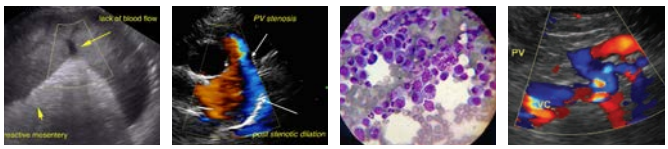
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Shelby Hudson

**SPECIES**
Canine

**BREED**
Corgi

**SEX**
Spayed Female

**AGE**
8 Years

**WEIGHT**
11.8 kg

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. Callihan

**HOSPITAL NAME**
Animal Emergency Care

**REFERRING VET**
Dr. Loeffler

**INVOICE**
43525

**DATE**
12/17/22

## PRESENTING CLINICAL SIGNS

Shelby, 8yo FS Welsh Corgi, presented for re-evaluation as had been recommended by Nooksack AH. She was seen there yesterday for decreasing energy and anorexia for prior 2 days. Had vomited a couple of times the previous week. Yesterday at rDVM and today in ER, required sedation (Dex/Torb) for diagnostics and treatments.

Abnormal PE/Chem/CBC/UA Results: 12/16/22 (rDVM): Senior panel: mild elevated BUN 29 (ref 7-27), low AMY 370, Chol 103, Na 125, Cl 93. cPL normal. Hct 59%. UA today shows rods, WBC (lots), isosthenuria (1.024

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 and no evidence of pelvic dilation was present. The right kidney measured 5.72 cm. The left kidney measured 5.43 cm.

Iliac lymph nodes were unremarkable.

### *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 right adrenal gland measured 0.44 cm. The left adrenal gland measured 0.50 cm.

### *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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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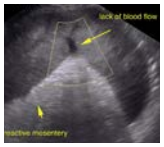
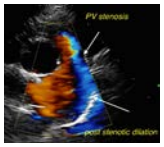
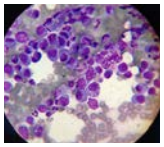
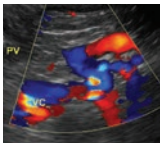

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Minor comet tail lung pattern noted through the diaphragm.

### *Gastrointestinal*

The **stomach** itself was unremarkable. Minor hyperperistalsis noted in the small intestine, low-grade inflammation likely. The colon was empty and mildly thickened.

### *Pancreas*

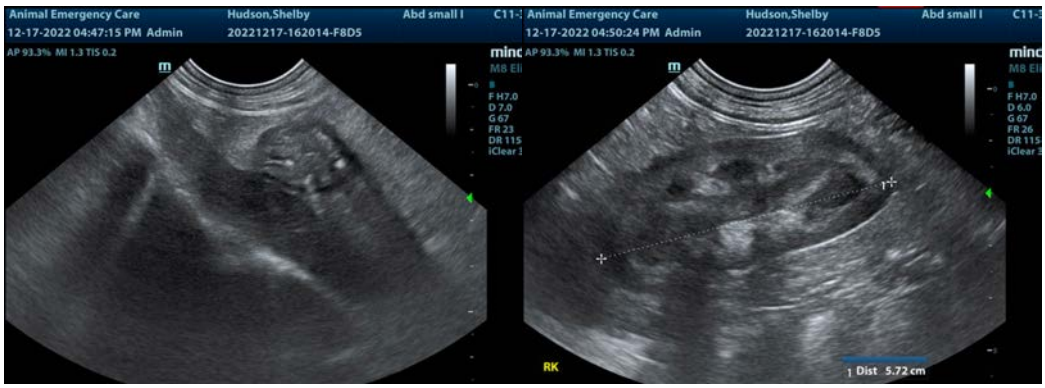
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Mild enterocolitis pattern
- Urinary bladder debris
- Age related renal changes
- Age related hepatic changes
- Comet tail lung pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective in this patient. Chest radiographs warranted, given the comet tail lung pattern. Screening for Addison's warranted if clinical signs persist. Treatment for isosthenuria may be secondary to medullary washout. No evidence of neoplasia.

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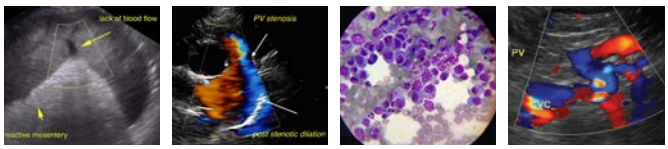

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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