



PATIENT

Maggie Jackson

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

14yr

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Douglass

HOSPITAL NAME

Mt. Yonah Animal
Hospital

REFERRING VET

Dr. Douglass

INVOICE

12349ag

DATE

12/01/2022

PRESENTING CLINICAL SIGNS

Patient has a history of acid reflux and vomiting. Early history of renal disease 1.5 years ago

Abnormal PE/Chem/CBC/UA Results: BUN 36 all other wnl. renal values have improved

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild pyelectasia was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.2 cm in length

AGE The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were subjectively normal in size, position and shape. The left adrenal gland measured 0.36 cm width at the caudal pole. The right adrenal gland measured 0.36 cm width at the caudal pole.

Spleen

The spleen exhibited normal size with subtle parenchyma heterogeneity. Intermittent variably echogenic non-disruptive nodules were present in the cranial spleen, an example measuring 0.4 cm in diameter. 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.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and minor echogenic non-dependent debris, considered incidental given no evidence of cholestasis. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Subtle prominent wall layering noted in the area of the gastric antrum and pylorus. The lumen of the stomach was moderately distended with retained non-shadowing chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.35 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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



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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. Potential discrete hypoechoic left limb nodules were present.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Moderate chronic renal changes with mild pyelectasia
- Mild chronic gastritis pattern with gastric hypomotility
- Sonographically unremarkable small bowel
- Minor hepatic parenchyma remodeling-benign
- Heterogeneous discretely nodular left pancreas-likely age related with possible areas of minor hyperplasia, potential for low-grade or chronic pancreatitis possible
- Benign splenic nodules- suggestive of areas of hyperplasia, hematopoiesis, small hematomas, myelolipoma or similar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Gastric protectant protocol with omeprazole 1 mg/kg PO SID over the next 3 weeks with a novel protein or hydrolyzed diet trial with slurry feeding BID/TID and progression to canned diet BID may prove beneficial. Avoidance of dry food over the next 4 weeks is recommended. Empirical coverage for helicobacter could be considered.

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Upper GI endoscopy is likely required for a definitive assessment, no evidence of mechanical pyloric obstructive pathologic was noted. A spec cPL could be considered to assess for evidence of chronic pancreatitis as a contributing factor.

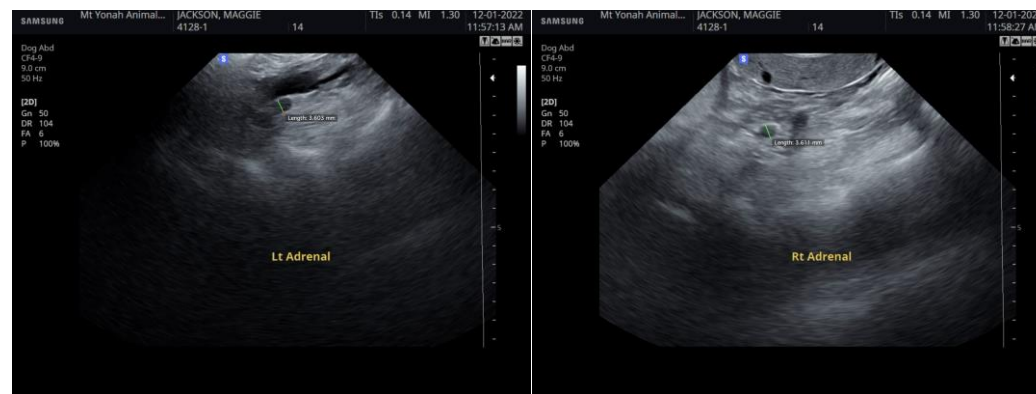
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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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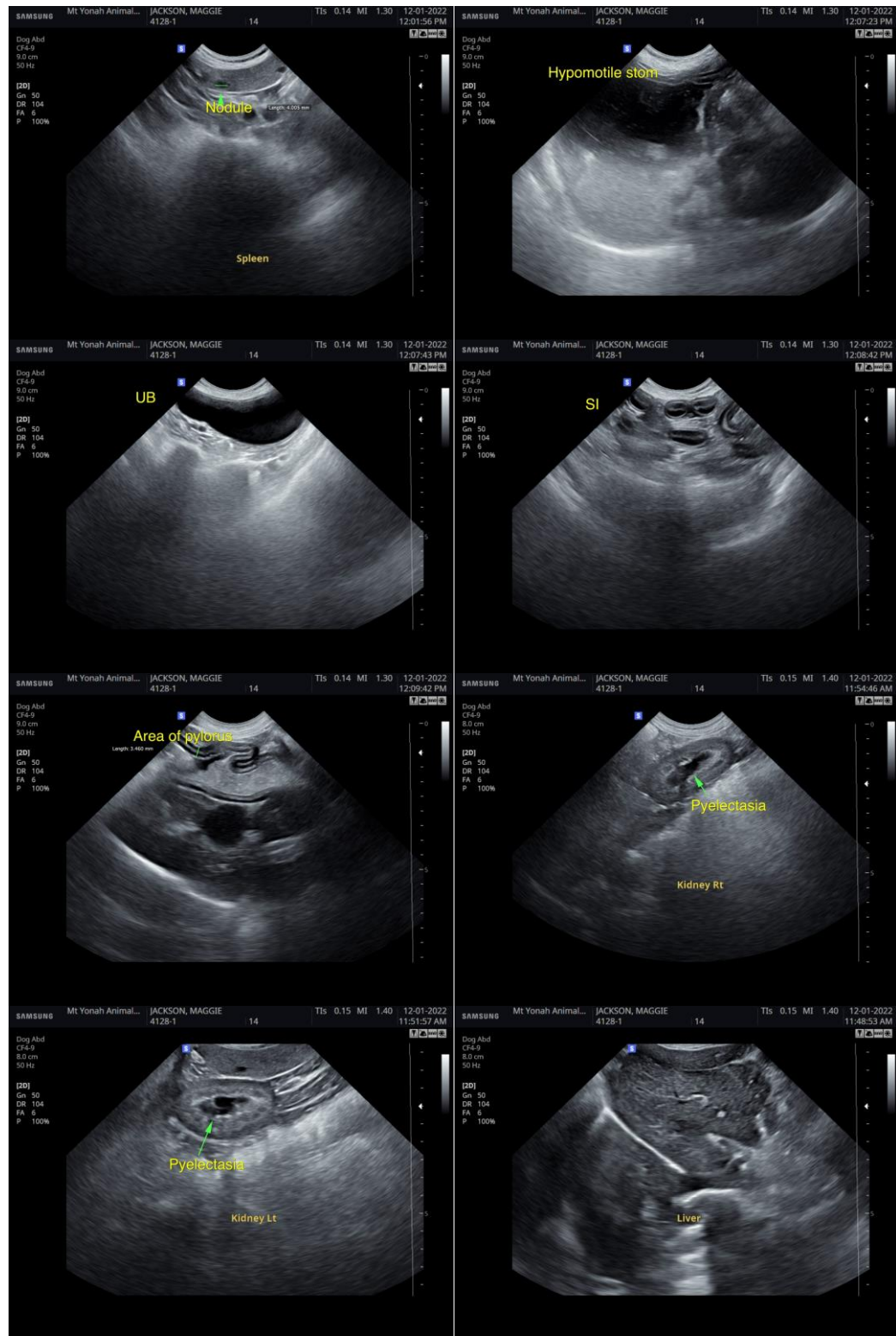
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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