



**PATIENT**

Ernie Juntunen

**SPECIES**

Canine

**BREED**

Rat Terrier X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

16 Pounds

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Clarity Imaging LLC

**REFERRING VET**

Dr. Diana Heisler

**INVOICE**

44416

**DATE**

1/20/23

**PRESENTING CLINICAL SIGNS**

Cyclical inappetence and vomiting for the past several months - occasional diarrhea. 2 days ago, started vomiting with frank blood. Started on cerenia, famotidine, and sucralfate.

Abnormal PE/Chem/CBC/UA Results: Known 5/6 heart murmur. BW on 1/19/23 revealed cbc and chem mostly WNL -- CRE slightly elevated at 1.6.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is only mildly distended with urine, though the cranial wall is thickened at 3.4 mm, with a slightly irregular mucosal margin.

While the right kidney measures more normal in size at 4.19 cm, the left kidney measures small at 3.55 cm. There are also suggestions on certain images, but there is mild pyelectasia of the left kidney measuring up to 1.54 mm. There is blurring of corticomedullary distinction of both kidneys, although it is still present. The corticomedullary junction also looks mildly hyperechoic, and the medullary contours of both kidneys look irregular and abnormal. The overall contour and capsule of both kidneys is normal.

**Adrenal Glands**

While neither adrenal gland was discretely seen, the area of both adrenal glands did not show any pathology or abnormalities.

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The stomach wall measures normal, but the stomach contains a moderate amount of ingesta. The measurement at the outflow tract measures at the upper limits of normal at 4.99 mm, and the wall is diffusely hypoechoic with some blurring of layers. There is hyperechoic fat surrounding the stomach.

The intestines are diffusely mildly thickened. Some section of jejunum measure up to 4.6 mm with slight loss of mucosal layering and subjectively thicker muscularis layer, with certain sections of bowel containing ingesta. Certain loops of bowel are seen to have mucosal speckling with more prominent blurring of the mucosal layer.



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***Pancreas***

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

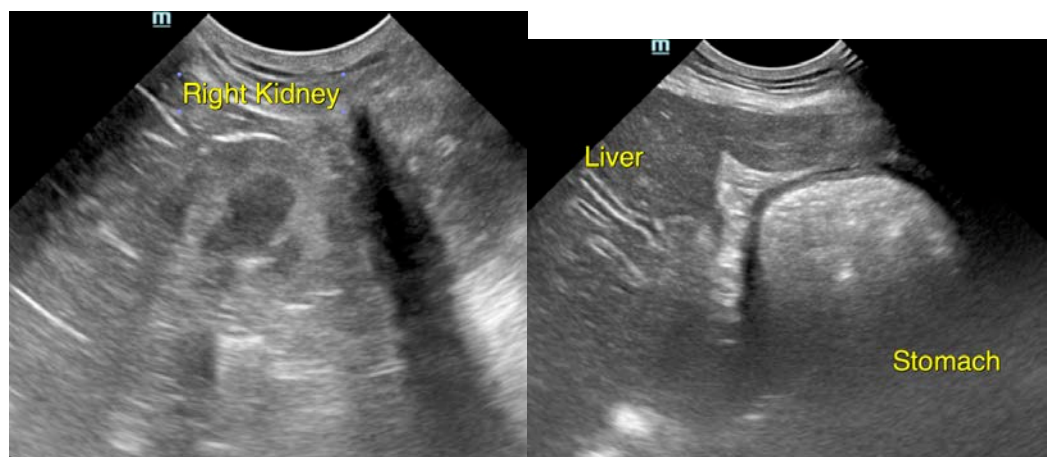
**ULTRASONOGRAPHIC FINDINGS**

- Moderate gastroenteritis with both acute and chronic changes
- Chronic renal changes with evidence of cystitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes to the intestines are suggestive of a chronic enteropathy with concurrent acute enteritis and gastritis as well. Consider a GI panel, fecal testing/empiric deworming and/or diet trial with a novel protein, hypoallergenic or elemental diet. Continue to treat for gastroenteritis with antiemetics, antacid and sucralfate. If signs persist, consider intestinal biopsies (e.g., endoscopic versus surgical) versus empiric steroid trial.

The changes to the kidneys are suggestive of chronic kidney disease, though there is also evidence of mild pyelectasia on the left and mildly hyperechoic corticomedullary junction, and the medulla look irregular in both the left and right kidney, which could be consistent with chronic pyelonephritis. Consider urinalysis and urine culture to evaluate for this possibility and possible antibiotics if the patient is clinically responsive.





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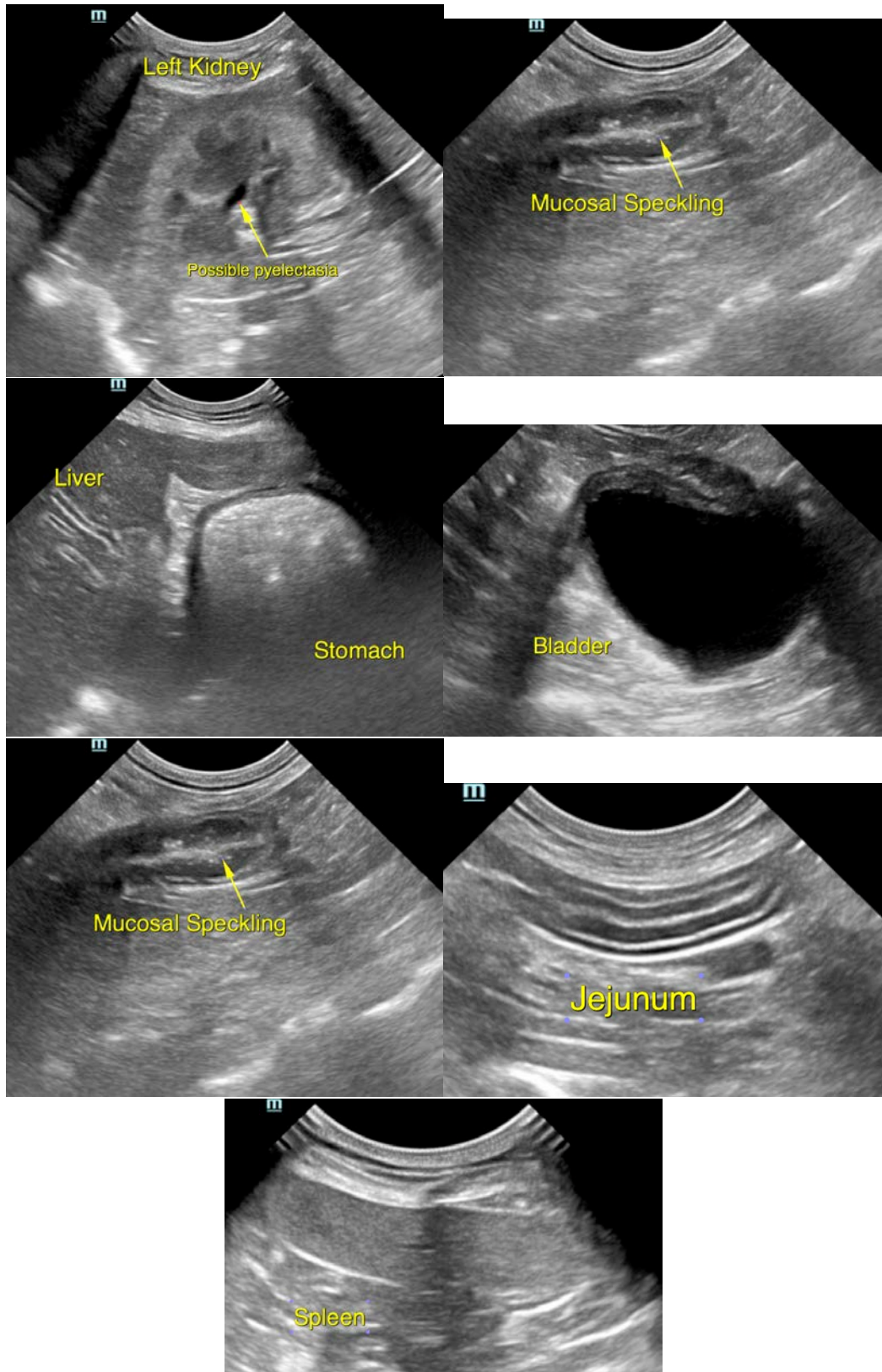
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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