



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Teddy Gjording Presented 12/21 for anorexia, vomiting, and lethargic. Hx CKD & UTIs. On Enalapril, proin, & omega-3.

SPECIES Canine
BREED Pomeranian
SEX Spayed Female
AGE 11 Years
WEIGHT 3.05 kg

Abnormal PE/Chem/CBC/UA Results: 12/21: -CBC: HCT 41.2%, - MCV 57.9, MCH 20.5 (both low), Reticulocyte hemoglobin 16.4 (L), WBC 20.5k, NEU 17.5k. Eos 0.1k (L), PLT 370k (wnl) -Chem17: Glu 34 (L), Crea 2.2, BUN 28, Phos 12.9, Glob 4.7, ALP 541, cholesterol 398, amylase 2128 -UA: USG 1.011, pH 6.5, PRO 500, GLU neg, KET 15mg/dL (likely false pos due to neg Glu), blood 25 ery/uL, rods, cocci - Urine sediment: short doublets of rods +++, few neutrophils. no cocci seen -3 view abd rads: No signs of GI obstruction. -Resting cortisol 22.95 = normal -cPL <50 (wnl) -Intake BG = 34 -Recheck at 12am BG = 69 -Recheck at 5am BG = 45 -Urine culture = pending -Insulin: glucose ratio pending Exam: QDR. MM pale pink, moist, missing most teeth. Thoracic auscultation wnl, no murmur noted. Abd tender. Moderate bruising on left jugular region and mild bruising on right cephalic vein.

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** were swollen. Pyelectasia and loss of corticomedullary definition noted in both kidneys. The right kidney measured 3.5 cm. The left kidney measured 3.5 cm.

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 0.68 cm at the cranial pole and 0.46 cm at the caudal pole. 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** was uniform with mild enlargement. Minor gallbladder debris noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

43661

DATE

12/22/22



PATIENT

Teddy Gjording

The pancreas was hypoechoic and mildly irregular. Undulating pancreatic duct noted. This presentation is suggestive for localized pancreatitis.

SPECIES

Canine

- Gastroenteritis
- Minor pancreatitis pattern

ULTRASONOGRAPHIC FINDINGS

BREED

Pomeranian

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body or neoplasia. Full urinary workup warranted. Treatment for pancreatitis and gastroenteritis should prove effective. Given the UTI history, chronic pyelonephritis is likely playing a role. 4-6 weeks of antibiotics likely necessary. The kidneys do not appear end stage. Therefore, complicating factors such as azotemia, dehydration, hypertension may all be playing a role in the azotemia. GI protectants, IV fluid support, treatment for UTI all indicated.

SEX

Spayed Female

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

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11 Years

WEIGHT

3.05 kg

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

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Radiographs: Mild hepatomegaly, slight cardiomegaly.

REFERRING VET

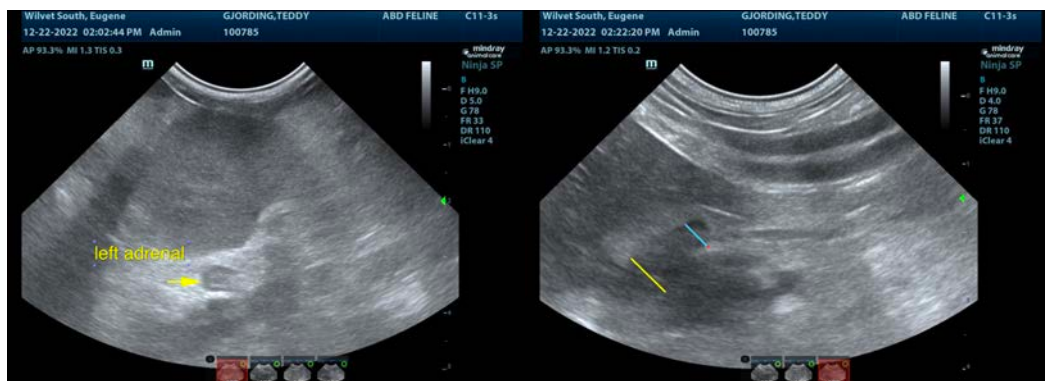
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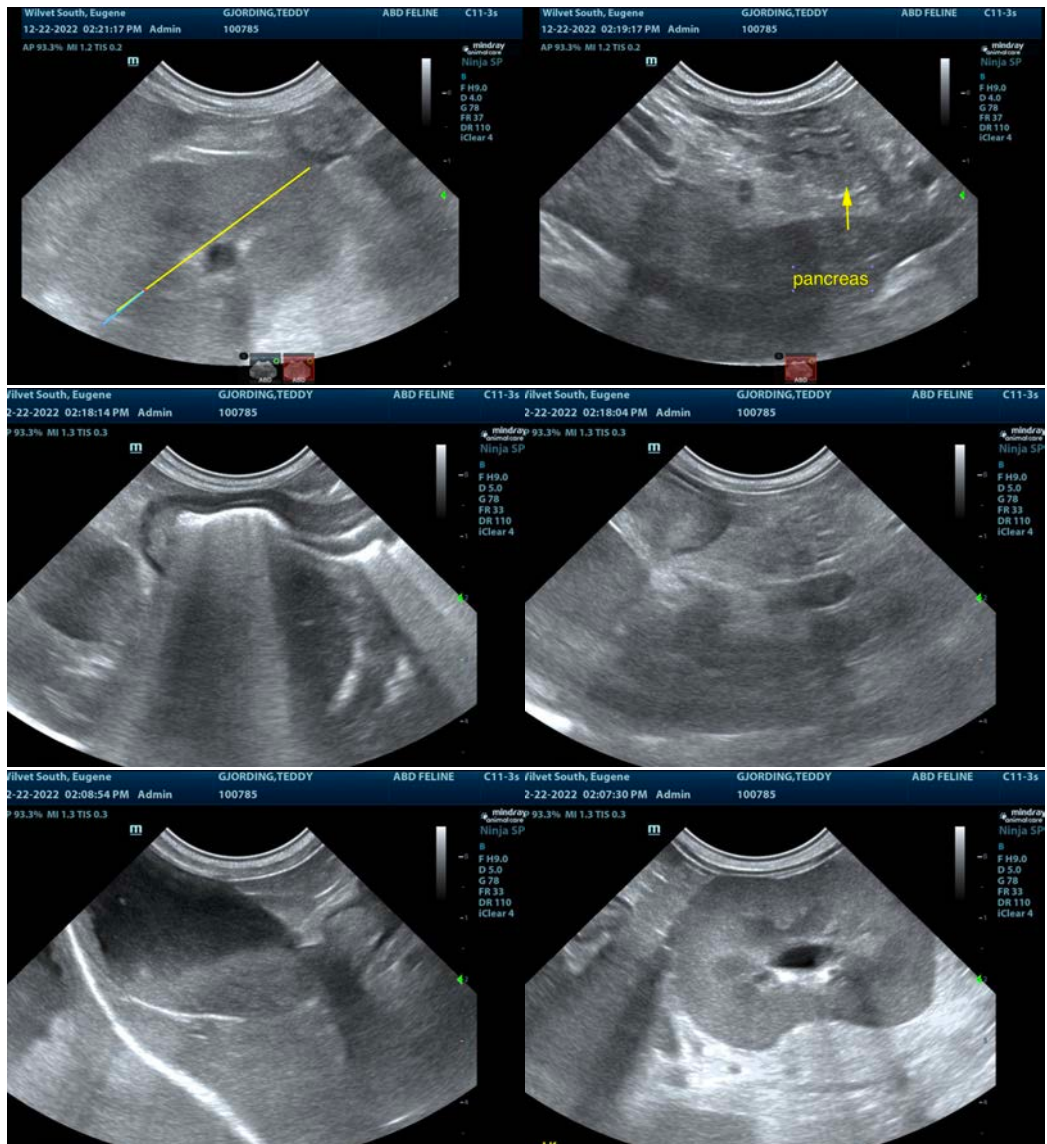
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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