**DATE PRESENTING CLINICAL SIGNS**

7/21/23

PATIENT

Wilson Moore

Night before last was not having any issues other than he jumped up like something bit him - known to do this intermittently Last night: got up and vomited - was vomiting after drinking throughout the night - when the owner woke up today found diarrhea around the house Ate some chicken (boiled) and beef (fried) - also gets pupperonis and chicken grillers, butter cookies, and peanut butter cookies, piece skin off the chicken (from boiled chicken that is cooked again in the microwave), bone marrow. Hx of hernia repair. Known missing teeth Owner has hand fed him since he was adopted - was skinny when he was adopted 10yrs ago.

SPECIES

Canine

Current Medications: Unasyn, Buprenorphine, Provable, Protonix, Cerenia, Sucralfate.

Lab Results: See attached.

BREED

Shih Tzu

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV: Propofol.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

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.

AGE

7/20/11

WEIGHT

23.1 Pounds

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. The left kidney measured 5.07 cm with slight pyelectasia noted at 0.41 cm. The right kidney measured 5.08 cm with slight pyelectasia at 0.47 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.88 cm x 0.70 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 2.52 cm x 0.62 cm at the caudal pole and 0.73 cm at the cranial pole.

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nacke-Horney

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

INVOICE

44268

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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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

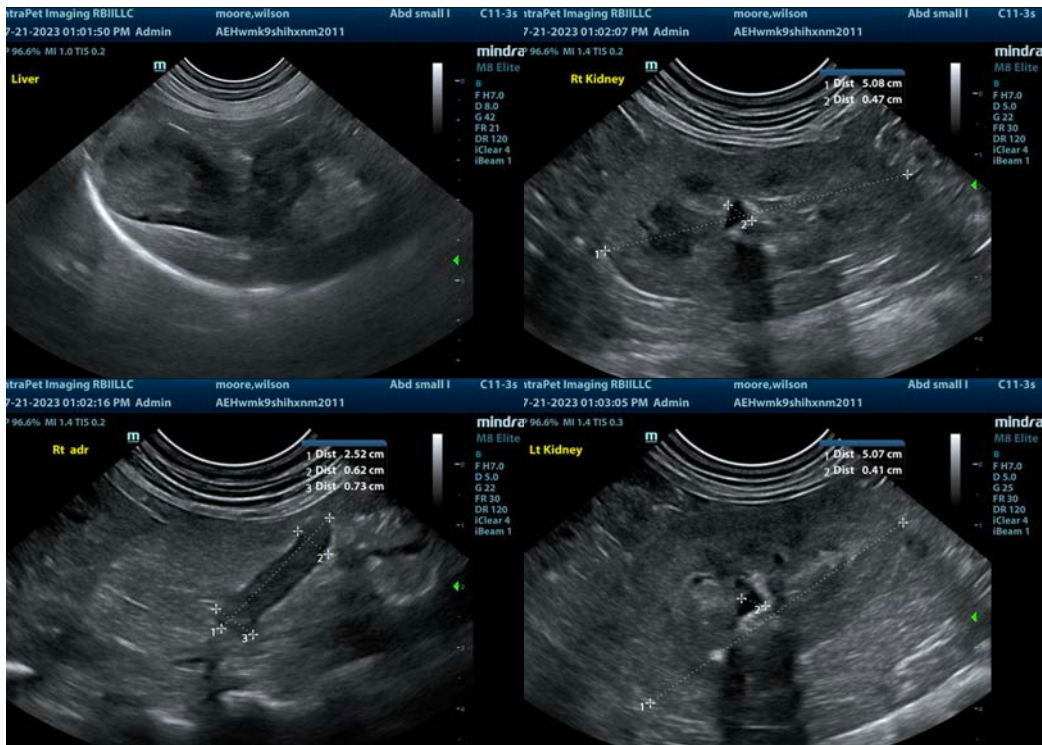
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Left limb measured 1.09 cm.

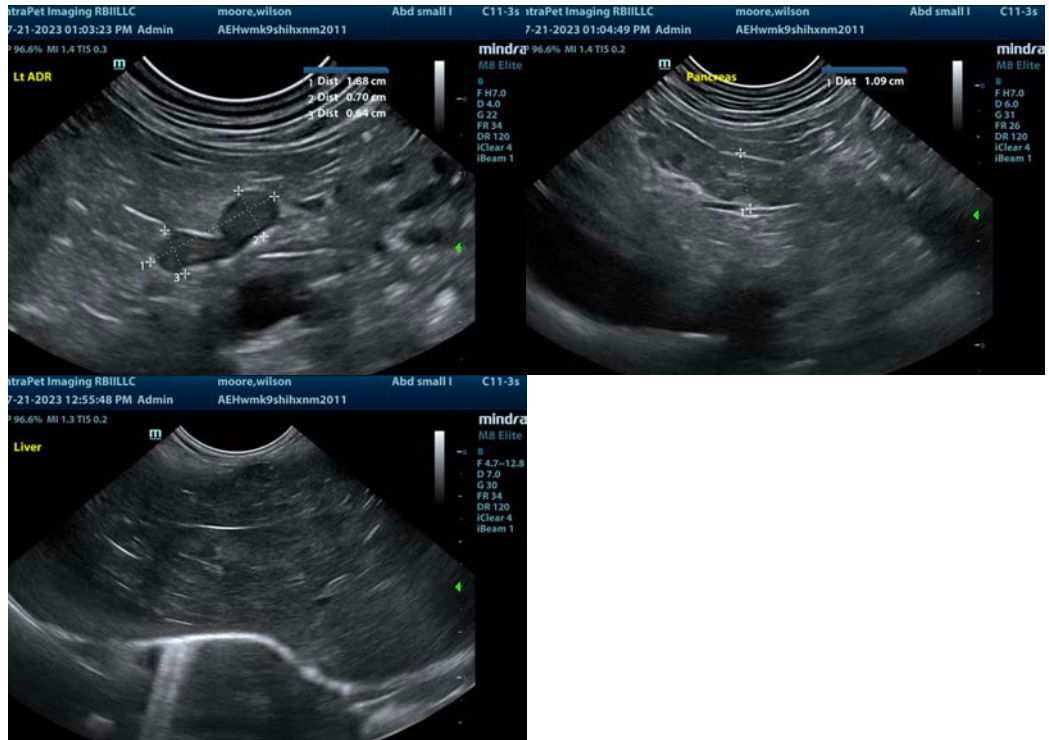
ULTRASONOGRAPHIC FINDINGS

- Minor degenerative renal changes
- Chronic pancreatic and hepatic changes
- Excessive gallbladder debris
- Splenic lipgranulomatous type nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy warranted from a proactive standpoint. Acute causes of azotemia such as Leptospirosis, UTI, pyelonephritis, toxin insult, occult Addison's all potentials in this case.





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.

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