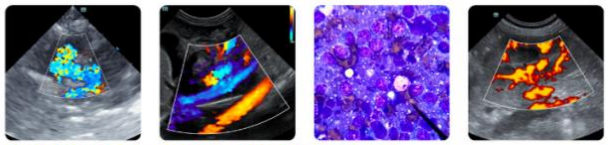

PATIENT

Charlie Shaw

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

10 Years

WEIGHT

11 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. John Hughes DVM

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DATE

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PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Not eating for about 3 weeks, vomiting, increased drinking, worsening anemia and thrombocytopenia, hematuria, and elevated renal values. No prior illness. Current rule-outs are chronic kidney disease and blood dyscrasias. Rule out immune-mediated, paraneoplastic, or neoplastic disease. CLINICAL SIGNS: Patient has not eaten anything, including treats, for about 3-4 weeks. He is still pooping (small amounts), drinking, and peeing. He has lost about 4 pounds (from 14 lbs to 10 lbs). He is very weak and not his normal energetic self. He was on Clavamox for 14 days, finishing last week. He has a history of a mild Lyme disease diagnosis from July or August of last year. MEDICATIONS: 5 mg prednisolone SID P just finished a 2-week course of Clavamox

Abnormal PE/Chem/CBC/UA Results: Blood Work Abnormalities (from rDVM): - Creatinine: 3.5 mg/dL - BUN: 100.2 mg/dL - Phosphorus: 10.7 mg/dL - Anisocytosis, Rouleaux, and occasional target cells - MCV: 78.4 fL - Neutrophil count: 6.28 K/uL - Neutrophil percent: 80% (elevated) - Low eosinophils HCT = 33% PLT = 32000 uL low and confirmed on slide - Urine specific gravity: 1.020 - Urine protein: 3+ - Urine blood: 3+ - UPC: 11.4 (likely elevated due to hematuria) + lyme per owner as of July 2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.57 cm in length. The right kidney measured 4.7 cm in length. Blood flow to the kidneys appeared to be adequate on power doppler assessment. An idiopathic hyperechoic medullary rim sign was noted.

Adrenal Glands

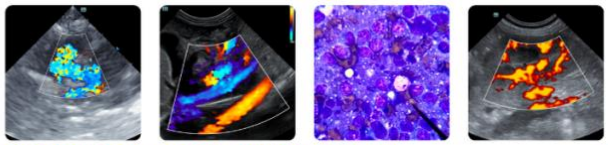
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.66 cm x 0.51 cm width at the cranial pole and 0.67 cm width at the caudal pole. The right adrenal gland measured 0.58 cm width.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed coarse architecture with heterogenous parenchymal changes. Hepatic vein dilation was noted with secondary ascites. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

A **pancreatic** edema pattern was noted with mild heterogenous parenchymal changes and enhanced mesentery.

Free Abdomen

A mild to moderate amount of free fluid was noted in the abdomen.

Rapid view of the **heart** revealed pericardial effusion and volume overload. There's no tamponade effect as the right atrium was not collapsed, however, right-sided heart failure or other obstructive disease is suspected.

ULTRASONOGRAPHIC FINDINGS

- Passive congestion abdomen.
- Interstitial nephritis pattern with medullary rim sign.
- Volume contracted spleen.
- Heterogeneous hepatic parenchymal changes.
- Pancreatic edema pattern.
- Free abdominal fluid.
- Pericardial effusion/volume overload- No overt masses were noted, however, underlying pericardial/cardiac neoplasia is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys do not appear end stage in this patient (significant pre-renal effect is likely). Full echocardiogram is warranted with a LASIX trial. Ultrasound guided pericardiocentesis is warranted if the pericardium is accessible along with abdominocentesis. FNA of the liver could be considered in this patient in an attempt to arrive at a definitive diagnosis. Underlying lymphomatosis, carcinomatosis and systemic vasculitis are all potentials. Prognosis is guarded. The prednisone may be suppressing a more significant presentation.

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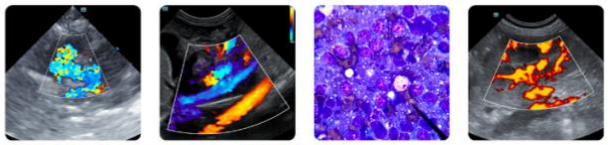

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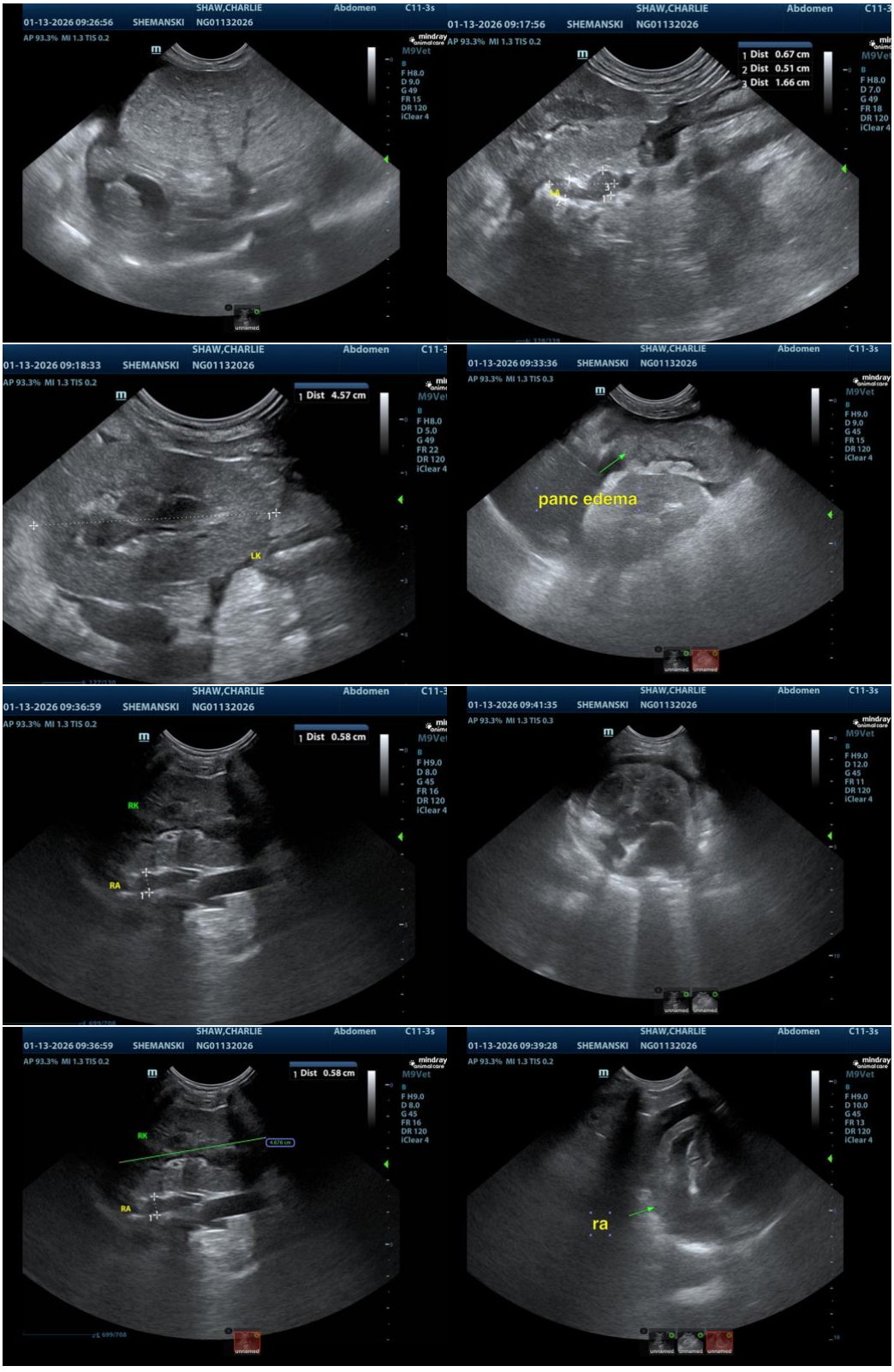

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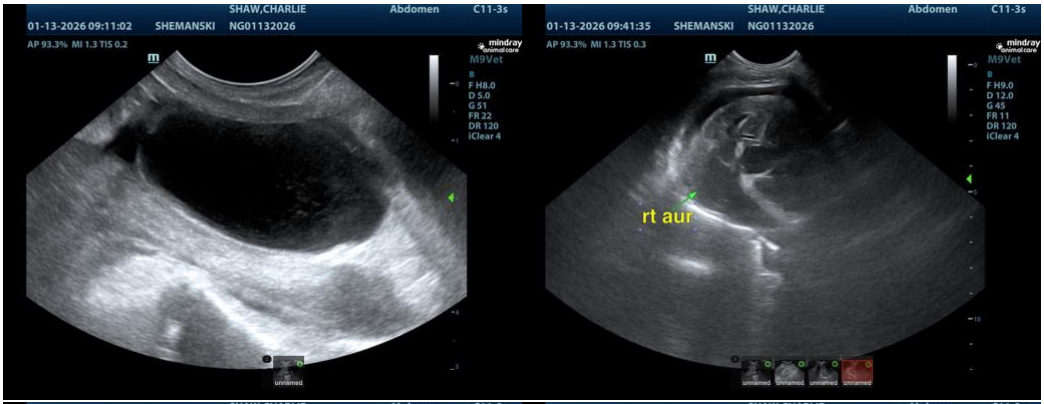
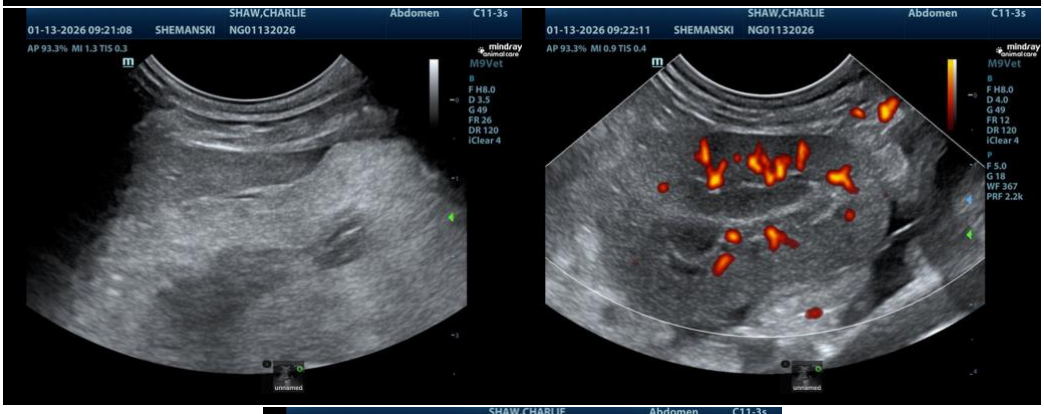
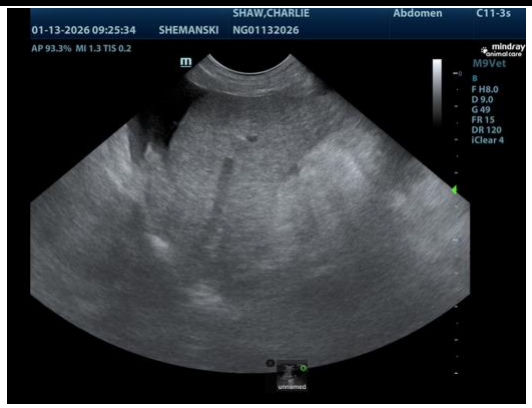






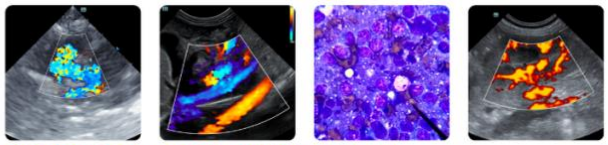
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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