



PATIENT

Gizmo Montrone

SPECIES

Canine

BREED

Pekingese

SEX

Spayed female

AGE

15 years

WEIGHT

10.5 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

**IMAGING
PERFORMED BY**

Dr. Salas

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Salas

INVOICE

47823

DATE

6/19/23

PRESENTING CLINICAL SIGNS

History: 15 yr old fs pekinese . hindlimb paresis due to ivdd. urinary incontinence on Incurin. wt loss and decreased appetite: labs show an elev wbc ct, E.coli and Enterococcus on UCS. Dilute urine with mild elev in BUN and SDMA, CR wnl. pet is on Enrofloxacin and Entyce at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have an irregular capsule and with nearly complete loss of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 3.71 cm and the right kidney measured 3.9 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits. The left adrenal gland measured 1.4 cm in length, 0.38 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains small volume fluid and gas. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.



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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

SEX

No clinically significant lymphadenopathy or abnormalities noted.

Spayed female

Free Abdomen

AGE

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

Dr Brittany Sinclair,
BVSc(hons), DACVECC

1. Severely degenerative renal changes
2. Normal urinary bladder

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Salas

Renal changes are likely age-related degeneration. While no pyelectasia was visualized, the azotemia, leukocytosis and documented urinary tract infection make pyelonephritis a clinical concern. Initiation of broad spectrum intravenous antibiotics based on culture sensitivity results along with IV fluid therapy is recommended.

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Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required and monitoring for development of anemia.

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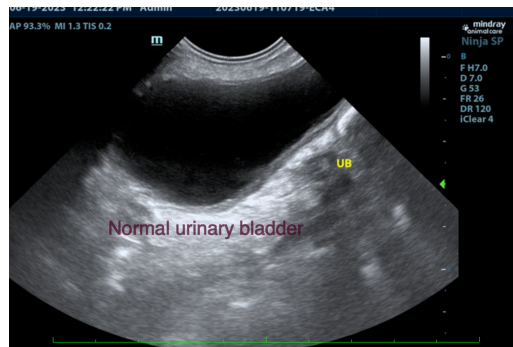
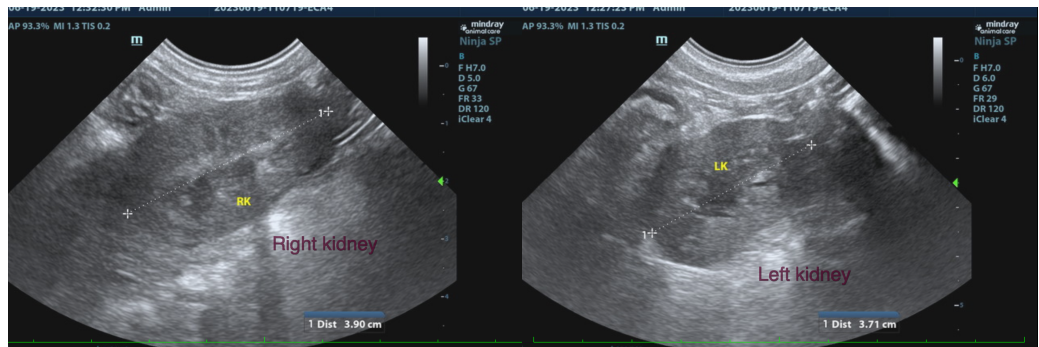
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com