



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kelsie Horst
SPECIES Canine
BREED Yorkie
SEX Spayed Female
AGE 12 years
WEIGHT 8.1 lbs

PRESENTING CLINICAL SIGNS
 History: History of chronic pancreatitis with recent flare. CPL positive. Current signs are abdominal distension and ADR.
 Abnormal PE/Chem/CBC/UA Results: CPL positive; ALP 422, BUN 36 Lipase 1970

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 iliac trifurcation was unremarkable.

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 4.11 cm with slight mineralization. Blood flow to the kidneys appeared adequate to slightly subnormal on power Doppler assessment.

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 1.25 x 0.3 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 1.4 x 0.29 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

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. There was retention of ingesta

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

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noted in the stomach. 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.

SPECIES

Canine

Pancreas

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.

BREED

Yorkie

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes with secondary cortical cysts.

AGE

12 years

Mild hepatic remodeling.

Structurally unremarkable gastrointestinal tract.

WEIGHT

8.1 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying food intolerance/inflammatory bowel may be playing a role in this patient even though structurally the gastrointestinal tract is unremarkable. I am most concerned about long term viability of the kidneys. Hydrolyzed diet trial and 10 days of Metronidazole, full urinary work-up are all indicated. The renal parameters should be monitored closely. The renal parameters need to be monitored closely in this patient. Blood pressure measurements are warranted. If any inflammatory sediment is present then urine culture is indicated.

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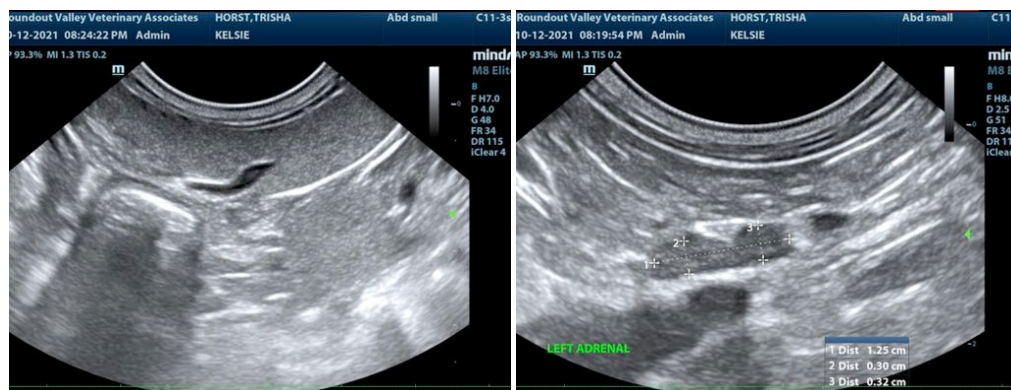
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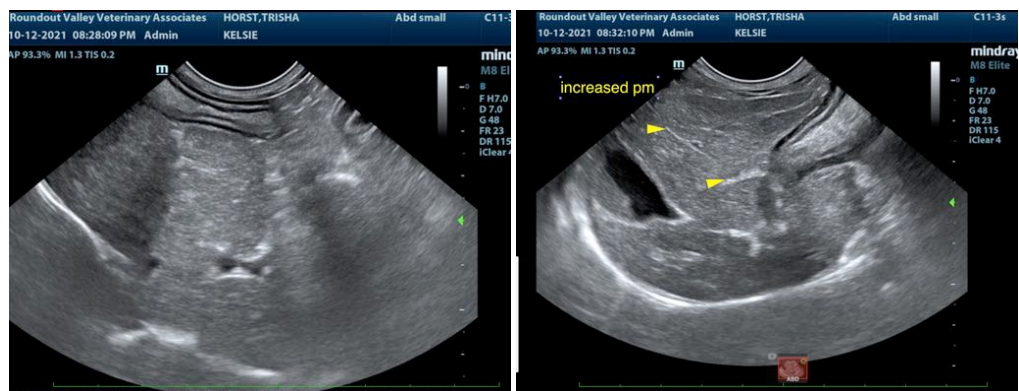
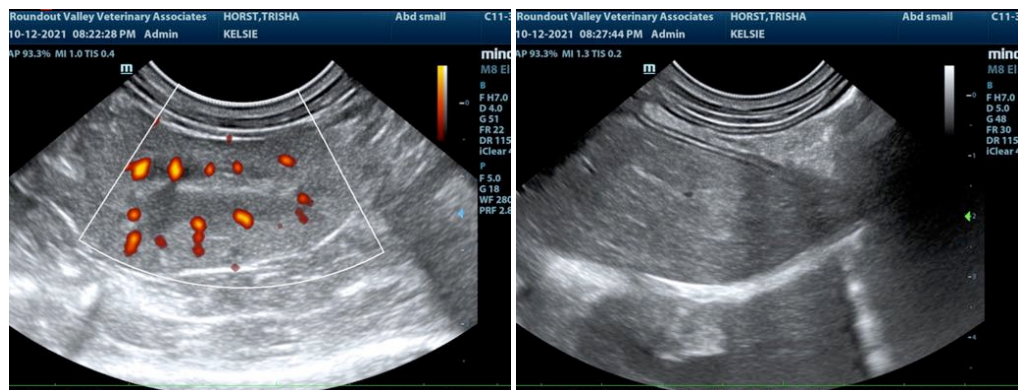
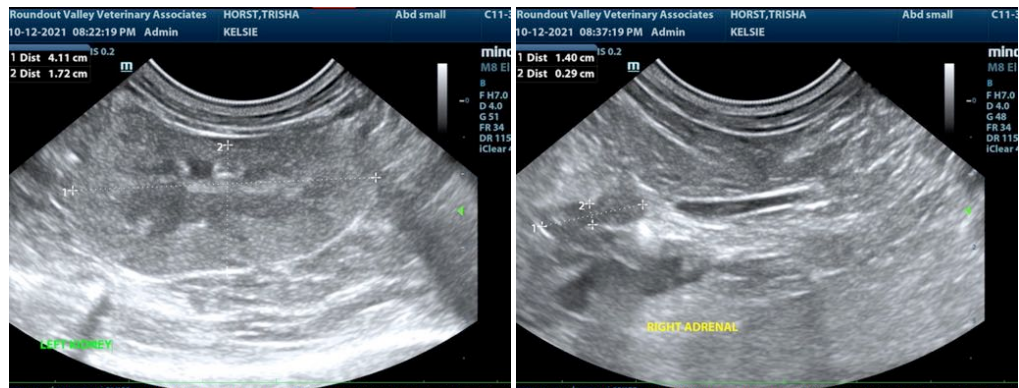
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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