



PATIENT

PRESENTING CLINICAL SIGNS

Rosie Carmen

recent DX of renal disease and hypertension at rDVM in last 2-3 weeks, started on enalapril for hypertension. P presented 10/10 here for 2 day history of lethargy and vomiting/diarrhea. May have gotten into fast food prior to GI signs developing. P lethargic, dehydrated on presentation, abdomen slightly distended and painful on palpation, mm hyperemic and tacky

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC- HCT 40%, neut 2.90 with bands, mono 3.67-r/o band artifact, plt 96K**clumping noted** CHEM 17- BG 162, CREA 1.9, BUN 115, PHOS 13.4, GLOB 5.1, ALKP 299, CHOL 385, amyl >2500, LIPA 51.40 Lytes, CI 107 Lac- 1.10 cPL -Abnormal USG 1.020 6am EPOC slides = Glu 155, BUN 75, rest wnl. K 3.8, CREA 1.1 no interest in eating yet intermittent panting - lungs auscult clear, no murmur. r/o pain, stress, other BP = systolics 196, 202. Consider restarting enalapril once eating

BREED

Yorkie

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.3

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jimmerson

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Jimmerson

INVOICE

26174

DATE

10/11/21

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.5 cm with minor pyelectasia. Blood flow to the kidneys appeared to be adequate to slightly subnormal. The right kidney measured 3.5 cm.

Adrenal Glands

The **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 left adrenal gland measured 0.5 cm.

The **right adrenal gland** was visualized obliquely and measured 0.5 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed coarse architecture and multifocal non-disruptive nodular changes. Minor echogenic gallbladder wall noted. Increased portal markings noted, consistent with history of inflammatory hepatopathy. The caudate process of the liver created an irregular swelling with enhanced surrounding mesentery. The region in question was approximately 5.0 cm. Significant inflammation was noted around the right liver.



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Gastrointestinal

Rosie Carmen

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. Minor reactive lymph node noted measured 2.0 cm x 0.5 cm in the pyloric outflow.

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Pancreas

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Mixed echogenic changes were noted throughout the **pancreas**, suggestive for pancreatitis. Significant inflammation was noted throughout the right limb with undulating contour.

SEX

Spayed Female

Free Abdomen

Reactive mesentery was noted throughout the cranial abdomen.

AGE

14 Years

ULTRASONOGRAPHIC FINDINGS

- Extensive right limb pancreatitis
- Heterogeneous caudate liver process – likely an extension of the pancreas.
- Non-specific moderate degenerative renal changes, largely expected for this age patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the right pancreatic limb and caudate liver would be warranted to ensure underlying neoplasia is not an issue. The azotemia is likely more prerenal than renal. There is a mild potential for underlying neoplastic process in the pancreas or liver. Aggressive treatment for pancreatitis warranted. GI protectants, plasma expanders, plasma transfusion, broad-spectrum antibiotics all indicated and recheck sonogram in 48-72 hours.

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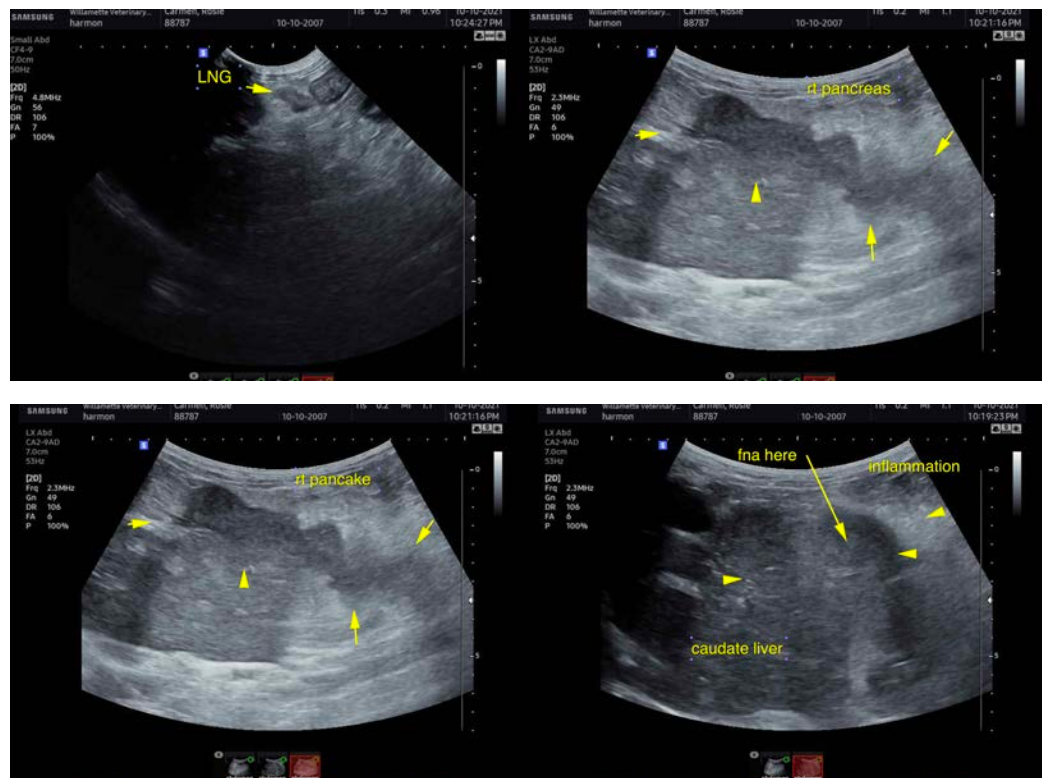
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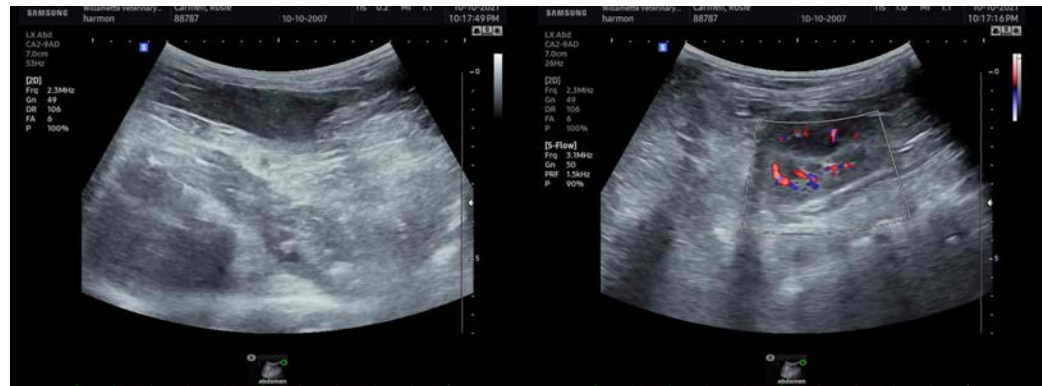
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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