



PATIENT

Tinsel Messina

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

5 yrs

WEIGHT

7.80 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Marti Williams

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Marsha McCarthy

INVOICE

15104

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Tinsel presented to us on 9/20/22 for routine exam. Owner mentioned that she drinks excessively, but no evidence of urinary accidents at home. Intermittent cough. Housemate was recently diagnosed with Lyme disease. BW was requested on both dogs and revealed mild azotemia (Creat= 2.6/ BUN= 5.3). UA= pH is 9.0 and there are large numbers of Struvite crystals. Presented today for a recheck of BW and UA + Urine culture. PE= no significant changes except for weight loss. Attempted cystocentesis. Concern for intra-abdominal bleed post cystocentesis. PCV/TS= 48/ 5.4. Repeat BW results are not available yet at this time. Aspirate of abdominal fluid from around the tubular soft tissue density caudal to right kidney- non-clotting blood

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention. No overt evidence of neoplastic criteria was noted. Minimal anechoic urine was present without overt evidence of sediment or calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Overtly normal size was noted in the kidneys, given the patient breed and body size. Areas of mild capsule asymmetry were noted. Cortical hypertrophy exhibiting nonuniform cortex echogenicity including pinpoint hyperechoic cortical foci, which may indicate pinpoint areas of microinfarction, fibrosis, or mineralization, was noted. Marked loss of corticomedullary border demarcation was present in the kidneys with decreased medullary volume. Both kidneys exhibited mild pyelectasia. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No overt evidence of masses or neoplastic criteria was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent, mildly echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta, likely suggestive of recent meal ingestion unless documented NPO.

SPECIES

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mildly decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

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The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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7.80 lbs.

Free Abdomen

Mild volume peritoneal free fluid with subjective propagating uniform soft tissue structure appearing to extend from the area of the caudal right kidney caudally to the approximately level of the urinary bladder or iliac trifurcation was present, measuring potentially 4.0-5.0 cm in diameter. Associated regional hyperechoic mesentery was present. No overt lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral chronic nephropathy exhibiting mild pyelectasia - renal dysplasia, potential for nonspecific nephritis, kidney renal changes are suggestive of moderate to possibly progressive severe nephropathy
- Intraabdominal free fluid with mid to caudal abdominal uniform soft tissue structure - suspect propagating clot
- Mild heterogeneous spleen - no evidence of neoplastic criteria
- Gastric ingesta
- Intact small bowel wall layering exhibiting minor segmental ileus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Primary renal disease is probable in addition to high suspicion for intraabdominal bleeding and secondary propagating blood clot.

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Blood transfusion is advised if evidence of decreasing hematocrit levels and/or based on the clinical impression of the patient. Assessment for evidence of shock, clotting profile to assess for the possibility of underlying separate coagulopathy, +/- exploratory laparotomy if clinically Indicated, is recommended.



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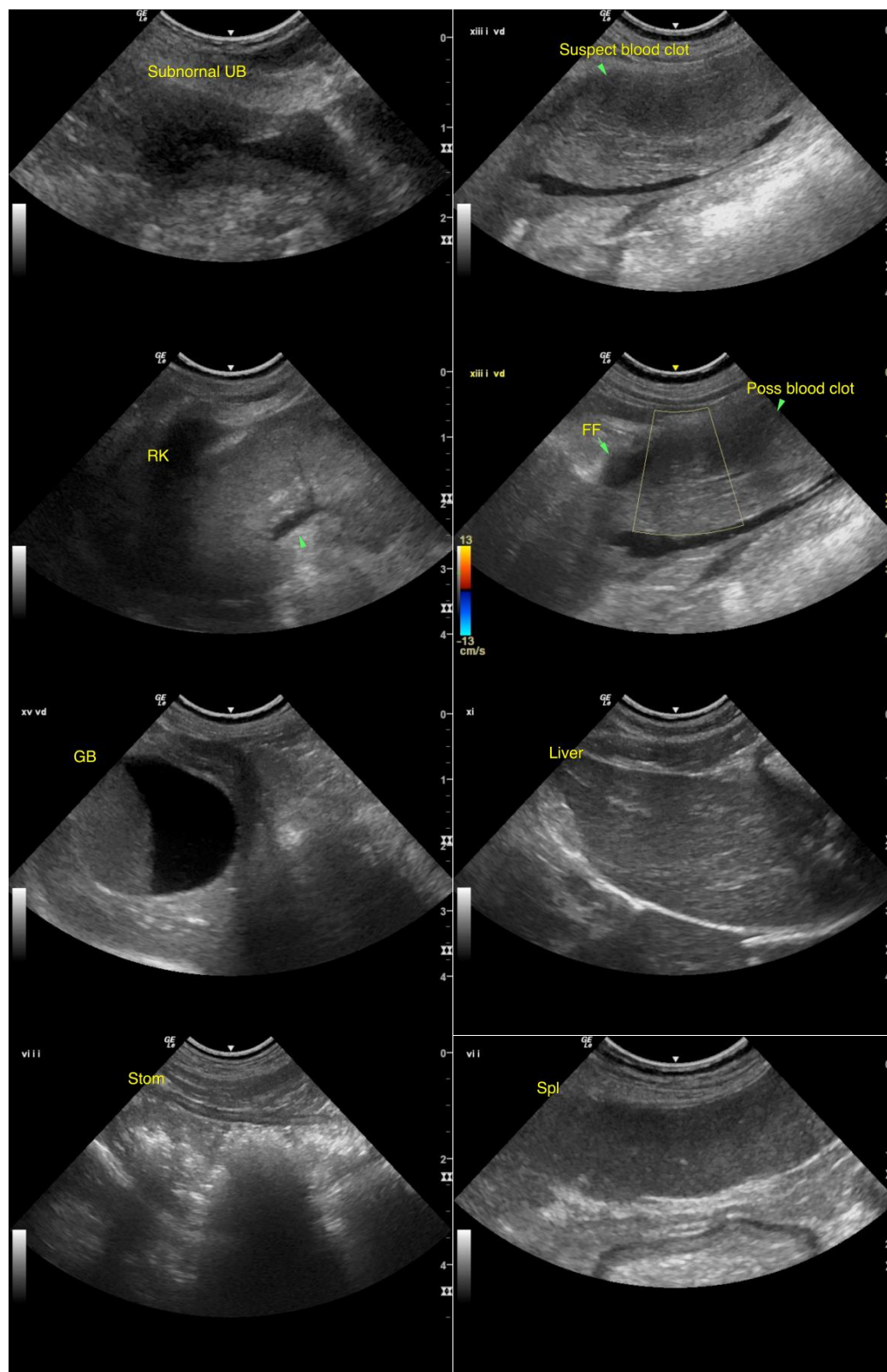
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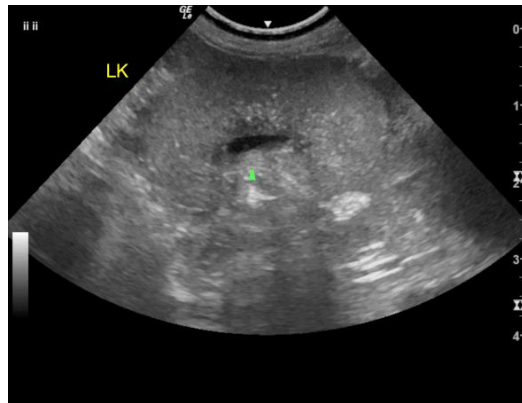
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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