

**DATE**

12/7/21

PRESENTING CLINICAL SIGNS

History: Hx of vomiting off/on for couple weeks, lethargy. Had episode of renal failure of unknown origin back in 5/2021 but responded to fluids and did well for a while with normalization of renal values and symptoms. Recently, got into a chicken bone.

PATIENT

Daisy Bockius

Current Medications: started on IV fluids LRS 60ml/hr today; Cerenia 1.1cc SQ; famotidine 11 mg SQ BID. Lab Results: azotemia, hyperphosphatemia, hypercalcemia. Attached separately.

Radiographs: retained ingesta in stomach with prominent rugal folds, formed stool in colon. some of small bowel appears thickened. radiopaque areas within GI tract--presumably portions of chicken bone patient had eaten. left kidney appears small. difficulty visualizing right kidney.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Beagle

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 was noted. Ureteral papillae were normal.

AGE

4/7/13

The left **kidney** measured 4.5 cm with hyperechoic cortical changes. This is consistent with cortical scarring and remodeling. The right kidney measured 5.52 cm with minor pyelectasia that measured 0.24 cm. A hyperechoic, idiopathic medullary rim sign was noted in both kidneys.

WEIGHT

26.5 lbs

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 2.47 x 0.75 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 2.63 x 0.85 cm at the caudal pole and 0.82 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Spleen

The **spleen** revealed subtle, hypoechoic, micronodular changes. This is consistent with cysts or hyperplastic nodules. There is a minor potential for neoplasia. Guarded to poor long term prognosis depending on response to therapy.

HOSPITAL NAME

Greenbrier VC

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

REFERRING VET

Dr. Streett

INVOICE

94369

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.

Pancreas

The **pancreas** revealed hyperechoic, mixed echogenic changes. This is consistent with remodeling and generalized enlargement.

ULTRASONOGRAPHIC FINDINGS

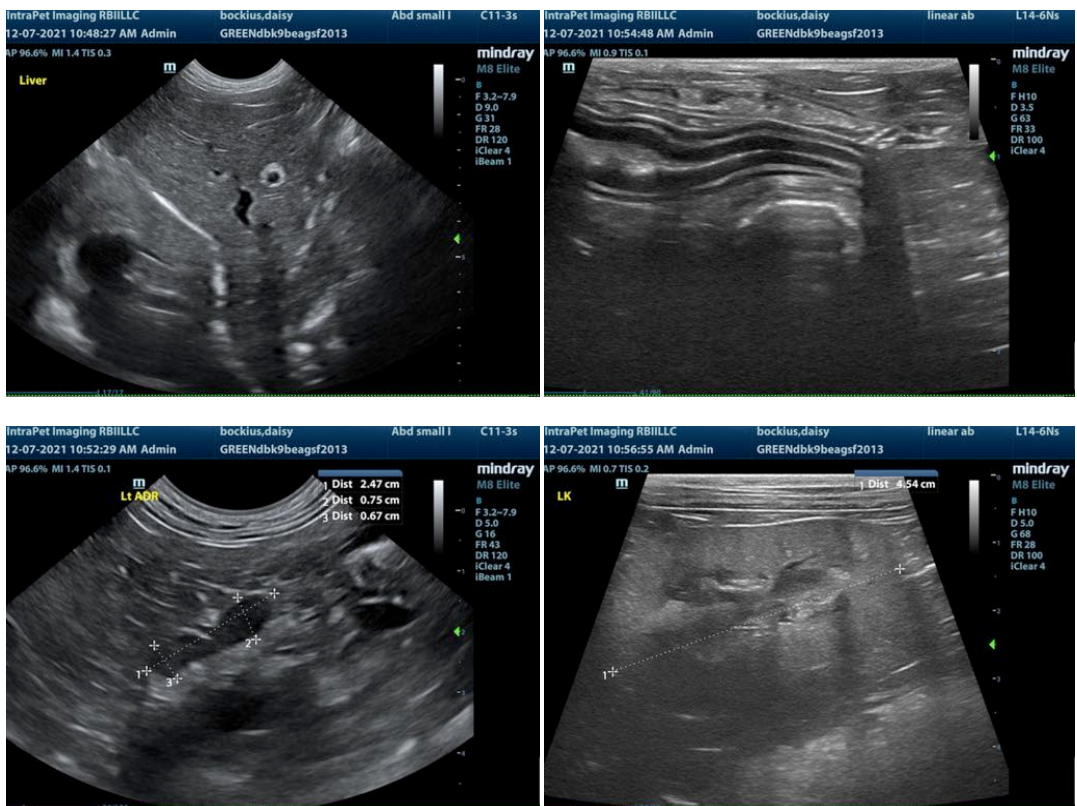
Chronic interstitial nephrosis renal pattern, subjectively near end stage.

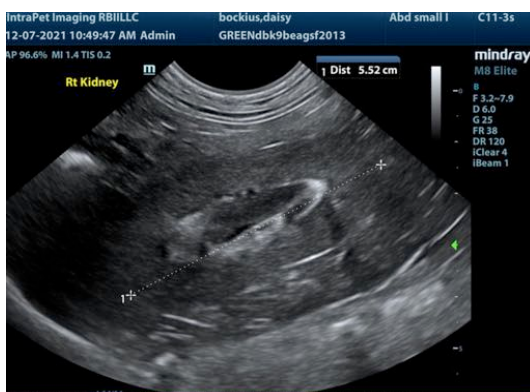
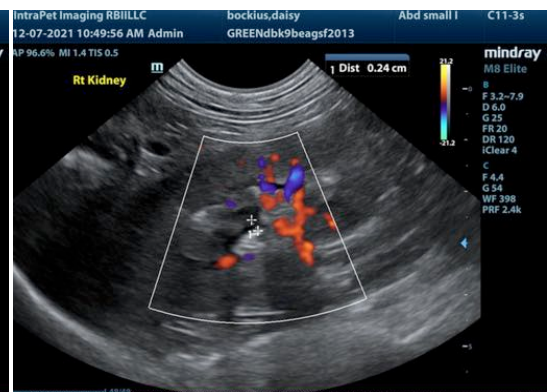
Idiopathic medullary rim sign.

Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition. There was no evidence of neoplasia; however, acute on chronic insult is suspected. 72-hour IV fluid protocol and reassessment of the clinical status is warranted. Blood pressure measurements +/- urine culture is indicated.







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.

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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