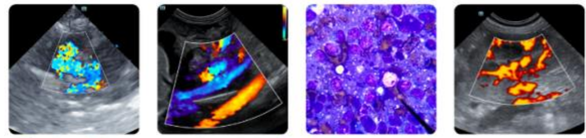


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Cuki Navarro

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.6 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Alma Alicea

INVOICE

14540

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to elevated renal values
- Px is currently hospitalized
- Owner reported that issues began a few days ago, symptoms included weakness and lethargy
- Case was treated as Pancreatitis and Px was discharged 2 days later
- After Px was discharged she seemed to have a seizure at home and was then taken to rDVM's emergency clinic
- Owners reported that Px's BP was at 280 but recently went down to 210
- Px is currently on the following Mx: Amoxi/Clav, Benazepril, Amlodipine, Mirtazapine, Famotidine, Sucralfate, Denamarin, Gabapentin, IV fluids

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Urinalysis attached below for your reference

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 largely normal size (left kidney was subnormal in size) and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Pinpoint dystrophic mineralizations and microcystic changes were present bilaterally. The left kidney measured 3.3 cm in length. The right kidney measured 3.37 cm in length. A cortical cyst was present measuring up to 1.0 cm.

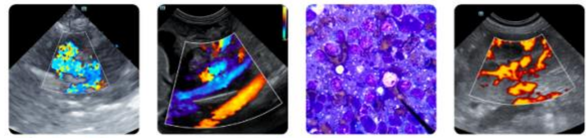
Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.0 cm x 0.70 cm width at the caudal pole and 0.74 cm width at the cranial pole. The right adrenal gland measured 1.68 cm x 0.62 cm width at the caudal pole and 0.48 cm width at the cranial 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 were noted. The spleen was folded upon itself caudally.

Liver



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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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.

Gastrointestinal

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The small intestine and colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis. Pyloric hypertrophy was present with a wall thickness of 8.0 mm.

Pancreas

Heterogenous mixed hypoechoic changes were present in the **pancreas**.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with pinpoint calculi.
- Minor heterogenous parenchymal pancreatic changes.
- Age-related abdominal changes otherwise.
- Pyloric hypertrophy changes consistent with hypertrophic pyloric gastropathy- minor potential for neoplasia, gastric stasis, delayed outflow pattern.
- Mucosal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the kidneys do not appear end-stage. 72-hour IV fluid protocol with antihypertensives are warranted. Promotility medications and GI protectants are indicated. Both pre-renal and renal disease are likely playing a role in this patient. Prognosis is guarded. Recommend aggressive treatment for renal failure with slurry feedings are likely in this patient's best interest given the pyloric hypertrophy. Eventual gastroscopy would be ideal to obtain mucosal biopsies and visualize the pylorus.

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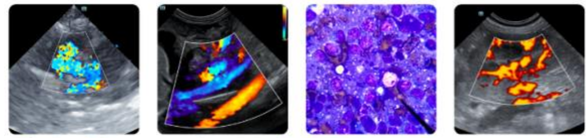

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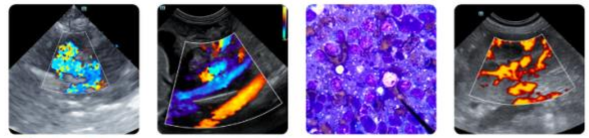

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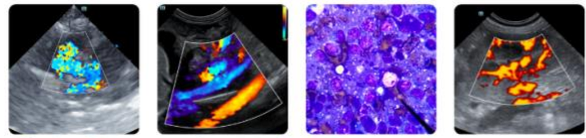

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com