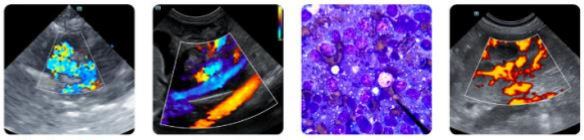

PATIENT

Sienna Cekovich

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

10 Years

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Sarah Moser

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PRESENTING CLINICAL SIGNS

Lethargic, decreased appetite, losing weight over 2 months. Pt seen at rDVM for pre-dental labs which returned with azotemia. mm lt pk, <2, moist, sl muscle wasting, mild hind end weakness, fractured tooth

PETS U/S 11/25: abnormal findings - URINARY BLADDER: Urine anechoic; apical bladder wall slightly thick, up to 6.2 mm; urethra normal - STOMACH: Lumen contains some echogenic fluid and gas; walls of a normal thickness, 4.4-5.2 mm, but with indistinct layering; no ulcer, mass, or foreign body seen - SMALL INTESTINES: Most loops - including the duodenum and ileum - are slightly thick-walled, up to 4.8 mm, with mild mucosal (1.7 mm, e.g.),submucosal (1.7 mm, e.g.), and muscularis (1.2 mm, e.g.) layer thickening. No foreign material, mass, or layer effacement is seen. rDVM blood work: BUN 87, Creat 5.5, Phos 6.7, SDMA 33.1, TP 4.4, Alb 2, HCT 34, T4 0.7 Accuplex - neg x 4 HAEC: BUN 64, Creat 5.67, HCT 25 PCV/TS - 31/6.9 urine culture pending upc pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

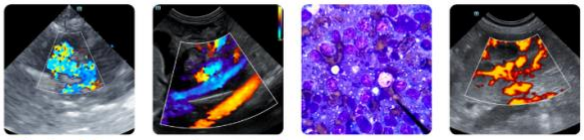
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.52 cm width. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.88 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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely



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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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. Some reactive mesentery associated with portions of small intestine were noted that appear unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable geriatric abdomen.
- Nonspecific enteritis pattern.
- Nonspecific acute renal insult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute renal insult is suspected. Potential GI blood loss given the anemia without explanation. Leptospirosis titers are warranted if not already performed. Screening for Addison's is warranted even though the adrenals appear normal. The cause of weight loss is not evident. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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

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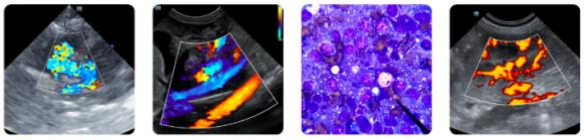

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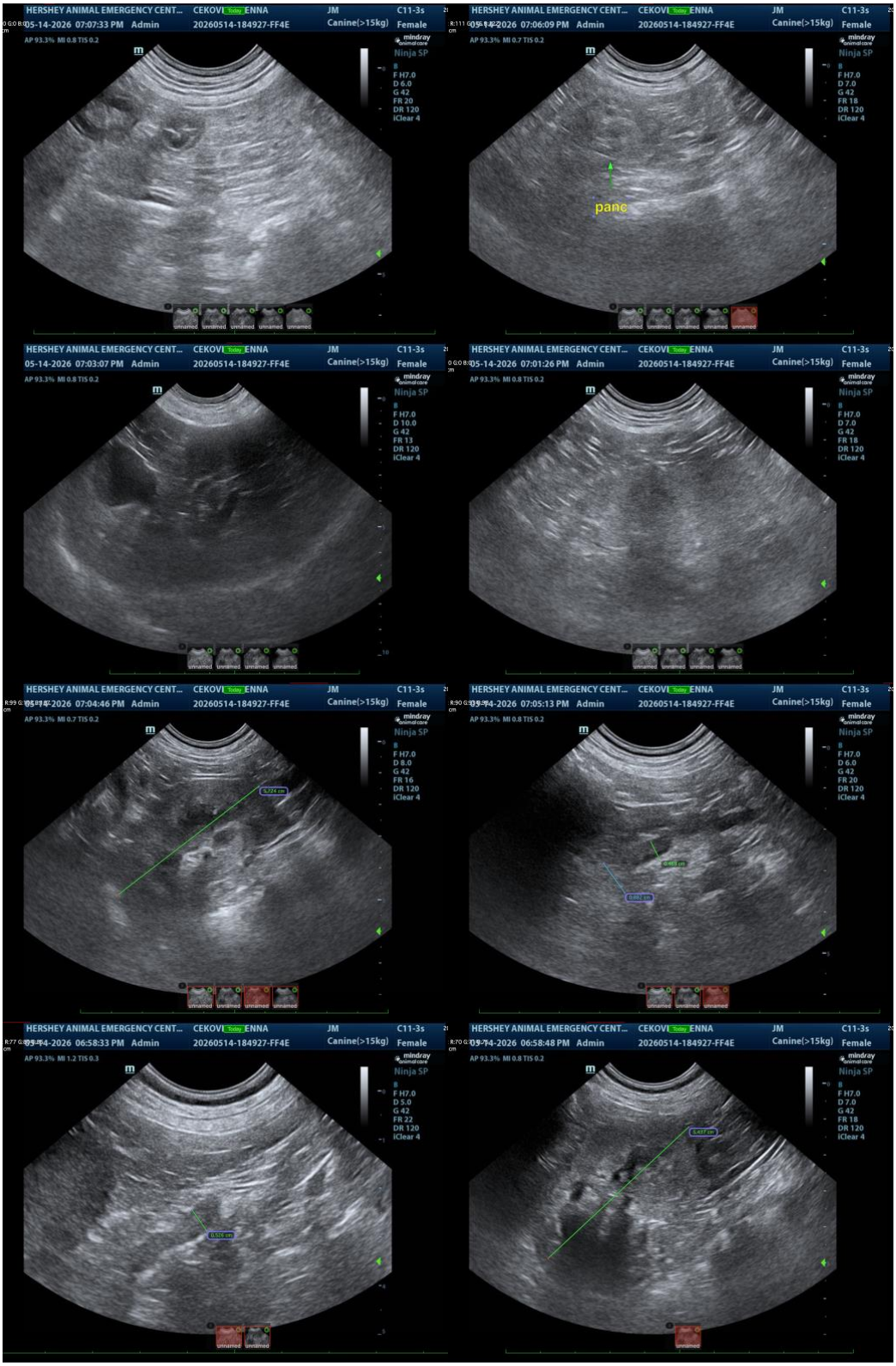

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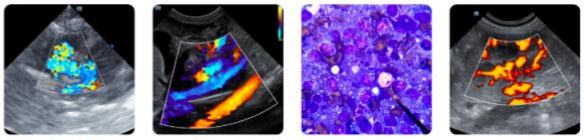

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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