



**PATIENT PRESENTING CLINICAL SIGNS**

Sassy Rule Vomiting, anorexia. Current meds: unasyn, cerenia  
Abnormal PE/Chem/CBC/UA Results: CPL abn, BUN 88, Crea 41, Phos 12.2, ALT 284, ALP 760 (4dx neg, leptos snap neg) UA: protein trace, blood+ SG:1.012

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Shih Tzu X

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

The **kidneys** presented a moderate chronic interstitial nephrosis pattern with corticomedullary mineralization and slight pyelectasia. The right kidney measured 4.18 cm. The left kidney measured 4.37 cm.

**AGE**

14 Years

**Adrenal Glands**

**WEIGHT**

13 Pounds

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.51 cm x 1.01 cm at the caudal pole and 0.84 cm at the cranial pole. The right adrenal gland measured 2.41 cm x 0.88 cm at the caudal pole and 0.68 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

**IMAGING PERFORMED BY**

Jessica Miller

**Liver**

The **liver** presented mild coarse architecture and mild gallbladder debris. No evidence of mucocele formation. Uniform contour.

**HOSPITAL NAME**

Newton Vet Hospital

**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.

**REFERRING VET**

Dr. Colyer

**Pancreas**

**INVOICE**

26315

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**DATE**

10/15/21



**PATIENT**

Sassy Rule

**ULTRASONOGRAPHIC FINDINGS**

- Acute on chronic renal failure with bilateral adrenal hypertrophy – suggestive for PDH/Cushing’s

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for renal failure warranted. Acute on chronic insult, toxin exposure, infectious agents, UTI all possible. 72-hour IV fluid protocol, blood pressure measurements and reassessment of the renal values all indicated.

**BREED**

Shih Tzu X

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Newton Vet Hospital

**REFERRING VET**

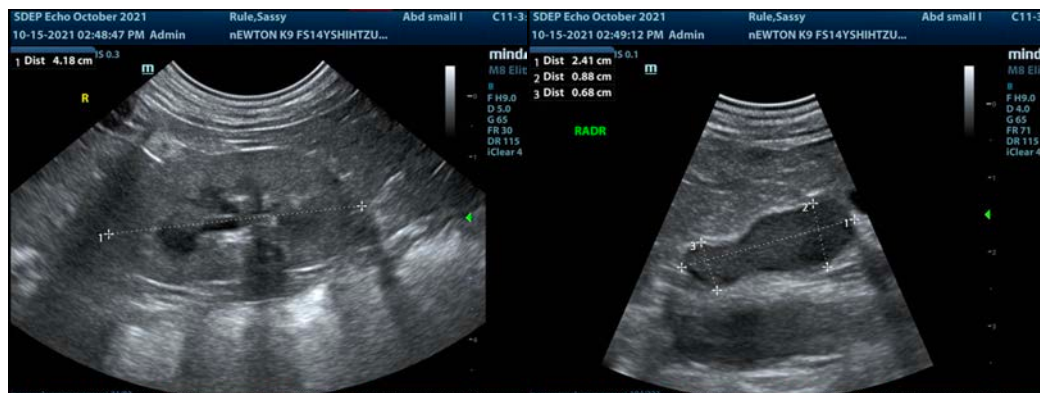
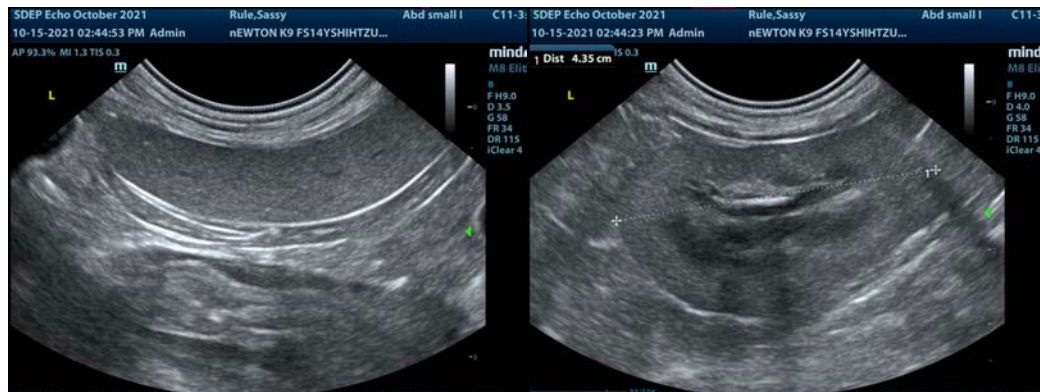
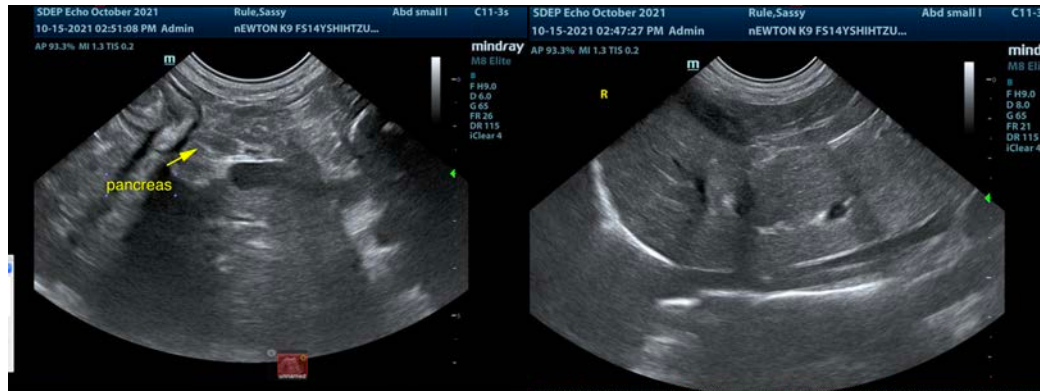
Dr. Colyer

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**PATIENT**

Sassy Rule

**SPECIES**

Canine

**BREED**

Shih Tzu X



**SEX**

Spayed Female

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.

**AGE**

14 Years

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.

**WEIGHT**

13 Pounds

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**INTERPRETED BY**

Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

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