

**DATE PRESENTING CLINICAL SIGNS**

7/21/23

History: The night before last - owner woke up to a pile of black mess that appeared bloody in different spots -

PATIENT

Lilly Swope

looked like pudding - was not interested in eating Did drink some for owner Has been having episodes of gagging - only sometimes brings stuff up - monday did vomiting in the bed - tuesday vomited after drinking Started 2 weeks ago with intermittent hyporexia Hx of potential seizure like episodes -around every day to every other day Owner noted anal glands were full per rdvm Known anxiety issues especially while in the care Eats baked chicken, turkey, or beef with rice, sweet potatos, pumpkin - will occasionally eat blue buffalo dry Presented to rdvm: - Presented for vomiting, hyporexia, lethargy - Bw: Bun 130, Crea 2.4, Phos 12.8 - Cpl (+) - UA sent out

SPECIES

Canine

BREED

Yorkshire Terrier

Current Medications: None listed.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

SEX

Spayed Female

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

7/20/10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

8.4 Pounds

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. The left kidney measured 4.7 cm. An anechoic cyst was noted in the left kidney, measuring 5.0 mm x 4.48 cm in length. Slight pyelectasia was noted in the left kidney, measuring 0.52 cm. The right kidney measured 4.7 cm. Pyelectasia in the right kidney measured 0.59 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.0 cm x 0.68 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 1.87 cm x 0.83 cm at the caudal pole and 0.53 cm at the cranial pole. The hepatic veins were dilated in this patient.

REFERRING VET

Dr. Nacke-Horney

INVOICE

23567

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** revealed coarse architecture and increased portal markings. The gallbladder wall was thickened with echogenic debris. A history of cholangitis is likely. The common bile duct measured the upper limits of normal, measuring 0.26 cm.

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 **pancreas** revealed heterogenous mixed hypoechoic parenchymal changes.

Other

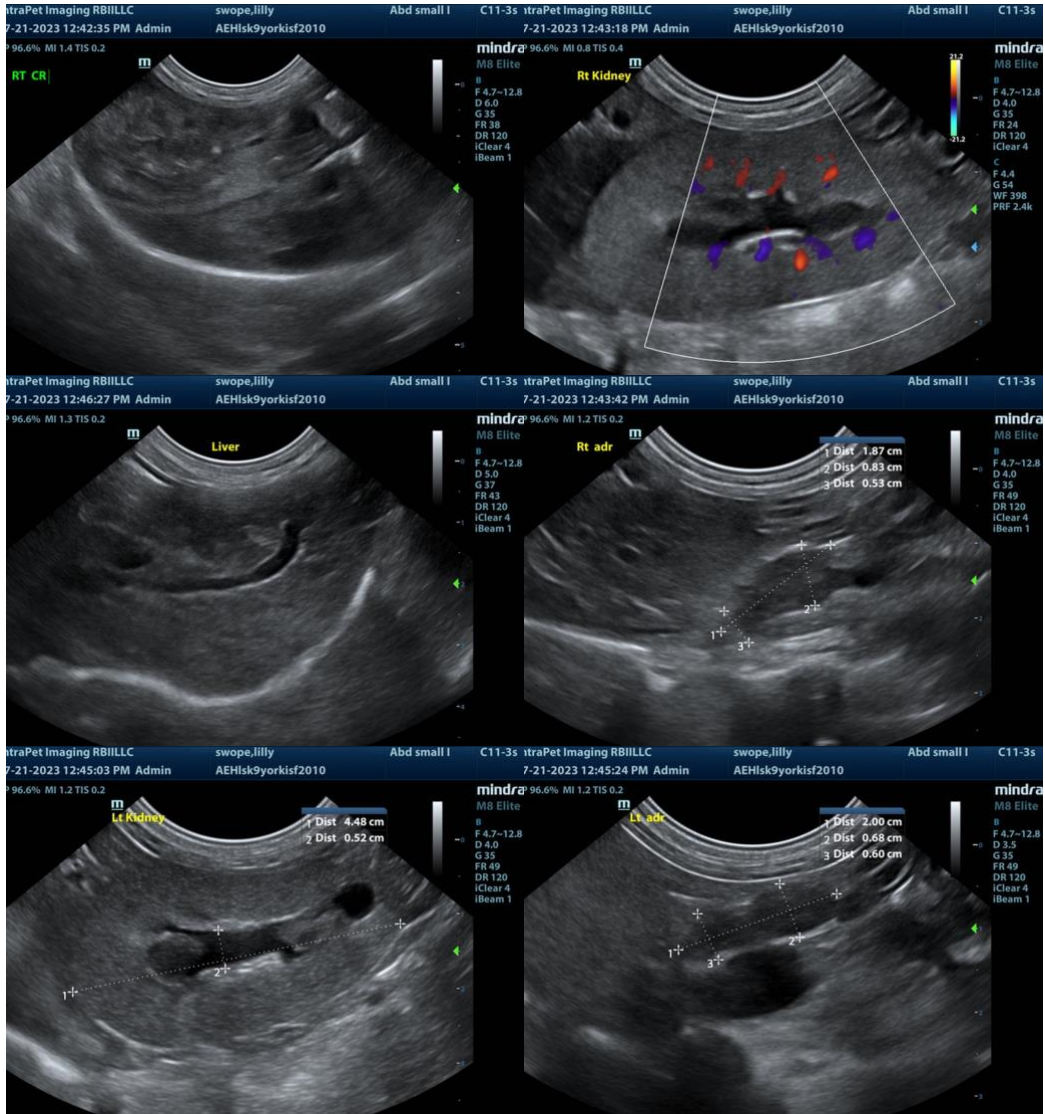
A rapid view of the **heart** revealed mild volume overload of the left atrium. The right heart was unremarkable. No pericardial effusion was noted.

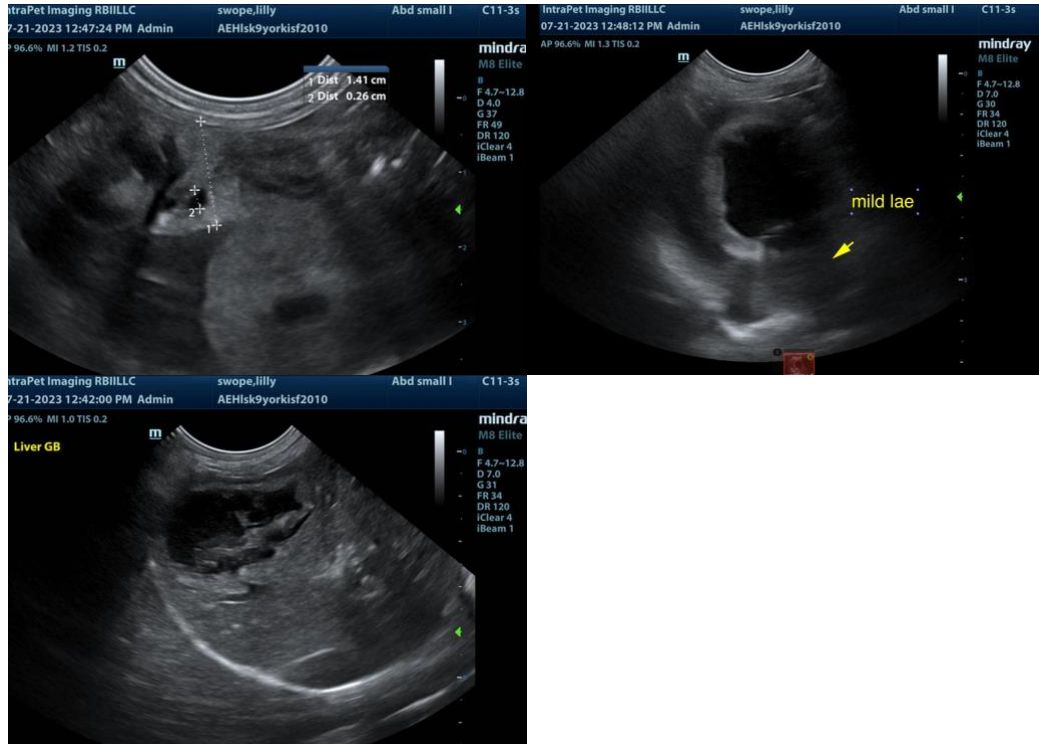
ULTRASONOGRAPHIC FINDINGS

- Excessive gallbladder debris, not likely a primary clinical issue at this time.
- Chronic interstitial nephrosis pattern with pyelectasia and an anechoic cyst
- Pancreatic remodeling/fibrosis
- Coarse architecture and increased portal markings in the liver with dilated hepatic veins
- Mild volume overload of the left atrium
- Age-related adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hepatic vein dilation is not evident. Chest radiographs are warranted to assess for thoracic disease that may be causing passive congestion. Passive congestion in the liver would be normal if the patient was sedated for the sonogram. Supportive care for GI upset is indicated. Ursodiol therapy is warranted with full urinary work up and blood pressures.





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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