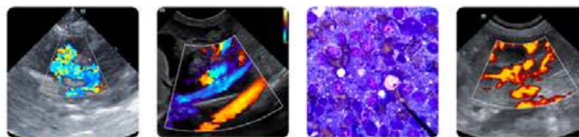


PATIENT
Baby Shigley

SPECIES
Canine

BREED
Bichon Frise x

SEX
Spayed Female

AGE
14 Years 8 Months

WEIGHT
13.48 lbs

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

IMAGING PERFORMED BY
Dr. Galanti

HOSPITAL NAME
Craig Road Animal Hospital

REFERRING VET
Dr. Cooper

INVOICE
74863

DATE
5/1/26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Baby presents for vomiting and inability to hold food down
Patient History: Recently hospitalized for same CS 2 days ago. Previous blood work showed cPLI abnormal, BUN elevated. Decreased appetite. Vomiting after eating/drinking

Abnormal PE/Chem/CBC/UA Results: Painful on abdominal palpation, mm light pink and tacky <2, dull mentation. New bloodwork showed decreased albumin 2.6 (ref 2.7-4.4), SDMA 14.7, Precision PSL 389 (ref 24 -140),

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 **right kidney** revealed moderate degenerative changes with disruptive polycystic parenchymal changes. The right kidney measured 5.0 cm. Corticomedullary mineralizations noted.

The **left kidney** presented age related and minor cystic changes, measuring 4.8 cm in length. Pinpoint mineralizations noted.

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. Right measured 1.05 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland was imaged from the right approach at 0.70 cm at the cranial pole and 0.80 cm at the caudal pole.

Spleen

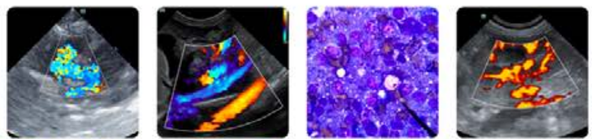
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were 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. Increased portal markings noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was mildly echogenic and slightly thickened.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed areas of hyperperistalsis. Slight increased echogenicity of the submucosal layer, consistent with chronic inflammatory bowel. Various portions of



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thickened intestine noted with some early loss of mural detail and stasis. Some reactive mesentery noted.

Pancreas

Heterogeneous **pancreatic** changes noted with swelling, irregular contour, and enhanced surrounding fat.

Free Abdomen

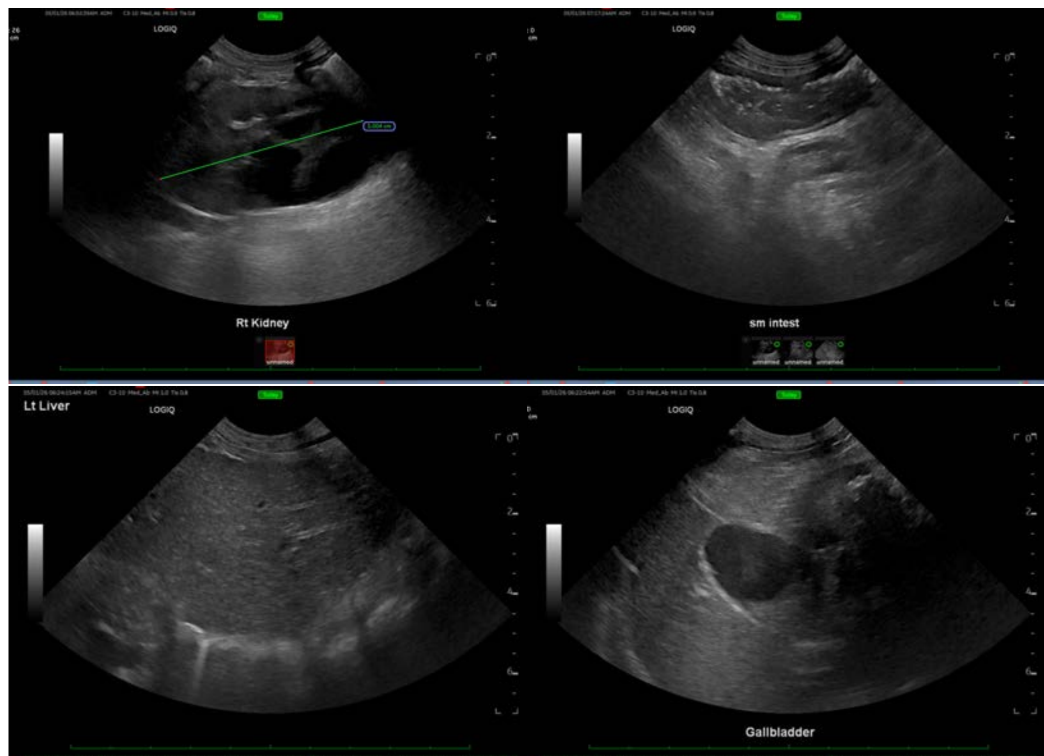
Occasional mesenteric lymph node enlargement noted.

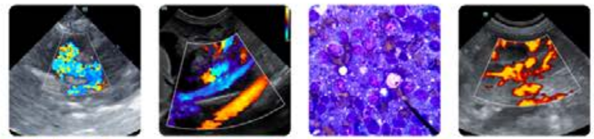
ULTRASONOGRAPHIC FINDINGS

- Subacute on chronic gastroenteritis.
- Chronic active pancreaetitis.
- Polycystic right kidney.
- Minor age related left renal changes.
- Mild hepatic remodeling.
- Occasional mesenteric lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol, IV fluid support, broad-spectrum antibiotics all indicated. Given the low albumin, protein losing enteropathy may be an issue. Slurry feeding of a hydrolyzed diet warranted after 24 hour NPO. Parasite management indicated. Recheck sonogram in 72 hours to ensure portions of intestine that are particularly thickened are resolving.





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Lt Kidney

Gallbladder

Rt Adrenal

Small Intestine

Lt Kidney

sm intest

panc

Duodenum

right adrenal

left adrenal from right

Rt Adrenal

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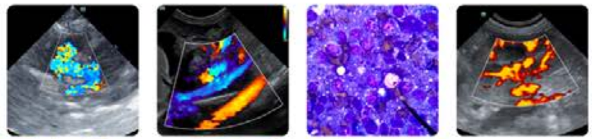

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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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