



PATIENT

Tula Bassett

SPECIES

Canine

BREED

Cattle Mix

SEX

Spayed female

AGE

13 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella

INVOICE

42981

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: Initially presented for ADR, vomiting, not eating. Elevated bun/creat/phos. No improvement with IVF on labwork but pet is eating. Current meds: Cerenia, Pepcid, Polytax, Benazepril, Gabapentin Bun 65, Creat 4.8, Phos 8.6 (after fluids x 2 days), UPC 2.1, USG 1.014, BP 140

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** 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. Occasional cortical cysts were noted. The left kidney measured 5.84 cm with slight pyelectasia. The right kidney measured 6.41 cm with pyelectasia.

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 right adrenal gland measured 2.27 x 0.96 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 1.96 x 0.67 cm at the cranial pole and 0.68 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 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.



PATIENT	<i>Gastrointestinal</i>
Tula Bassett	Shadowing material noted in the stomach , yet no evidence of obstruction. The upper duodenum was mildly spastic owing to regional pancreatitis and secondary inflammation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.
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INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Eric Lindquist, DMV DABVP, Cert. IVUSS	Moderate degenerative renal changes with pyelectasia. Chronic active pancreatitis presentation. Spastic upper duodenum. Shadowing material in the stomach, yet no evidence of obstruction. Reactive mesentery.
IMAGING PERFORMED BY	
Shari Reffi, CVT	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Basking Ridge AH	Urinary workup for urinary tract infection is warranted if not already performed. Ultrasound-guided FNA of the pancreas can be considered to assess for inflammatory cell type. I recommend aggressive pancreatitis protocol over the next 48-72 hours. There is a mild potential for pancreatic carcinoma or lymphoma, yet this is unlikely. If free fluid is accessible with ultrasound-guided measures, then focal abdominocentesis, cytospin and culture is indicated. A recheck sonogram is recommended in 72 hours prior to discharge to ensure adequate resolution. Plasma expanders, pain management and broad spectrum antibiotics are all indicated as well as GI protectants. Deep subxiphoid in the area of the right and left pancreatic limb are recommended to assess for discomfort and this can be gauged as therapy progresses. Pre renal and renal influence upon the azotemia is likely playing a role. Leptospirosis titers are warranted. Coverage for UTI is indicated owing to possible washout issues with the isosthenuria. Blood pressure measurements are indicated. Subjectively the kidneys appear 50-60% compromised. Toxin exposure should be considered.
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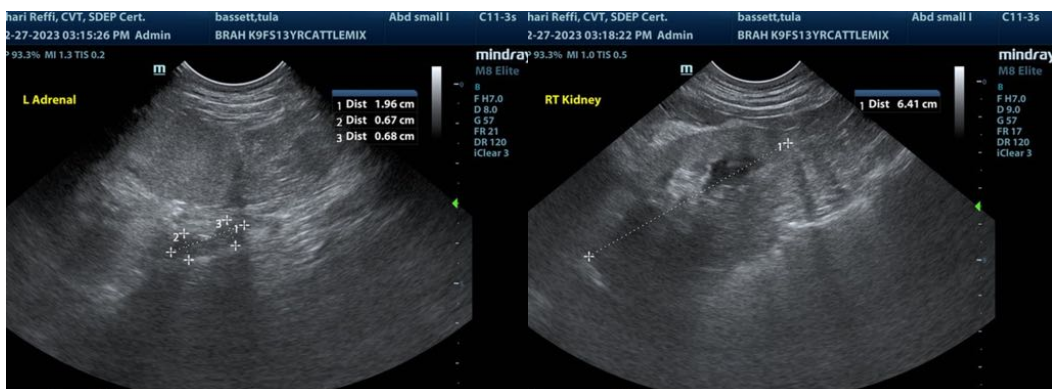
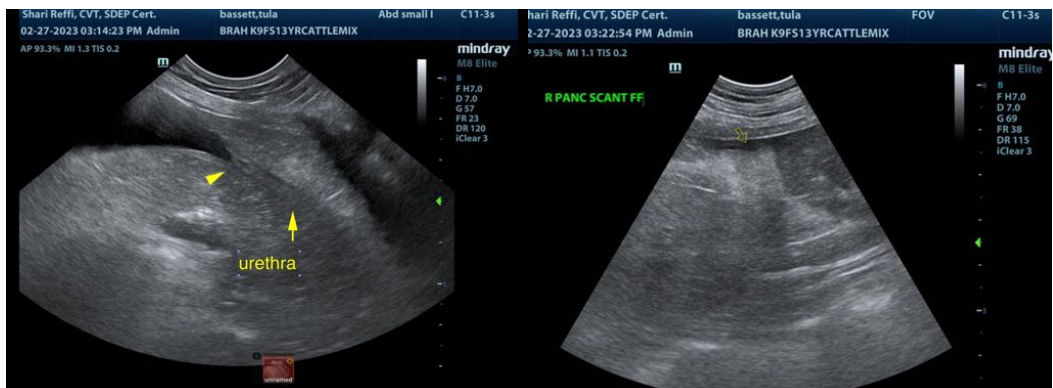
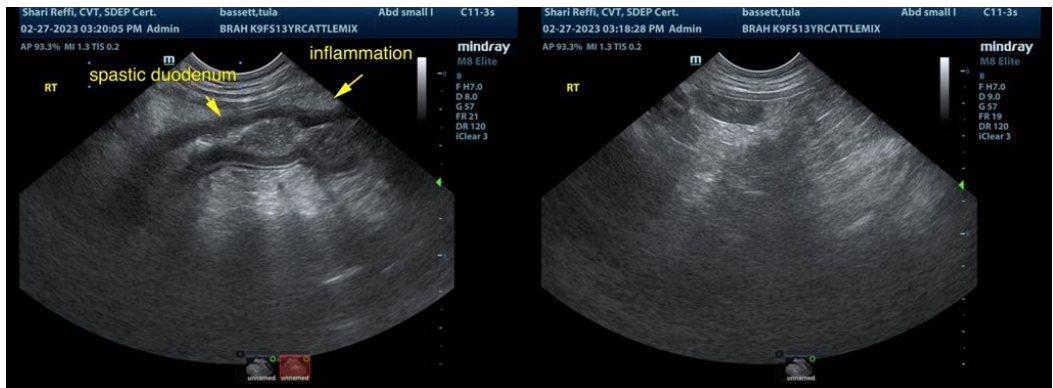
Dr. Rotella

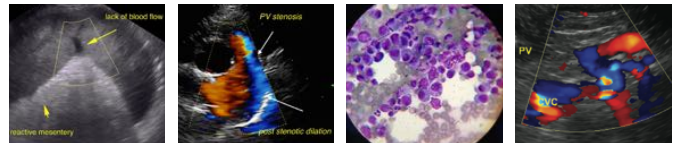
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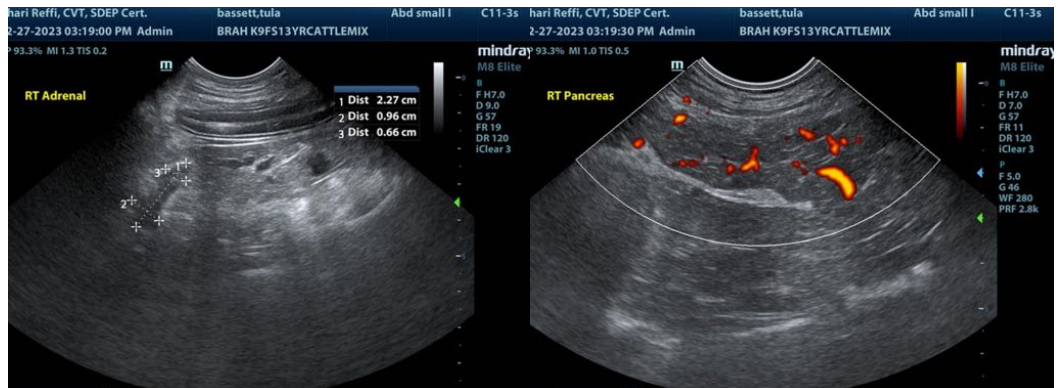
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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