



PATIENT

Sammy Wessbecker

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 years

WEIGHT

94.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

99210

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History: Sammy has been skipping meals for about 3 weeks, has occasional vomiting, and has, for the last week, begun a frequent (several times a day) "I've got something in the back of my throat" cough, but it is not productive. A heart murmur was discovered this last January.

Abnormal PE/Chem/CBC/UA Results: PE: Quiet, Cardiac murmur (left heart base, I/VI, systolic), right stifle arthritis, No labs X-rays of chest are pending. Ida

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A mild amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Hyperechoic medullary rim sign was noted. Pelvic mineralization was noted in both kidneys. The left kidney measured 9.12 cm. The right kidney measured 7.5 cm. Blood flow to the kidneys was subnormal.

Adrenal Glands

The **adrenal glands** measure normal, yet appear isoechoic and flattened. The right adrenal gland measured 2.5 x 0.71 cm at the caudal pole and 0.64 cm at the cranial pole. The left adrenal gland measured 4.9 x 0.53 cm at the caudal pole and 0.75 cm 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 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.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. 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.

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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. 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.

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ULTRASONOGRAPHIC FINDINGS

AGE

8 years

Chronic interstitial nephrosis renal pattern with corticomedullary mineralization.

Adrenal glands measure normal, yet appear isoechoic and flattened.

Some retention of ingesta.

WEIGHT

94.4 lbs

Unremarkable abdomen.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Screening for occult Addison's is warranted. Full urinary work-up is warranted given the chronic renal changes I am concerned for impending renal failure. The prognosis is guarded. The cause of the upper GI signs are unclear, endoscopy would be ideal.

IMAGING PERFORMED BY

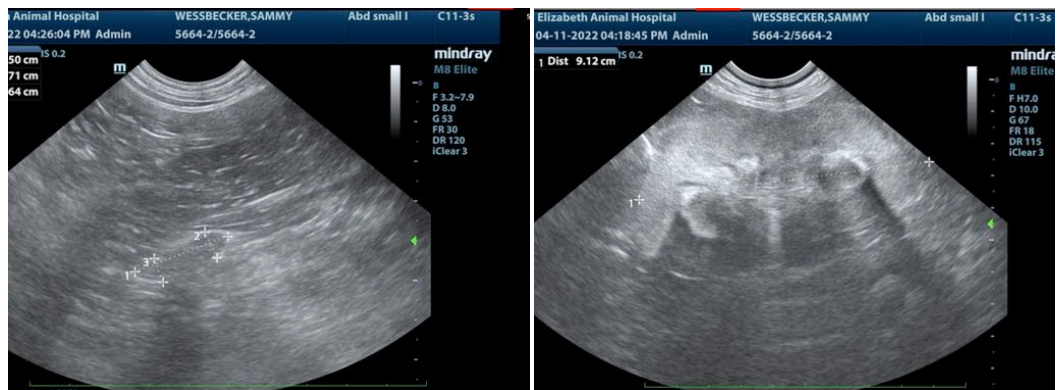
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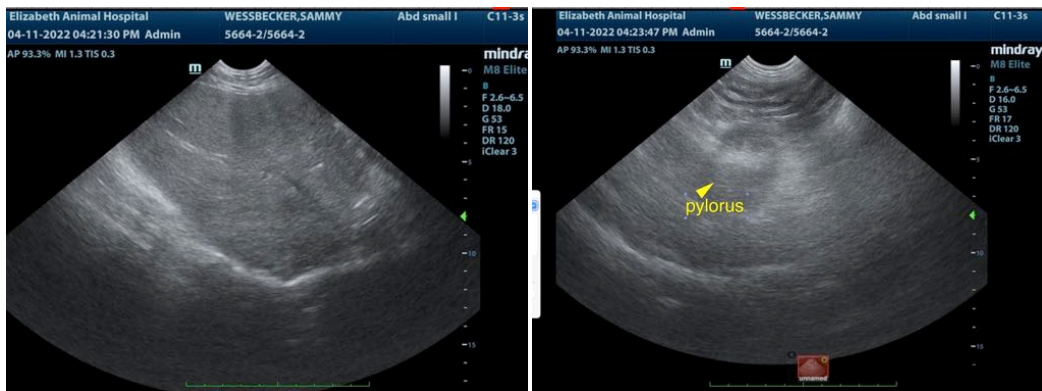
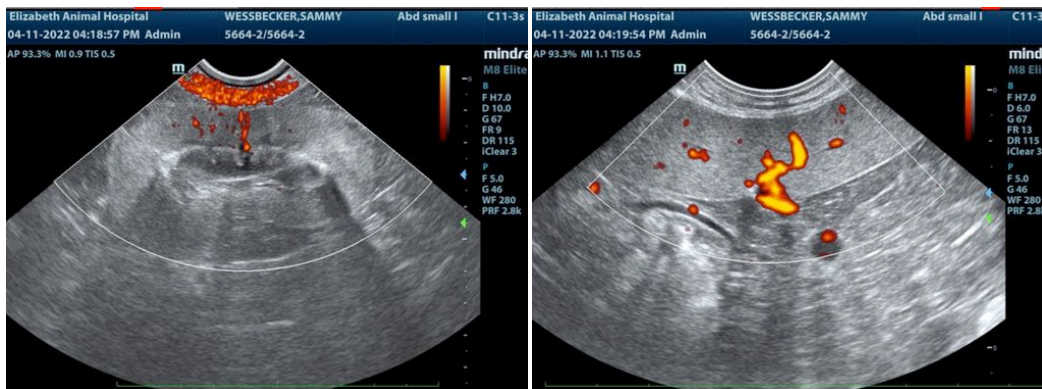
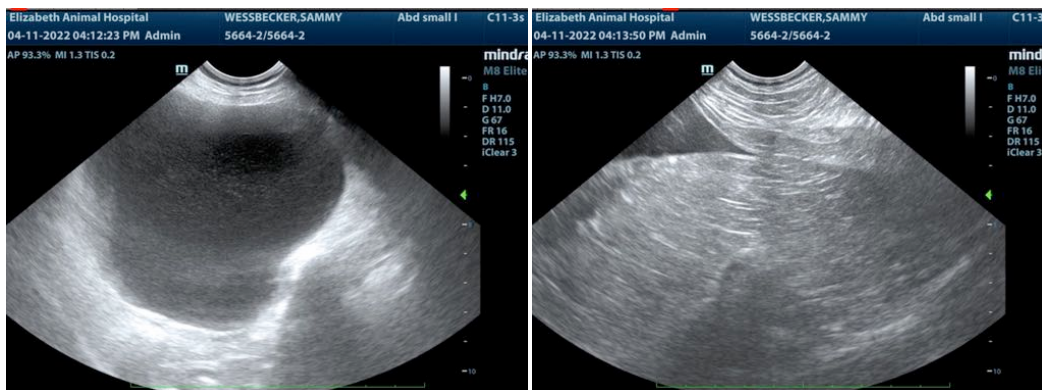
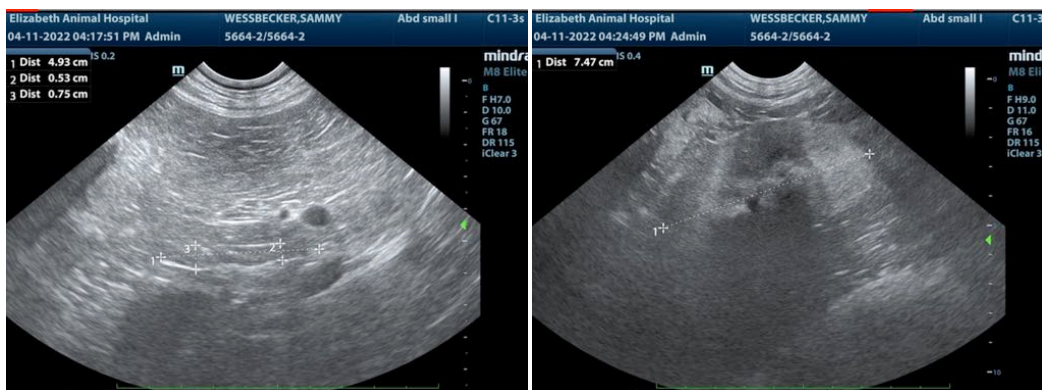
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Labrador Retriever

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

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