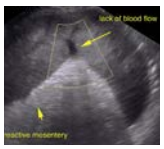
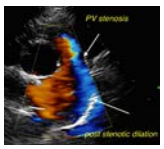
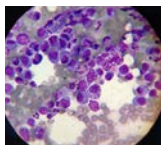
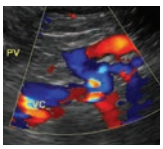
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Kodie Mott

SPECIES
Canine

BREED
Pomeranian X

SEX
Neutered Male

AGE
13 Years

WEIGHT
7.1 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershey Animal Emergency Center

REFERRING VET
Dr. Leann Murphy

INVOICE
43665

DATE
6/30/23

PRESENTING CLINICAL SIGNS

Anorexic x 5 days, very Lethargic (usually aggressive, not being aggressive), Diarrhea. On examination, depressed mentation, mildly painful on abdominal palpation, poor pulse quality. Severe matting of hair and diarrhea around anus with significant erythema and ulceration. Maggots found after clipping/cleaning.

Abnormal PE/Chem/CBC/UA Results: BUN 101, Creat 1.9, CPL abnormal, Neutropenic with increased bands

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.1 cm with occasional cortical cysts present. The right kidney measured 3.9 cm with slight pyelectasia 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. The left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.42 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. 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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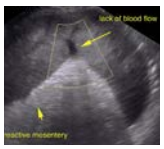
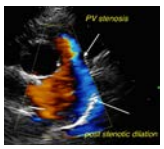
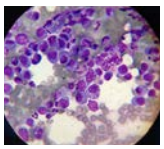
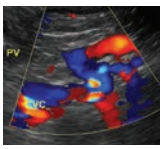

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed minor areas of hypertrophied mucosa and empty lumen. Curvilinear patterns were respected. No evidence of obstructive disease. GI irritation owing to azotemia likely.

Pancreas

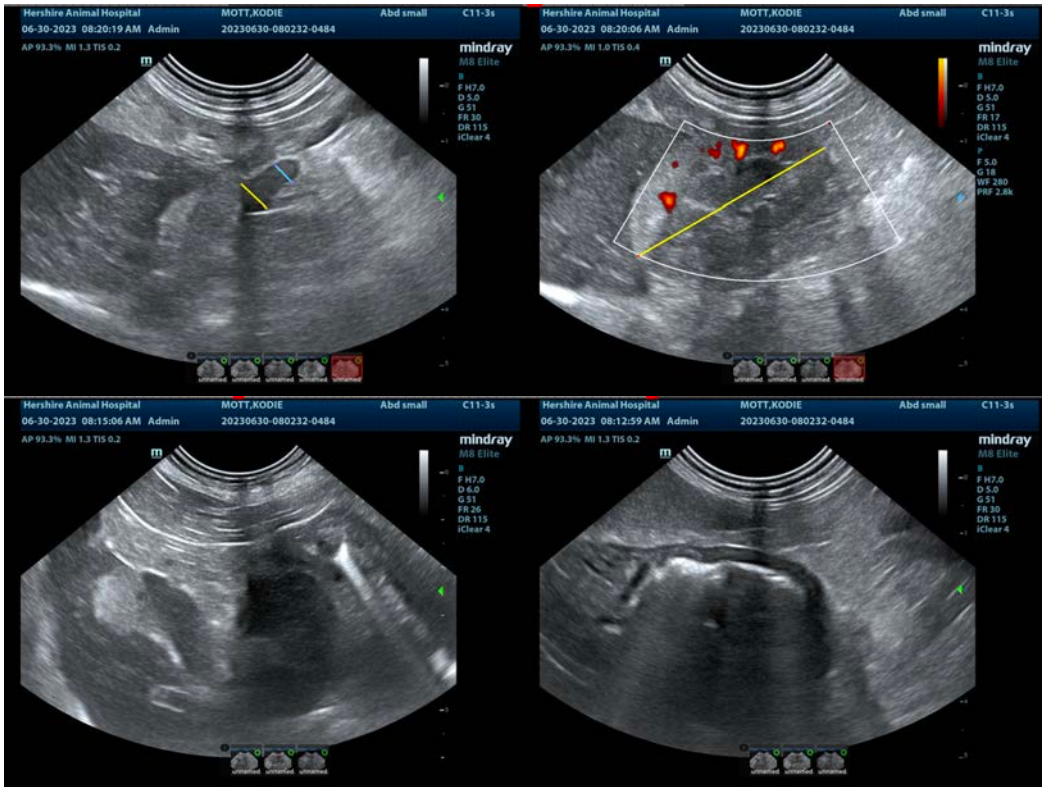
The **pancreas** was hypoechoic and irregular in the left limb measuring 1.3 cm.

ULTRASONOGRAPHIC FINDINGS

- Non-specific mild to moderate degenerative renal changes
- Prominent left pancreatic limb
- Minor areas of hypertrophied mucosa in the GI tract
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend 72-hour IV fluid protocol, GI protectants, full urinary workup, culture and sensitivity, and blood pressures. The dull mentation may be owing to azotemia. However, primary CNS disease should be considered, in which case skull CT may be appropriate. No evidence of neoplasia. The kidneys do not appear end stage. Therefore, acute insult such as toxin exposure, infectious agents and dehydration may all be playing a role.



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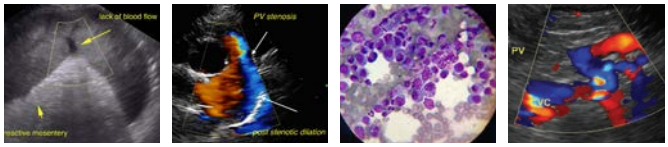

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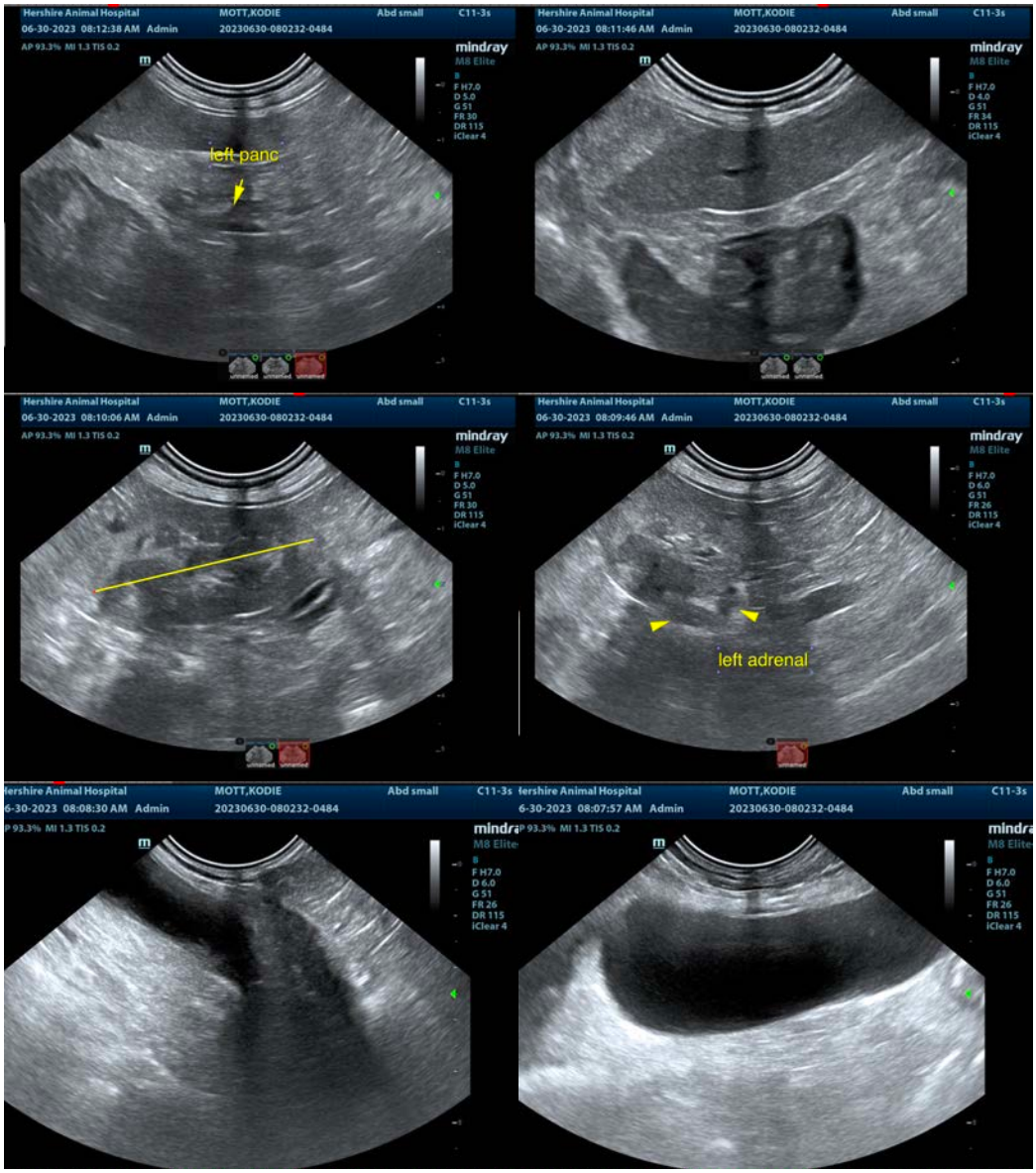

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com