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Clinical Sonography & Telecytology
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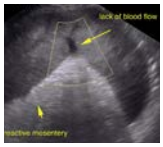
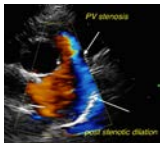
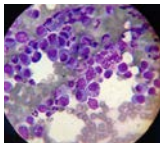
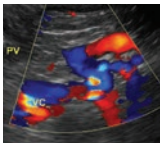

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1-800-838-4268 info@sonopath.com

PATIENT

Pinut Butta Kennedy

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mychajlonka

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Mychajlonka

INVOICE

42853

DATE

11/18/22

PRESENTING CLINICAL SIGNS

history of IMHA, not eating for 3 days, lethargic, no vomiting/diarrhea. painful abdomen
Abnormal PE/Chem/CBC/UA Results: cPLI- positive WBC 5.76 - 6.00-17.00 10^9/l MCHC 30.5 - 31.0-39.0 g/dl PLT 53 - 165- 500 10^9/l LYM 0.53 - 1.00-4.80 10^9/l ALP 391 HIGH 20-150 U/L AMY 1461 HIGH 200-1200 U/L NA+ 136 LOW 138-160 mmol/L

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 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 his age patient. Medullary structure differed distinctly from that of the cortex. Mineralization noted in both kidneys. The right kidney measured 4.0 cm. Calculi and cortical infarcts noted and slight pyelectasia with echogenic debris. The left kidney measured with calculi, non-obstructive, and pyelectasia.

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 0.50 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 cm at the caudal pole.

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 were noted.

Liver

The **liver** presented increased portal markings and generalized hepatomegaly. The gallbladder presented multifocal polypoid changes. The gallbladder wall was slightly echogenic. The polypoid changes continued into the cystic duct.

Gastrointestinal

The **gastric** wall was significantly thickened with hypertrophied echogenic mucosa. Regional inflammation noted. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** presented mixed echogenic changes with surrounding mesentery and localized free fluid noted.

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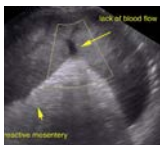
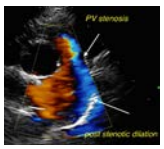
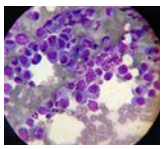
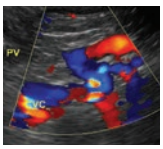

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Free Abdomen

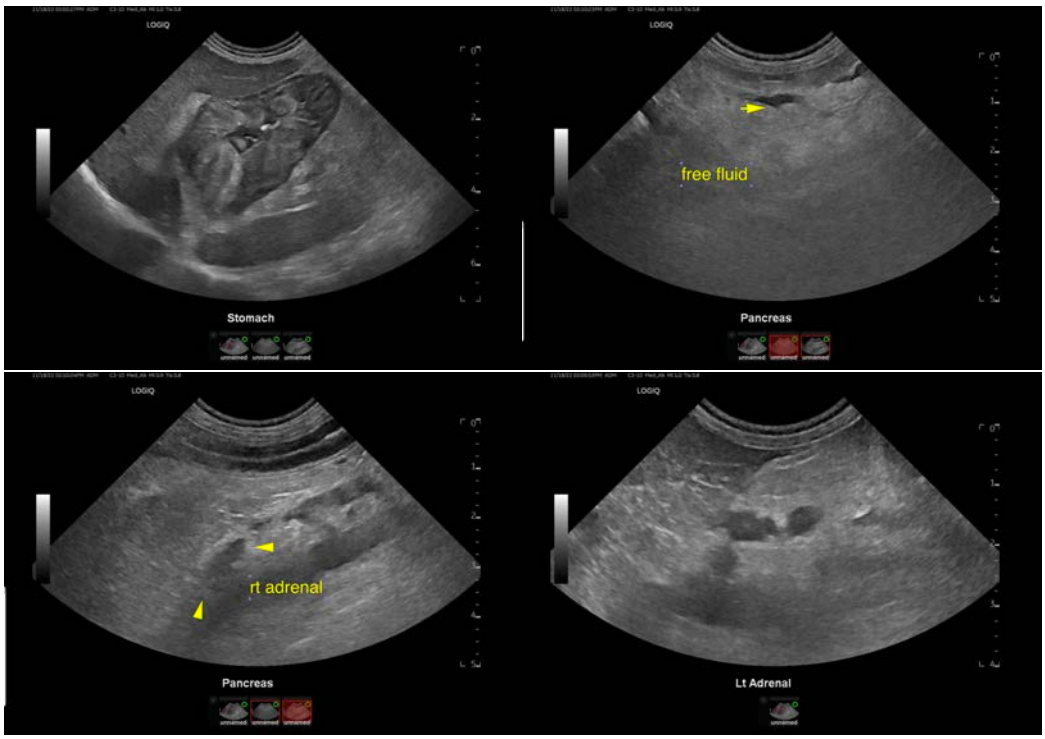
Significant amount of mesenteric remodeling and steatitis noted.

ULTRASONOGRAPHIC FINDINGS

- Gastritis /pancreatitis with possibility of emerging carcinomatosis or lymphomatosis
- Biliary polyps – possibility of biliary carcinoma.
- Steatitis pattern with localized free fluid
- Age related renal changes with mineralization, infarcts, and pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic pyelonephritis suspected. I'm concerned about lymphomatosis, carcinomatosis, or similar in this patient. GI protectant protocol, plasma expanders, broad-spectrum antibiotics all indicated along with treatment for history of IMHA. Endoscopy to obtain mucosal biopsies of the stomach would be ideal in this patient. If possible, ultrasound guided localized abdominocentesis and cytospin of any of the free fluid obtained would also be indicated. Prognosis is guarded. Recheck sonogram after 48 hours of therapy to assess for progression or regression. Full urinary workup warranted if not already performed. Power doppler assessment of the polypoid changes on the gallbladder would also be warranted to assess vascularity. High vascularity would be more suggestive of a neoplastic process as opposed to extensive polypoid hyperplasia.



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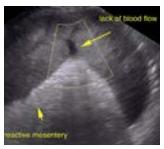
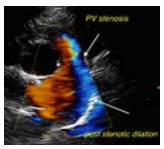
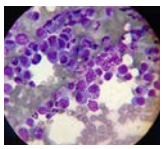
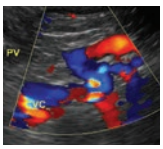

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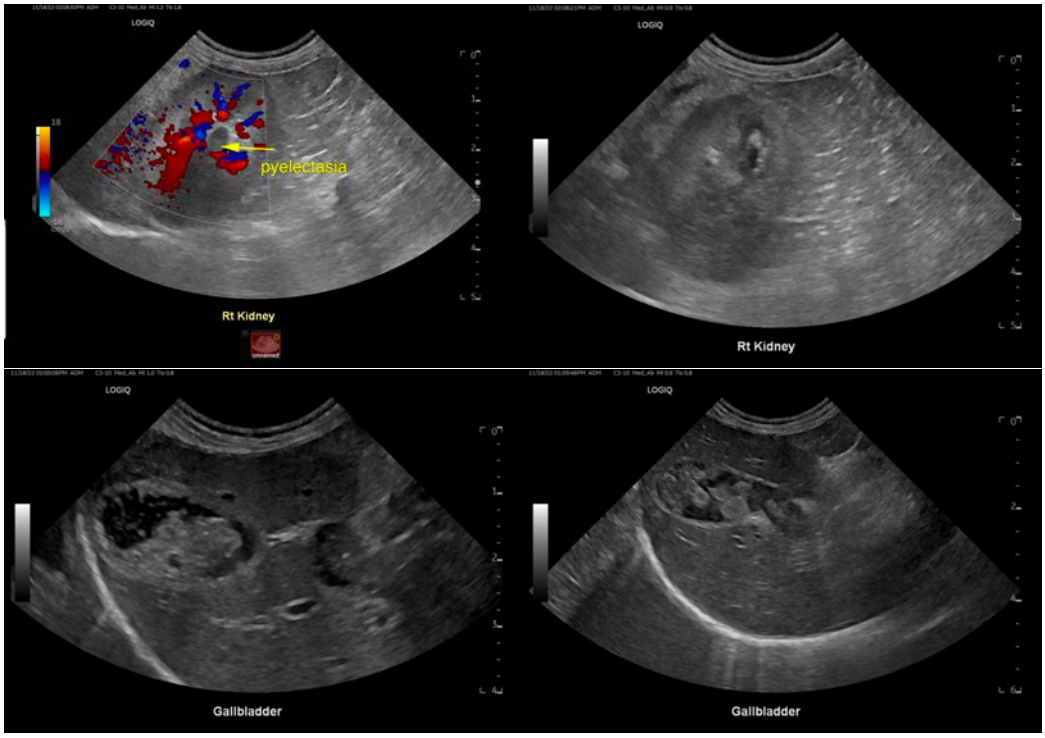

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com