



PATIENT

Cuchie Carrieri

PRESENTING CLINICAL SIGNS

History: Presented for routine COHAT. BUN/Cret are upper limit of normal. Owner would like kidneys checked.
Abnormal PE/Chem/CBC/UA Results: UA sent out today. BUN= 30. Creat.= 1.6

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Canine

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.

SEX

Mix

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.1 cm. The left kidney measured 4.6 cm.

AGE

Spayed female

WEIGHT

3 years

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 1.9 x 0.46 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measured 1.47 x 0.38 cm at the cranial pole and 0.48 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Christensen

Spleen

The **spleen** was mildly enlarged, yet folded upon itself caudally. The parenchyma was uniform. The spleen may be enlarged if the patient was sedated for the sonogram. The spleen was folded cranially as well. There was no evidence of pathology.

HOSPITAL NAME

Tranquility VC

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Chirstensen

INVOICE

42160

DATE

10/26/22



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Gastrointestinal

Cuchie Carrieri

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.

SPECIES

Canine

BREED

Canine

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Mix

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

Spayed female

Mild splenic enlargement, possibly owing to sedation or underlying infectious agents/immune mediated or occult infection.

WEIGHT

3 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of azotemia is unclear. Pre renal disease, occult Addison's and renal insult are all possible. Baseline cortisol is indicated or ACTH stimulation to rule out Addison's.

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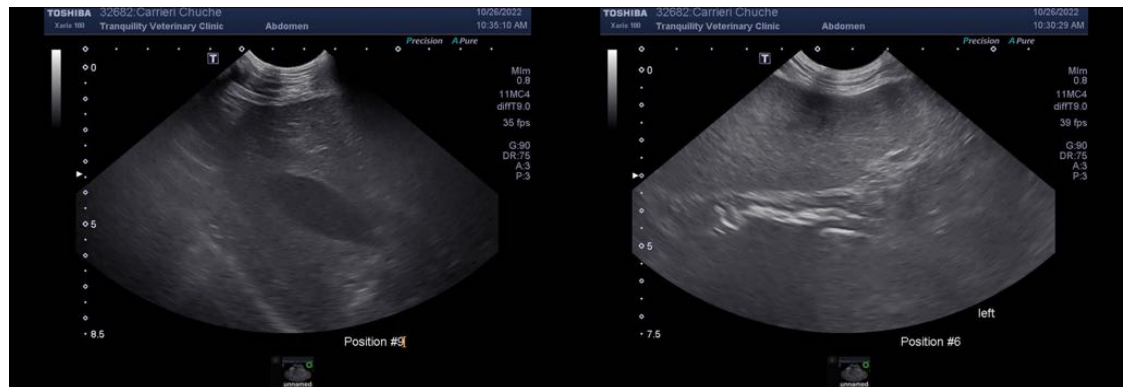
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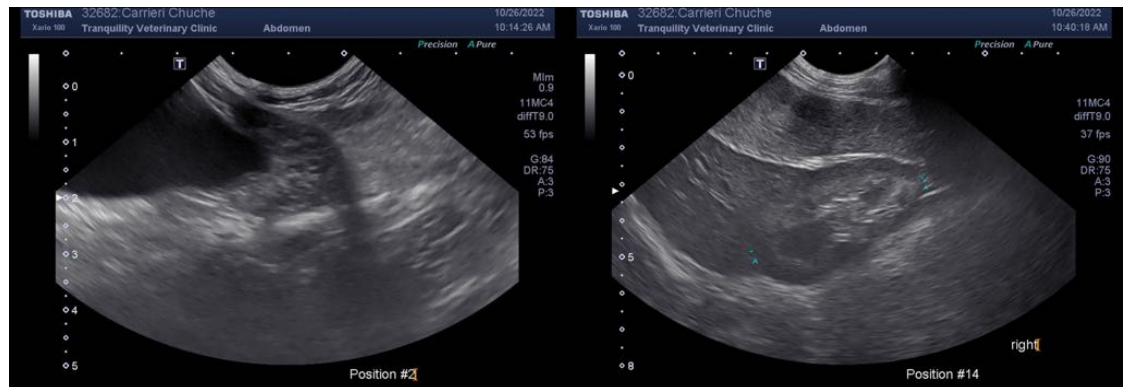
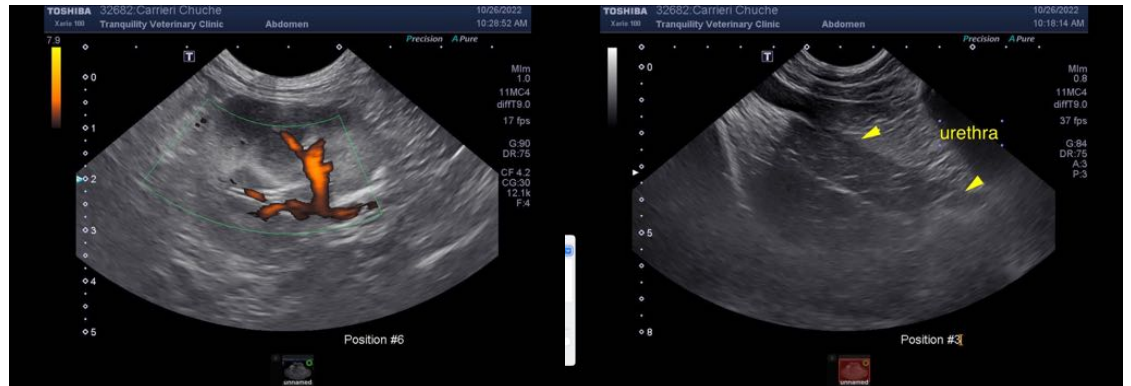
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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