

**DATE**

5/20/22

PRESENTING CLINICAL SIGNS

5/17 - Owner reports intermittent vomiting/inappetence for about 3 weeks. Will keep water down but seems to vomit food up after almost every meal. Is also refusing her normal diet when she usually has a good appetite. NSF on physical exam. BW hypercalcemia, elevated ALP and ALT, mild azotemia, mild WBC elevation. Chronically elevated ALP since Jan 2021 and has had a heart murmur since 2019 (unspecified type but suspected MVD).

PATIENT

Diamond Ehm

Current Medications: Pimobendan 5mg PO BID, Meloxicam 1/4 - 1/2 pill (7.5mg) PO SID if needed, Ondansetron 8mg PO SID-BID rx'd 5/17

SPECIES

Canine

Lab Results: ALP ~400 since 2021 (measured in Jan '21, August '21, and May '22). 5/17: ALT 223, ALP 486, creatinine 1.6, BUN 26, calcium 12.4, WBC ~18k (neutrophilia).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Dalmatian

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** revealed accumulation of sand and calculi.

AGE

1/29/09

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.61 cm. The right kidney revealed multiple pelvic and corticomedullary calculi with moderate degenerative changes. The right kidney measured 5.37 cm.

WEIGHT

62.6 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The left adrenal gland measured 0.98 cm at the cranial pole and 0.82 cm nodule at the cranial pole. The caudal pole measured 0.98 cm and 2.69 cm in length with generalized enlargement. The right adrenal gland measured 3.0 x 0.77 cm at the caudal pole and 0.89 cm at the cranial pole.

HOSPITAL NAME

Pleasantville AH

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.

REFERRING VET

Dr. Gounaris

Liver**INVOICE**

30603

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.

Gastrointestinal

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

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Bladder calculi.

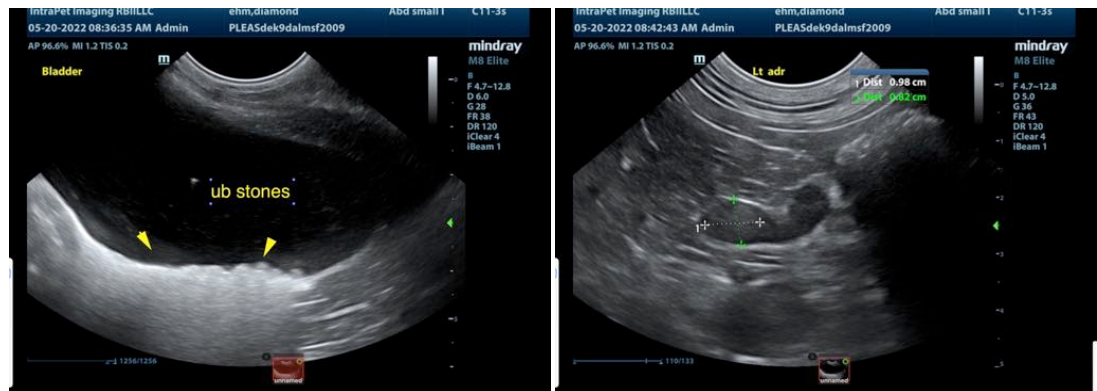
Moderate to severe right renal calculi, non-obstructive.

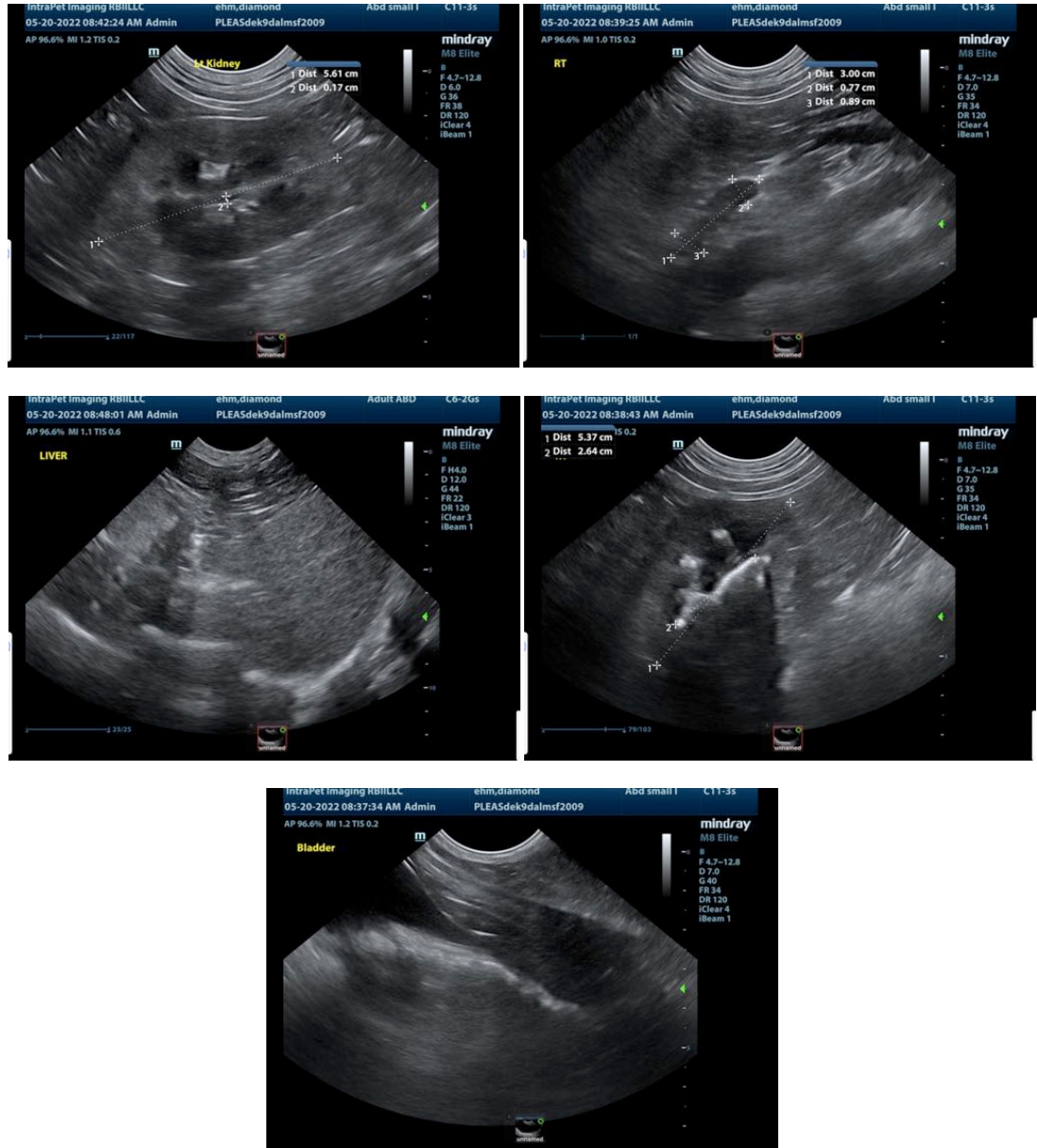
Moderate degenerative renal changes.

Hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is likely that this patient is passing calculi periodically primarily from the right kidney to the bladder which would explain the renal enzyme elevations. IV fluid support and correction of the azotemia followed up cystostomy and normal and retrograde flushing is recommended even though the urethra at the time of the sonogram was empty.





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.

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