



PATIENT

Anna Kreitzer

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Spayed Female

AGE

16 Years

WEIGHT

5.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

35334

DATE

1/31/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for losing weight for a while, eating sometimes, shaking for a few days, and incredibly lethargic. Previous Health Concerns: apparently not eating well 9 months; bloodwork 1/26/2022 at reg vet; Current Medications/Supplements/OTC: None Appetite/When did they eat last: 2-3 days ago

Abnormal PE/Chem/CBC/UA Results: Temp 96 Reg vet 1 26/2022 CBC- reg vet- NSF Chem - reg vet- SDMA 25 (H) BUN 99 (H) Na 153(H) SVEC- pre-surg BUN >140 (H) Cr 3.9 (H) ALP 172(H) EPOC- BUN >140 (H) Cr 4.88(H) Cl 135(L) Na 156 (H) HCO3 11.8(L) rad- no obvious chest lesions of concern; abd- no fb/obstruction/ effusion; thickened bowel loops; concern for thickened stomach mucosa(?)

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** were slightly subnormal in size with mild irregular contour. Non-specific increased cortical echogenicity, yet changes appear mild to moderate, especially for this age patient. Acute insult suspected. The right kidney measured 4.3 cm. The left kidney measured 4.14 cm. Blood flow to the kidneys appeared to be adequate on color flow assessment.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Slightly irregular cranial pole of the left adrenal gland. The left adrenal gland measured 2.13 cm x 0.86 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

The **spleen** presented multifocal hyperechoic remodeling changes, consistent with lipogranulomas and/or fibrosis.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.



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Pancreas

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Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

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ULTRASONOGRAPHIC FINDINGS

- Acute on chronic renal failure
- Irregular left adrenal gland – likely hyperplasia, however very small pheochromocytoma or adenocarcinoma cannot be completely ruled out.
- Splenic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of neoplasia. FNA of the splenic changes could be considered. However, they are likely unrelated, incidental findings. Given the patient history, full CNS examination warranted. Chest radiographs recommended. If any CNS signs are present, then CT with contrast of the CNS would be indicated. The kidneys do not appear end stage. Therefore, an acute insult is suspected.

AGE

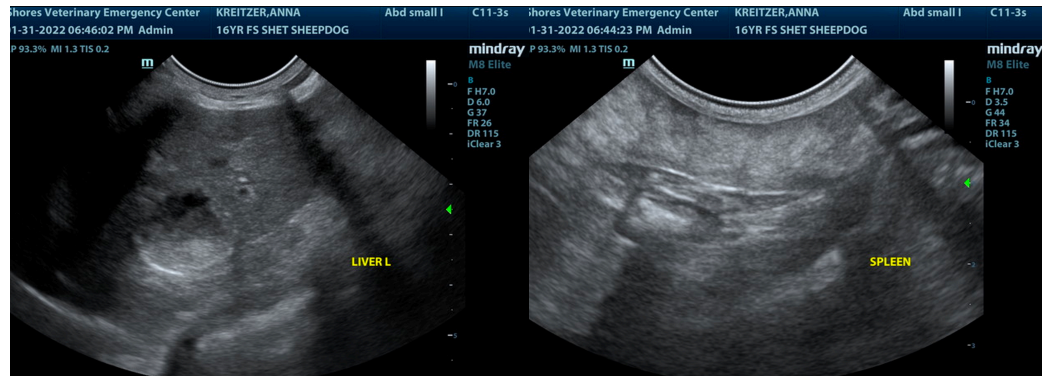
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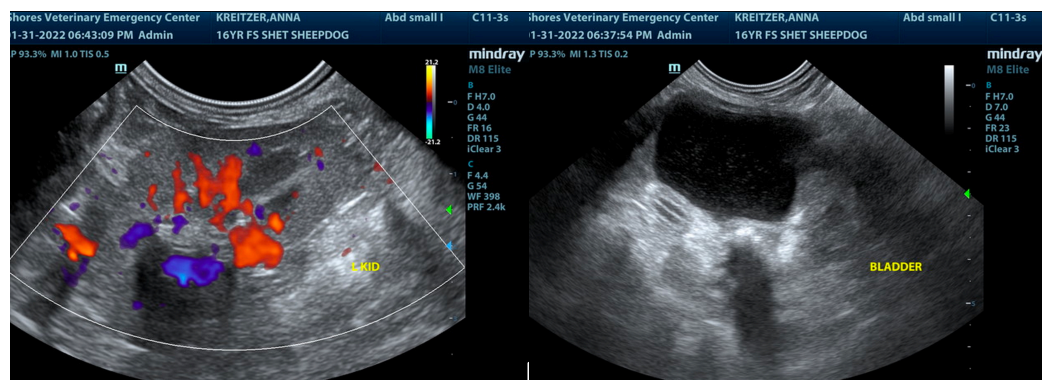


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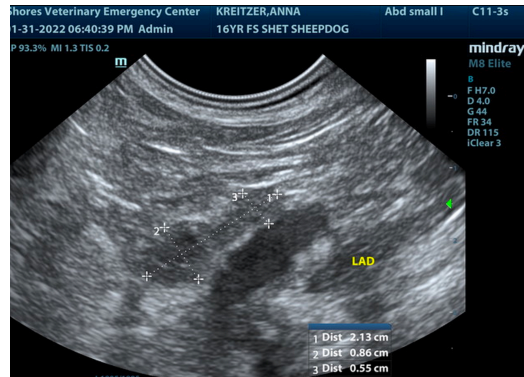
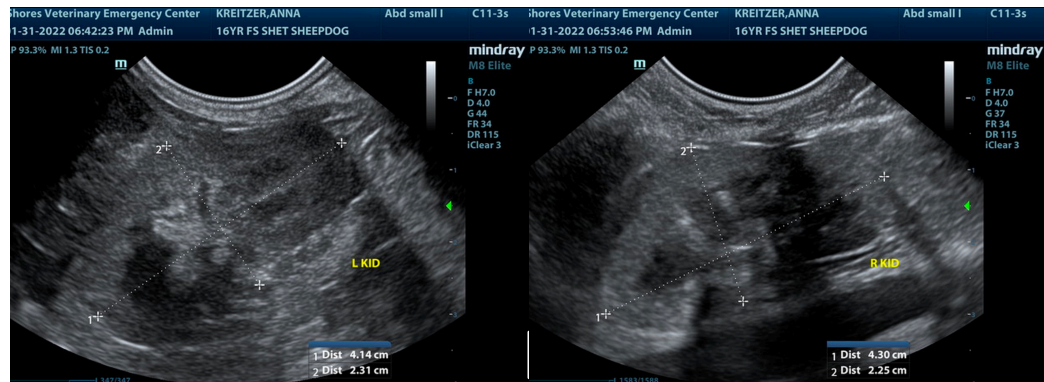
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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