



PATIENT

Stella Allen

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

11 ½ years

WEIGHT

4.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Saum Hadi

INVOICE

76114

DATE

7/12/23

PRESENTING CLINICAL SIGNS

History: P presents for hyporexia. Recent lab work was consistent with stage 2-3 CKD (azotemic with dilute urine, no bacteruria seen, culture pending). UPC 0.5, normotensive. Historic mild increase in ALT (~200 U/L).

Abnormal PE/Chem/CBC/UA Results: See history. BUN: 99 mg/dL, SDMA 22 ug/dL, Creatinine 2.4 mg/dL Mild hypokalemia 3.9 mmol/L Mild hyperglobulinemia (4.4 g/dL) USG: 1.026, 2+ granular casts UPC: 0.5

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 was 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 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. Minor, non-obstructive mineralization was noted. The left kidney measured 2.63 cm.

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 0.5 cm. The right adrenal gland measured 0.54 cm at the cranial pole and 0.41 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a minor amount of debris and slight, suspended calculi/sand.



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Gastrointestinal

The **stomach** was over distended with chyme. The pylorus was patent. This is most consistent with metabolic ileus. The small intestine and colon were unremarkable.

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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.

BREED

Chihuahua

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed female

Gastric ileus.

Moderate degenerative renal changes with calculi, non-obstructive.

AGE

11 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying gastritis is likely owing to azotemia. The kidneys are most likely the complicating factor such as recent calculus passage, UTI, hypertension, infectious agents or toxin exposure. Screening for Addison's is also warranted with baseline cortisol even though the adrenal glands appear fairly normal. 72 hour IV fluid protocol is recommended to correct the azotemia and GI protectants are indicated.

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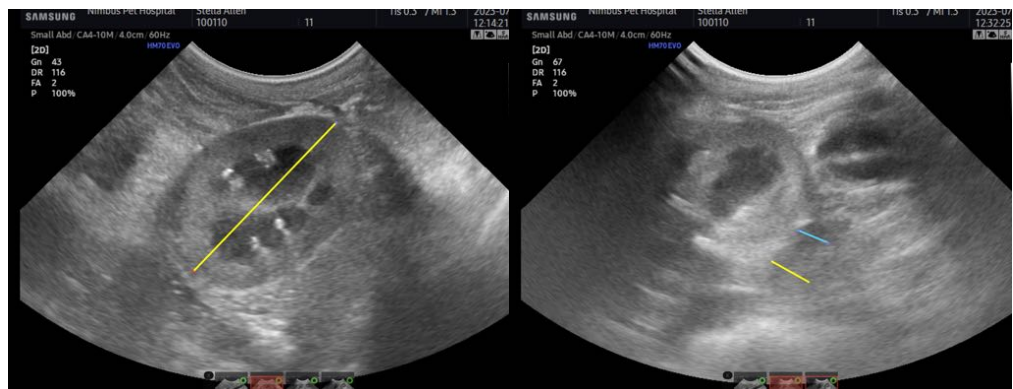
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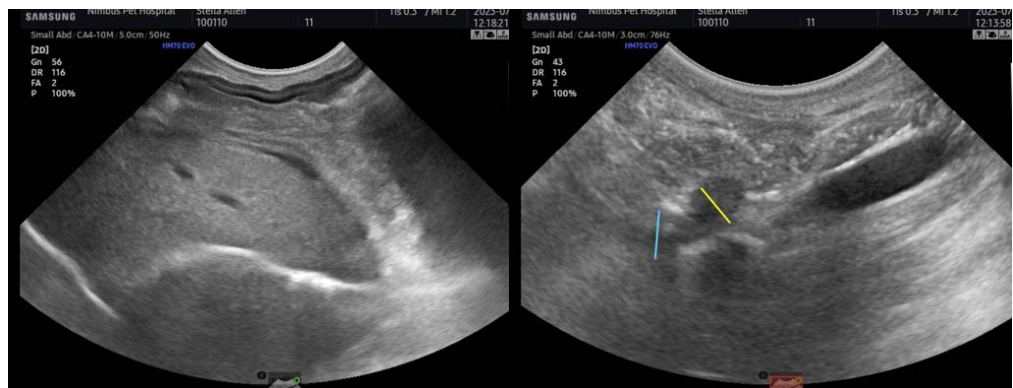
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
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