



PATIENT

Ruby Demers

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

11.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Green

HOSPITAL NAME

Healing Spirit AH

REFERRING VET

Dr. Green

INVOICE

95053

DATE

1/5/22

PRESENTING CLINICAL SIGNS

Presented in 11/2021 with a history of infrequent seizure or syncopal episodes. CBC, chemistry, T4 performed at that time showed mild non regenerative anemia, mild/ borderline azotemia, mild hypoalbuminemia and mild hyperglobulinemia

Abnormal PE/Chem/CBC/UA Results: No abnormal exam findings

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 3.5 cm. The right kidney revealed slight pyelectasia. The kidneys are approximately 50-60% compromised.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes. The nodules were mildly disruptive and measured up to 1.5 cm in the left liver. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal

The **stomach** revealed slight shadowing material noted in the pyloric outflow. The gastrointestinal tract revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

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Chronic GI, pancreatic and hepatic changes. Shadowing material in the stomach, may be medication.

Age related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver parenchyma and nodules is recommended to rule out hyperplasia versus potential neoplasia such as round cell neoplasia. GI blood loss is a possibility. CBC path review is warranted. If no significant proteinuria is present then protein losing enteropathy is likely. Given the clinical history an echocardiogram +/- skull CT with contrast is indicated.

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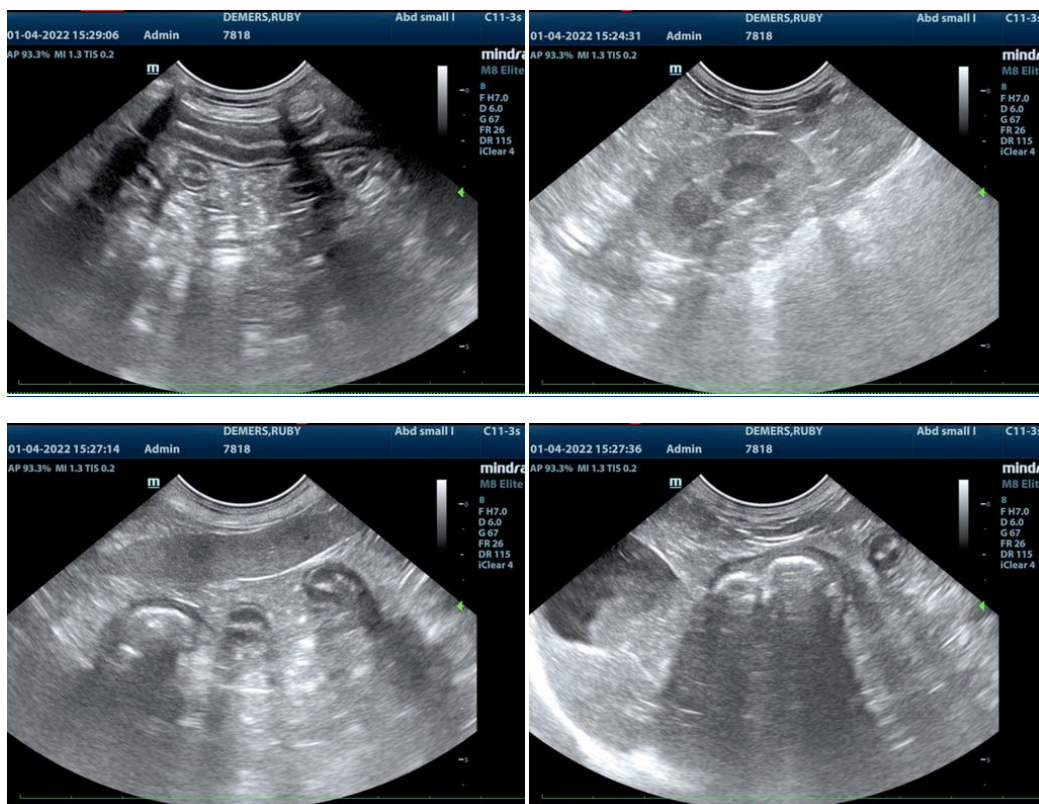
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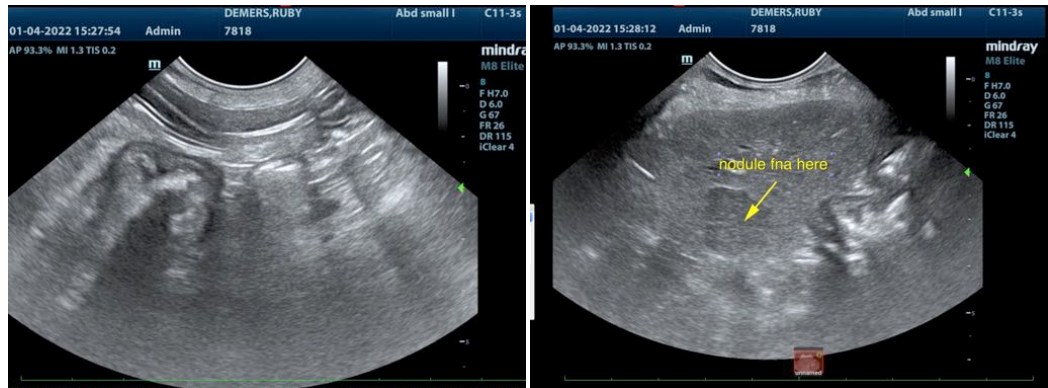
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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