



**PATIENT** **PRESENTING CLINICAL SIGNS**

Elmer Nixon

History: loose stool, inappetence, some coughing, improved with symptomatic care/metronidazole, not 100%  
Abnormal PE/Chem/CBC/UA Results: murmur, rads unremarkable, bloodwork nsf

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pekengese

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness. The mucosa of the bladder measures normal although along the dorsal surface and the apex of the bladder there was a very subtle mucosal irregularity and there was also a larger irregularity that looked polypoid. The bladder lumen is moderately distended with anechoic urine.

**SEX**

Neutered male

The kidneys appear similar to each other and measure slightly small. Both kidneys were slightly irregular in contour consistent with prior renal infarct. The left kidney measures 4.1 cm and the right kidney measures 4.0 cm. There is a moderate amount of pyelectasia within both kidneys. The left pyelectasia measured 0.46 cm and the right pyelectasia measured 0.37 cm. Both kidneys had a decrease in corticomedullary distinction. The left kidney had a renal cyst that measured 0.92 x 0.37 cm. There was no evidence of nephroliths, hydroureter or pelvic inflammation.

**AGE**

11 years

**WEIGHT**

18 lbs

**Adrenal Glands**

The left adrenal gland is not visualized well enough for measurement, yet the region of the left adrenal gland appeared normal.

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

The right adrenal gland is normal in size at 0.59 cm at the caudal pole and 0.73 cm in the cranial pole. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**IMAGING PERFORMED BY**

Dr. Grau

**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.

**HOSPITAL NAME**

Fredon AH

**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.

**REFERRING VET**

Dr. Grau

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The gallbladder lumen is mildly distended. There is a subtle, cystic mucosal change to the gallbladder, which had a large amount of anechoic bile. The cystic change to the gallbladder (scant) is likely cystic mucinous hyperplasia.

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2/16/23



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**Gastrointestinal Tract**

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. . No focal lesions observed.

The descending colon was empty. There was incompletely formed feces more ORAD. Otherwise, normal.

**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.

**Peritoneum**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

1. Chronic degenerative renal changes with moderate pyelectasia, possible pyelonephritis.
2. Cystitis versus subtle polypoid mucosal changes to the urinary bladder.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes to the urinary tract are the most significant. There is evidence of chronic kidney disease, but both kidneys display a moderate amount of pyelectasia, more than would be expected for polyuria or fluid therapy. Consider urinalysis and culture for possible pyelonephritis.

The intestinal tract was largely boring and the distal portion of the colon was empty with incompletely formed feces more ORAD. If stools continue to be soft consider increased dietary fiber or a diet trial with a gastrointestinal diet, higher fiber diet or hydrolyzed/novel protein diet if chronic symptoms occur.



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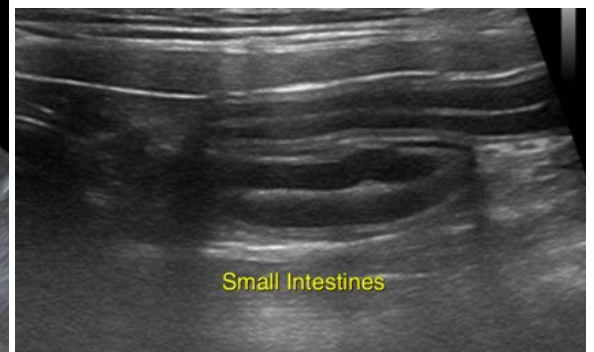
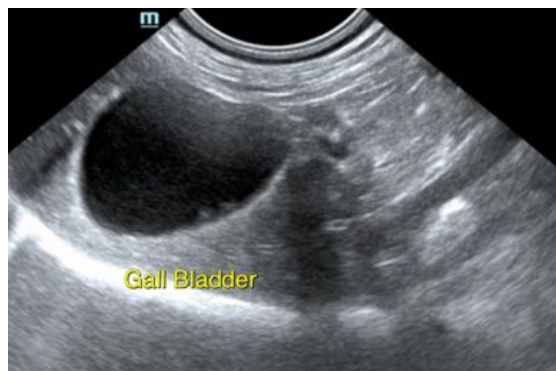
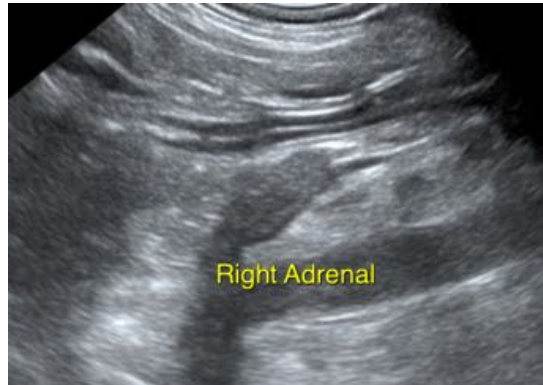
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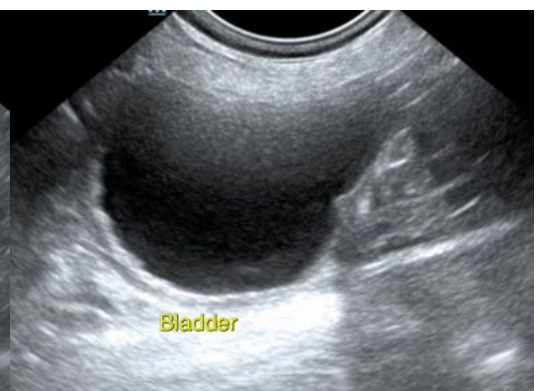
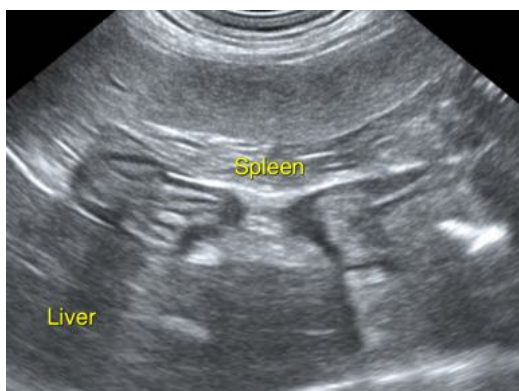
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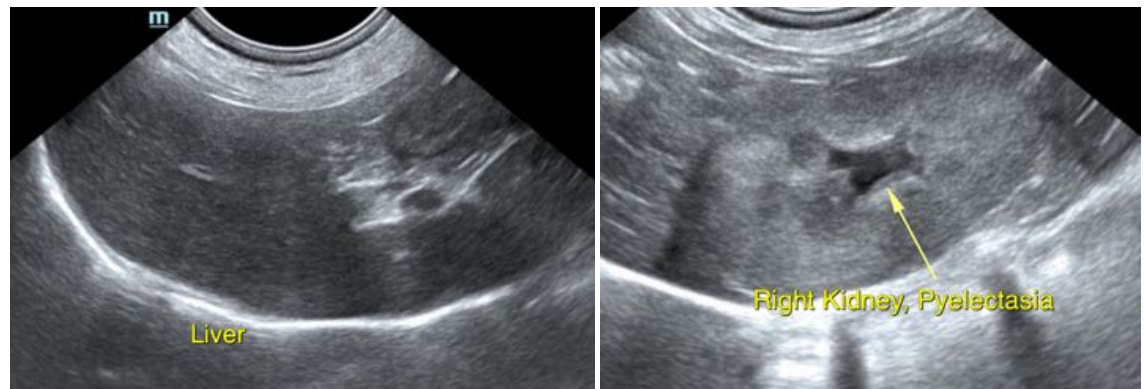
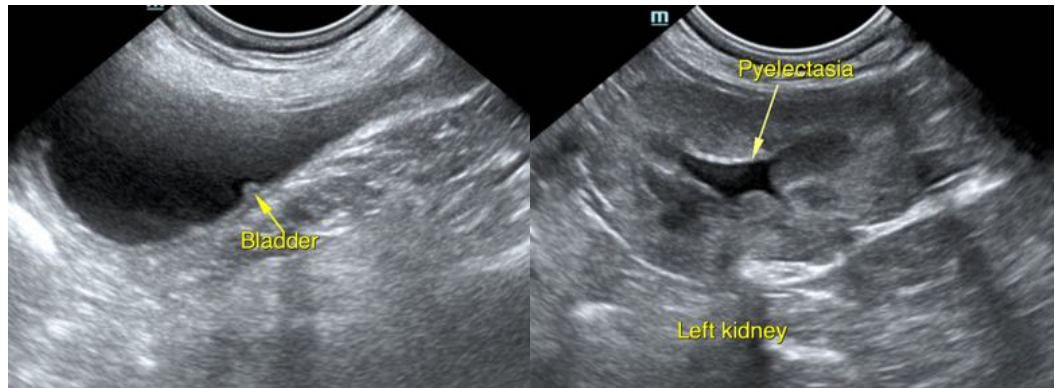
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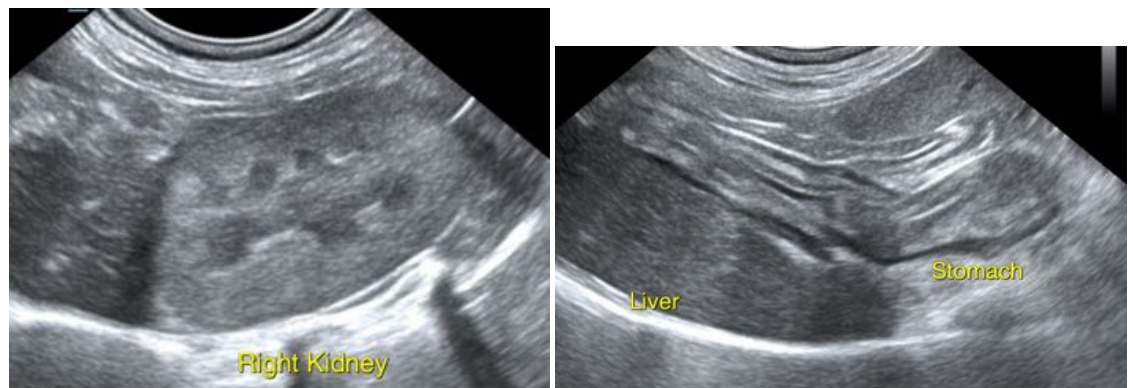
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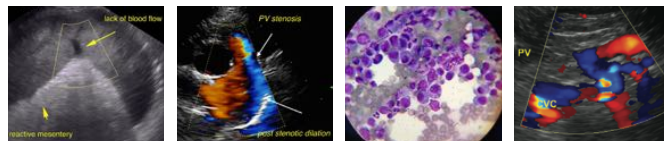
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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