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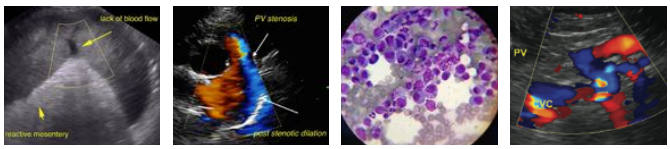
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rosie Germ

SPECIES
Canine

BREED
Poodle Mix

SEX
Spayed female

AGE
15 years

WEIGHT
15.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Animal Care Center of Flanders

REFERRING VET
Dr. Casulli

INVOICE
32740

DATE
9/6/22

PRESENTING CLINICAL SIGNS

History: ADR, decreased appetite, not eating normally for P. Painful cranial abdomen. Current meds: Vetmedin 2.5mg, Fluoxetine 10mg 1/2 T sid
Abnormal PE/Chem/CBC/UA Results: ALT 204, ALKP 998, BUN 78, CREAT 2.0, BUN/CREAT RAT. 39, MAGNESIUM 3.1, PREC. PSL. 197, PLT 512

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. Mild corticomedullary calculi were noted and were non-obstructive. The left kidney measured 3.85 cm. The right kidney measured 4.33 cm with a 0.5 cm anechoic cyst noted at the caudal cortex. Blood flow to the kidneys appeared to be subnormal.

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 1.53 x 0.77 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 1.5 x 0.48 cm at the cranial pole and 0.61 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** revealed multi-focal, hypoechoic nodular changes measuring up to 0.77 cm. The liver revealed diffuse, hyperechoic parenchymal remodeling. The gallbladder was unremarkable.

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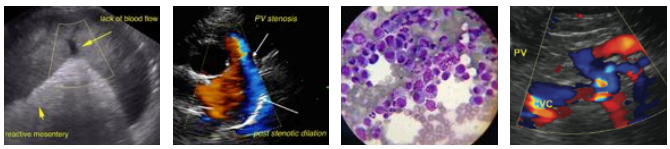

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Gastrointestinal

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. 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.

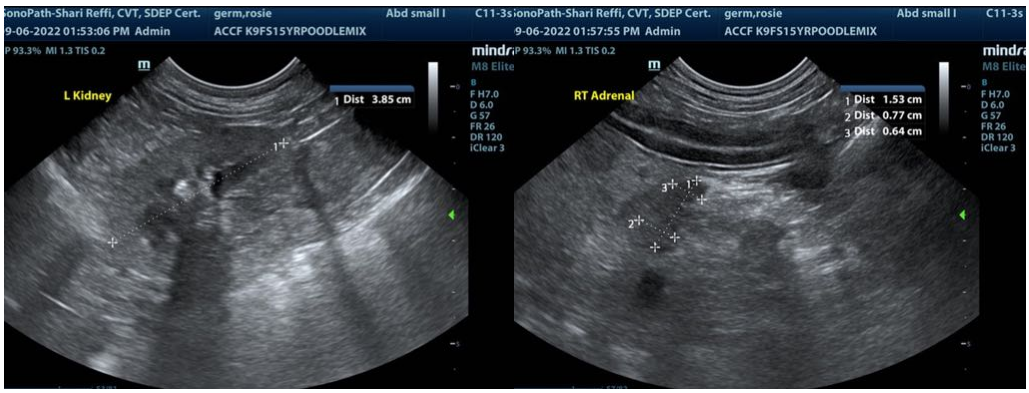
ULTRASONOGRAPHIC FINDINGS

Geriatric abdominal changes with hepatic remodeling and nodular hyperplasia pattern. No evidence of neoplasia.

Moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol and blood pressure measurements are indicated. If any inflammatory sediment is present in the urine then urine culture is indicated. Anorexia is likely owing to azotemia.



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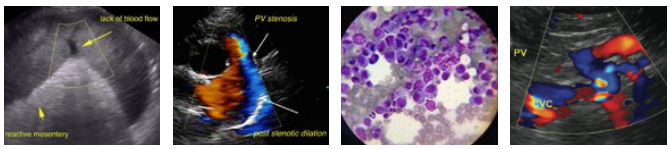

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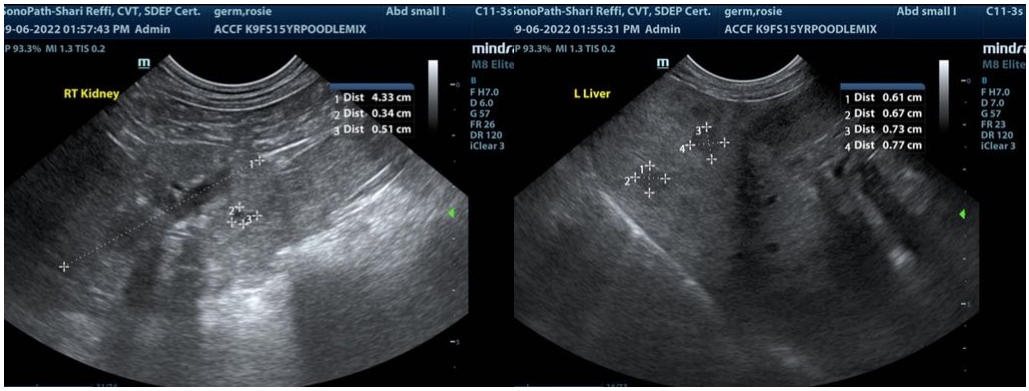

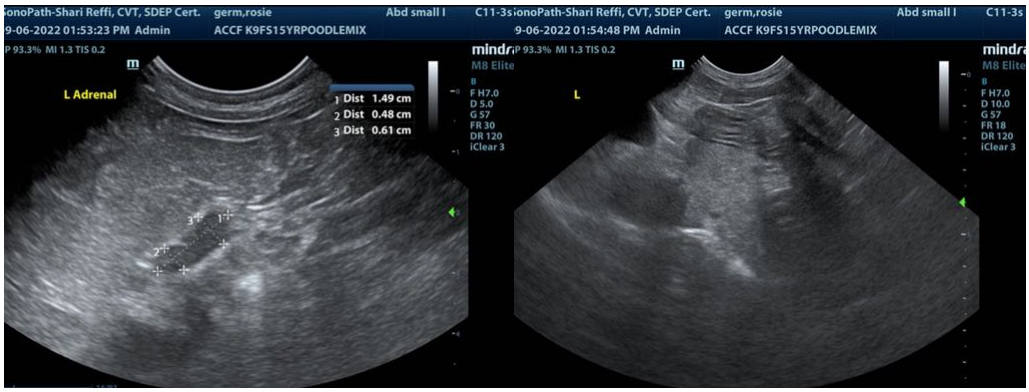

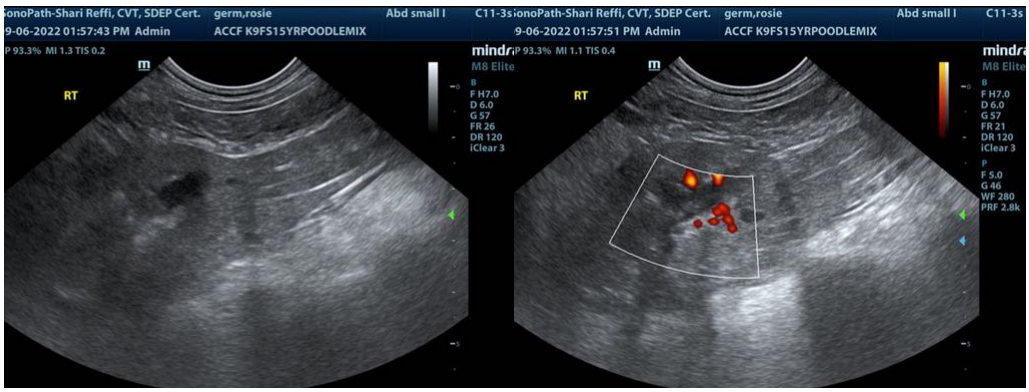

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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