



PATIENT

Oreo Gill

SPECIES

Canine

BREED

Mini Schnauzer/Mini Poodle

SEX

Neutered Male

AGE

15 Years

WEIGHT

17 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

14382

DATE

3/19/22

PRESENTING CLINICAL SIGNS

History: has hx of mitral value insufficiency, currently taking pimobendane 2.5 mg once daily and furosemide 20 mg once daily. In the past 3 days he has been vomiting and not eating and very lethargic, today he collapsed and unable to walk

Abnormal PE/Chem/CBC/UA Results: obtunded /lateral recumbent, fever 102.8, dehydration 8 percent moderate cranial abdominal pain on palpation cbc : neutrophilia 15 k/ml chem : azotemia (bun 130 , creatine undetectable) ph 16 mg/dl , low na and cl cpl : strong positive , u/a low spg 1.020 xray : moderate left sided cardiomegaly without any evidence of pulmonary edema there is small mineral opacity in both kidney region started him on iv lrs 30ml/h baytril, cerenia, famotidine, ampicillin, ondasetron, buprenex grade 5 heart murmur, severe cranial abdominal pain

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** revealed moderate degenerative changes. The left kidney revealed irregular contour and chronic interstitial nephrosis pattern. Pelvic mineralization (1.2 cm) was noted in the left kidney. The left kidney was subnormal in size, measuring 3.2 cm. The right kidney revealed irregular cortical contour and corticomedullary mineralization. Cortical collapse of the dorsal cortex of the right kidney noted. The right kidney measured 5.11 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 left adrenal gland measured 1.36 cm x 0.42 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 0.6 cm at maximum width.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a mild change. Slight hyperechoic lipogranuloma was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of



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remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. A comet tail lung pattern was noted through the diaphragm.

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Gastrointestinal

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The **stomach** revealed edematous and thickened wall with fluid accumulation, consistent with gastritis. The small intestine and colon were unremarkable.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. A pancreatic cyst was noted, measuring 5.0 mm, not pathological.

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- Subjectively end stage degenerative renal disease
- Mild gastritis pattern
- Vacuolar hepatopathy
- Comet tail lung pattern, indicative of pulmonary edema or consolidations
- Age-related pancreatic changes and pancreatic cyst
- Age-related splenic changes with lipogranuloma noted

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

The azotemia would correspond to chronic renal disease combined with current medication. Uremic gastritis likely. GI protectants indicated. Furosemide should be diminished. IV fluid support warranted, however, should be done with caution if any evidence of left sided heart failure is present. Prognosis is guarded to poor. The kidneys appear subjectively end stage. Complicating factors such as infarcts and calculus movement may be playing a role.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

REFERRING VET

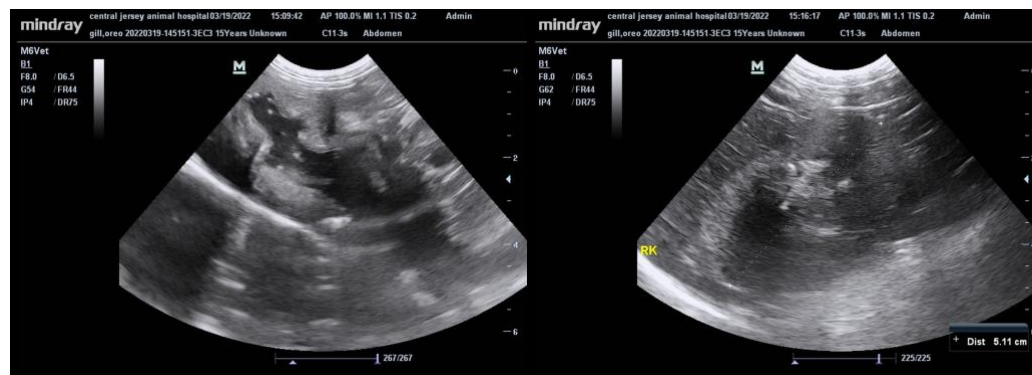
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com