidney measuring 0.5 cm in the transverse view. Punctate nonobstructive nephroliths are noted in the right kidney along with mild pyelectasia.

Adrenal Glands

The area of the left adrenal gland is examined without evident adrenal gland pathology. The right adrenal gland is unable to be well visualized.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

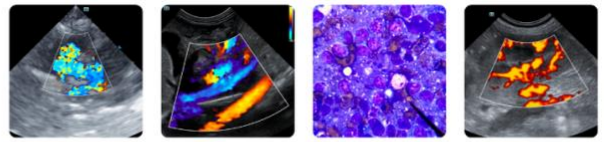
Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

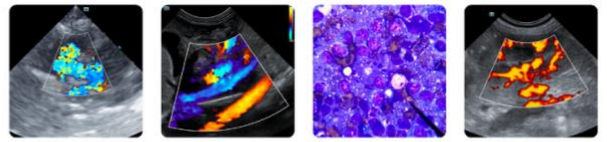
ULTRASONOGRAPHIC FINDINGS

- Mild bilateral chronic kidney disease changes, most visibly significant in the right kidney. Punctate non-obstructive nephroliths in the right kidney and bilateral mild to moderate pyelectasia.
- Moderate gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Hyperechoic splenic nodules- most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging chronic kidney disease +/- concurrent infection, i.e. leptospirosis, pyelonephritis, or other cannot be ruled out, especially in the face of azotemia and inadequately concentrated urine. If not recently evaluated, a urine culture can be considered. Testing for leptospirosis can be considered. A blood pressure is also recommended.

Further recommendations are largely dependent on patients' clinical signs, but include, in addition to supportive/symptomatic medical management of clinical signs, potentially beginning medical management for emerging chronic kidney disease in the form of food therapy to address any pre-renal or dehydration component, management of electrolyte abnormalities, hypertension, proteinuria, as indicated, and/or any other sequelae of chronic kidney disease, and if tolerated, transition to a kidney-friendly diet could be considered.



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Having said that, if patient has a history of pancreatitis, a higher fat diet such as a kidney diet could potentially exacerbate a flare-up.

Therefore, additionally, if not recently evaluated, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Consultation with a veterinary nutritionist regarding best diet and/or even home-cooked options could be considered.

