



PATIENT PRESENTING CLINICAL SIGNS

Lua Segura
History: R/O pancreatitis; not eating
Abnormal PE/Chem/CBC/UA Results: amylase elevated

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

9 years

WEIGHT

-

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

All Creatures Great
and Small Denville

INVOICE

94360

DATE

12/7/21

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.37 cm. The left kidney measured 5.02 cm with slight pyelectasia. Blood flow to the kidneys appeared to be adequate on Power Doppler assessment.

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 1.85 x 0.53 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.9 x 1.14 cm at the cranial pole and 0.43 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 was 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.



PATIENT

Gastrointestinal

Lua Segura

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was minor retention of ingesta noted in the stomach. The gastric wall revealed mild hypertrophy without loss of mural detail. Mucosal speckling and striations were noted in the small intestine. No associated abnormal lymphatic activity was noted. Reactive mesentery was noted around the small intestine. This is suggestive for an acute on chronic process.

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Pancreas

The **pancreas** was heterogenous, hypoechoic, irregular and edematous on the left limb.

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ULTRASONOGRAPHIC FINDINGS

Minor gastritis, pancreatitis pattern.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

-

Gastritis and chronic active pancreatitis are likely. Underlying protein losing enteropathy/lymphangectasia is suspected. The albumin levels should be monitored. Purina HA or Royal Canin HP diet is recommended. Enrofloxacin and Metronidazole combination is recommended along with GI protectants. Albumin should be monitored carefully. Recheck sonogram is recommended in 7-10 days to ensure adequate resolution.

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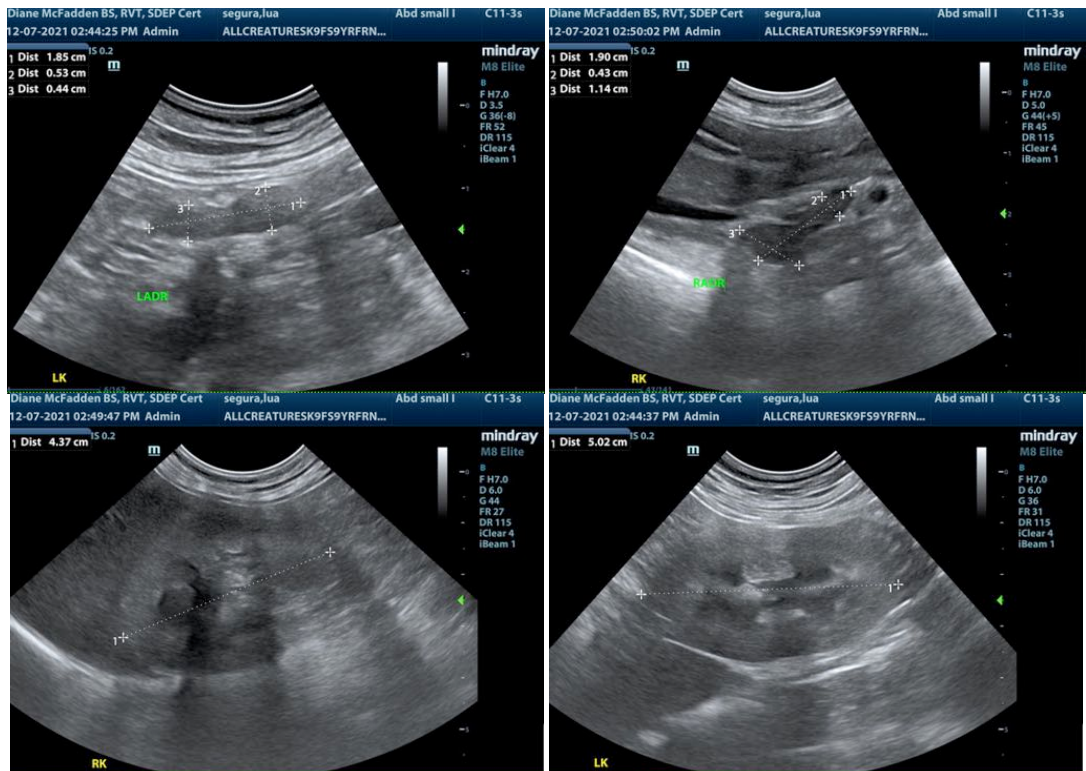
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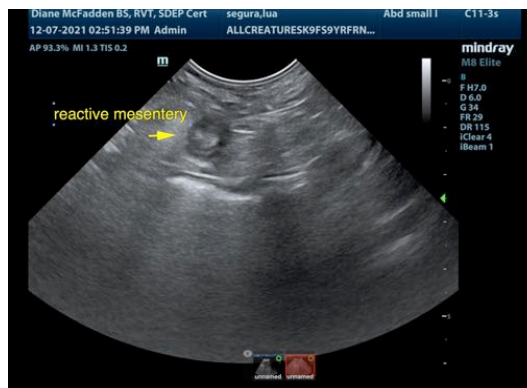
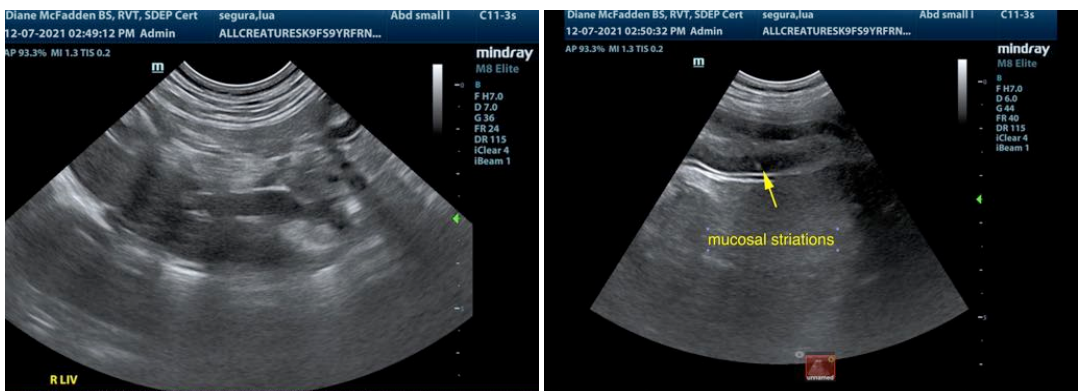
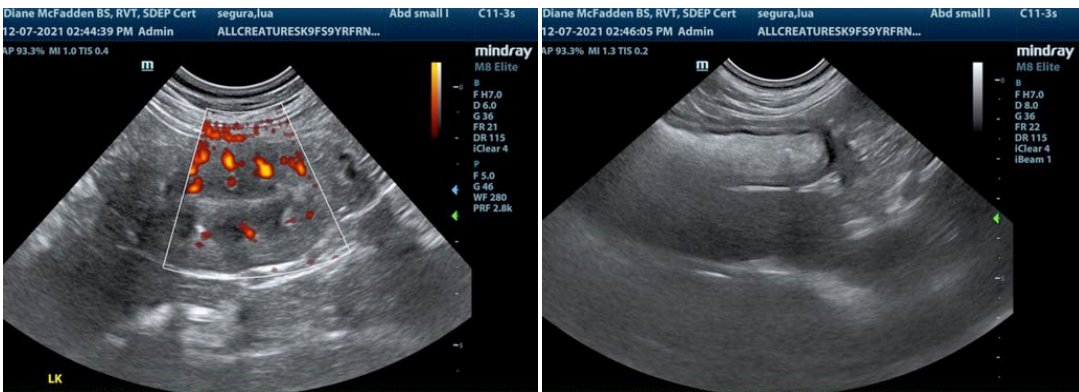
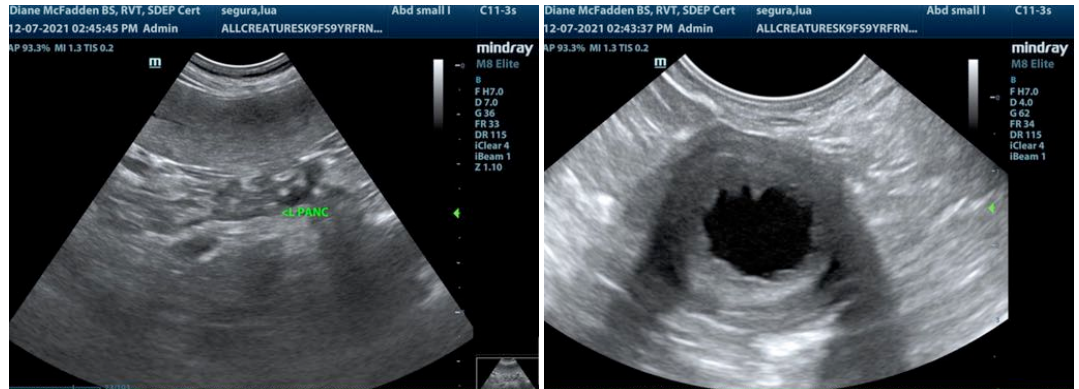
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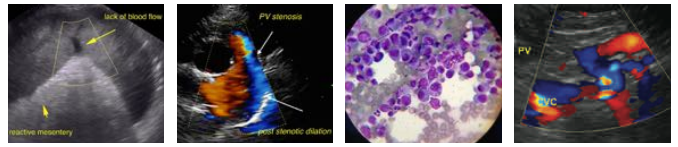
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PATIENT

Lua Segura

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.

SPECIES

Canine

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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French Bulldog

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Info@SonoPath.com

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Spayed Female

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