



PATIENT PRESENTING CLINICAL SIGNS

Bella Montgomery

History: 6mo hx inappetence, pt stopped eating dry kibble and O switched pt to home-made raw 'stew' diet of cooked chicken, raw hamburger, raw egg, goat milk, plain yogurt, celery, spinach, peas, carrots, etc. O reports yesterday pt stopped E home-made diet, having inappropriate urination and defecation in the house and tenesmus. Hx chronic loose stools x 6mo

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chem17 - Gluc 144 (H), BUN 42 (H), CRE 1.6 (N), Lact 6.2 (H) CBC - Hct 27% (H), MCV 56 (L), Hgb 10.2 (L), RBC 4.82 (L), Retic Hgb 15.1 (L) UA - 1.025, urine prot 30mg/dL, gluc 50mg/dL, blood 250 ery/uL, susp cocci, susp rods, non-squam epithelial 3-5/hpf

BREED

Shar Pei

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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

15 years

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. Slight mineralization was noted. The left kidney measured 5.56 cm. The right kidney measured 5.8 cm.

WEIGHT

23.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

Adrenal Glands

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Dr. Seyler

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

HOSPITAL NAME

Wilvet South

Liver

REFERRING VET

Dr. Seyler

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were normal.

INVOICE

43286

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.

DATE

3/14/23



PATIENT

Pancreas

Bella Montgomery

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Shar Pei

Structurally unremarkable geriatric abdomen.

Mild hepatic remodeling.

Volume contracted spleen.

SEX

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys only appear to have minor, degenerative changes. I recommend assessing hydration status in this patient. IV fluid support is recommended to correct azotemia. Causes of acute insult should be considered. Treatment for UTI should be considered. Screening for occult Addison's is warranted even though the patient is likely too old for Addison's it should be ruled out given the unexplained azotemia. There is no evidence of significant disease, in fact the organs appear fairly solid for this age patient.

WEIGHT

23.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

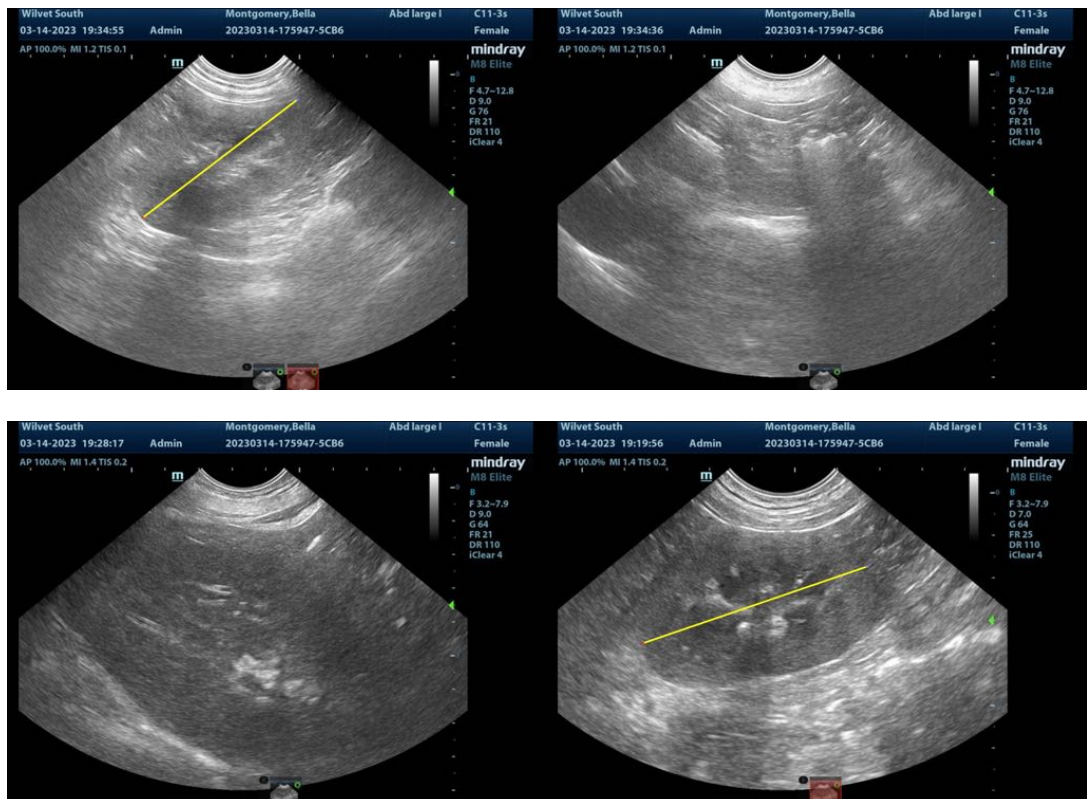
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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