



PATIENT

Max Reiner

SPECIES

Canine

BREED

Puggle

SEX

MN

AGE

14yr

WEIGHT

15.03kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Taylor Frownfelter

INVOICE

23340

DATE

PRESENTING CLINICAL SIGNS

Anorexia for 5 days; refuses usual foods and treats. Owner reports shaking consistent with pain; prior response to gabapentin and tramadol not effective this episode. Drank approximately 6–8 oz water intermittently; urinated today. Reported mild diarrhea with mucus per prior advice. Recent ER visit with radiographs and ultrasound; bladder tap performed; advised IV fluids and hospitalization, owner declined

Abnormal PE/Chem/CBC/UA Results: Abdominal: Palpation elicited discomfort. Nervous system: Trembling observed in exam room. Additional Notes: Nauseated appearance noted during exam. CBC: WBC 16.89 (H), Neut 13.96 (H), Mono 1.28 (H) Chem: Creat 2.5 (H), BUN 41 (H) EPOC: Creat 2.46 (H), BUN 35 (H) QpL: 124 (WNL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate dependent lumen accumulated mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral areas of medullary mineral to small renoliths were present. Mild bilateral pyelectasia was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was enlarged at the caudal pole with normal contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole.

The right adrenal gland was borderline enlarged at the caudal pole with normal contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

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Gastrointestinal

The stomach presented normal to borderline prominent stomach wall width. The stomach was primarily empty with mild lumen gas and mild retained pyloric fluid.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild increased 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.

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Dependent urinary bladder lumen mineral /calculi
- Chronic renal changes exhibiting renolithiasis and mild pyelectasia
- Non-specific borderline/ mild bilateral adrenomegaly.
- Immature to early mature gallbladder mucocele
- Non-specific gastroenteritis pattern exhibiting mild gastric and segmental intestinal non-obstructive ileus
- Remodeled pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of mechanical gastrointestinal obstruction i.e. foreign material, mural pathology or evidence of active pancreatitis. Abdominal discomfort on palpation may be secondary to gastrointestinal tract, chronic or possible chronic active pancreatitis or secondary to gallbladder discomfort. Serial monitoring of liver parameters going forward is advised with as needed sonographic reassessment of the gallbladder.

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Gastrointestinal support with clinical monitoring is indicated. A full urinary workup including UA +/- C/S or UPC level if non-inflammatory proteinuria is present is recommended.

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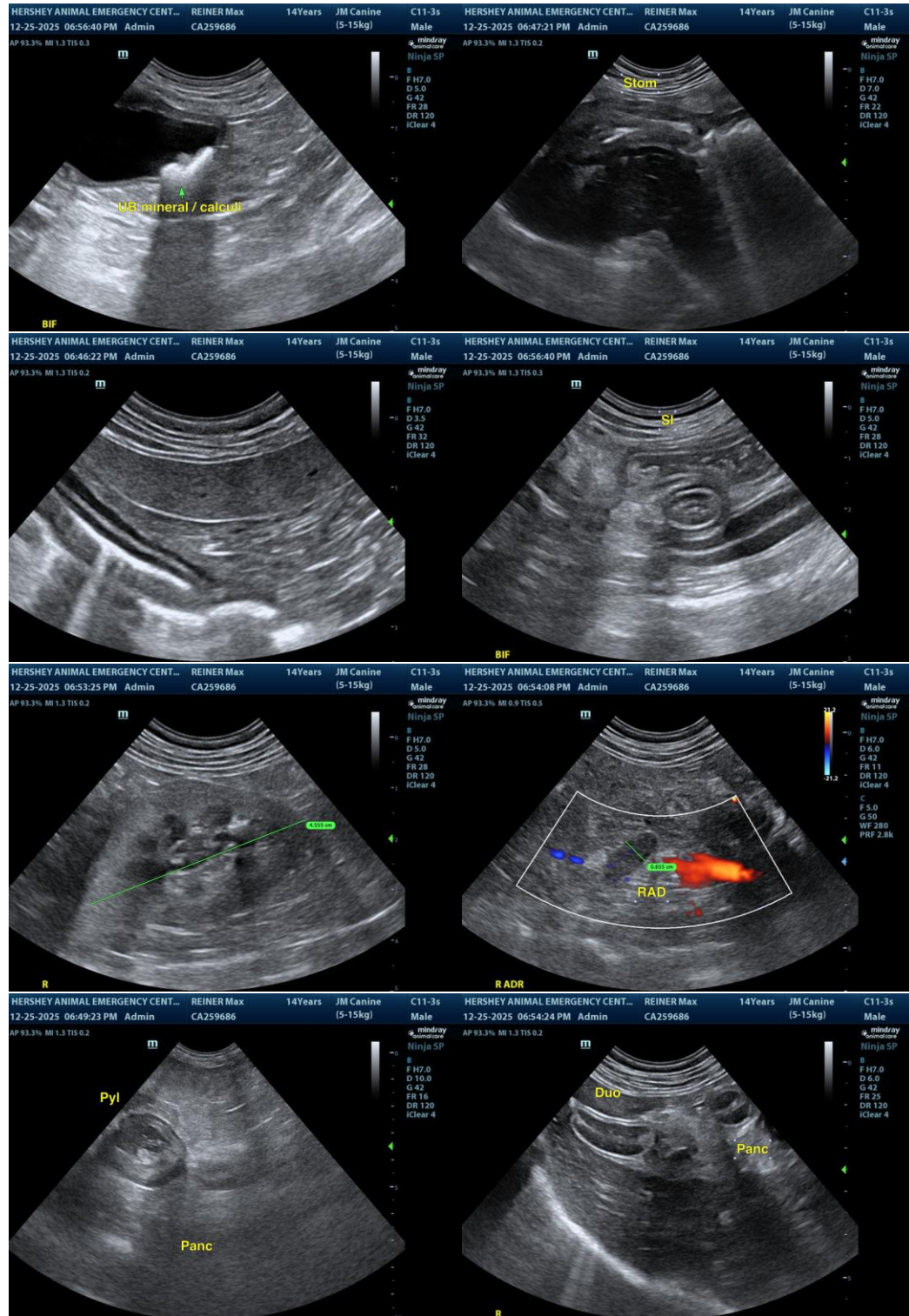
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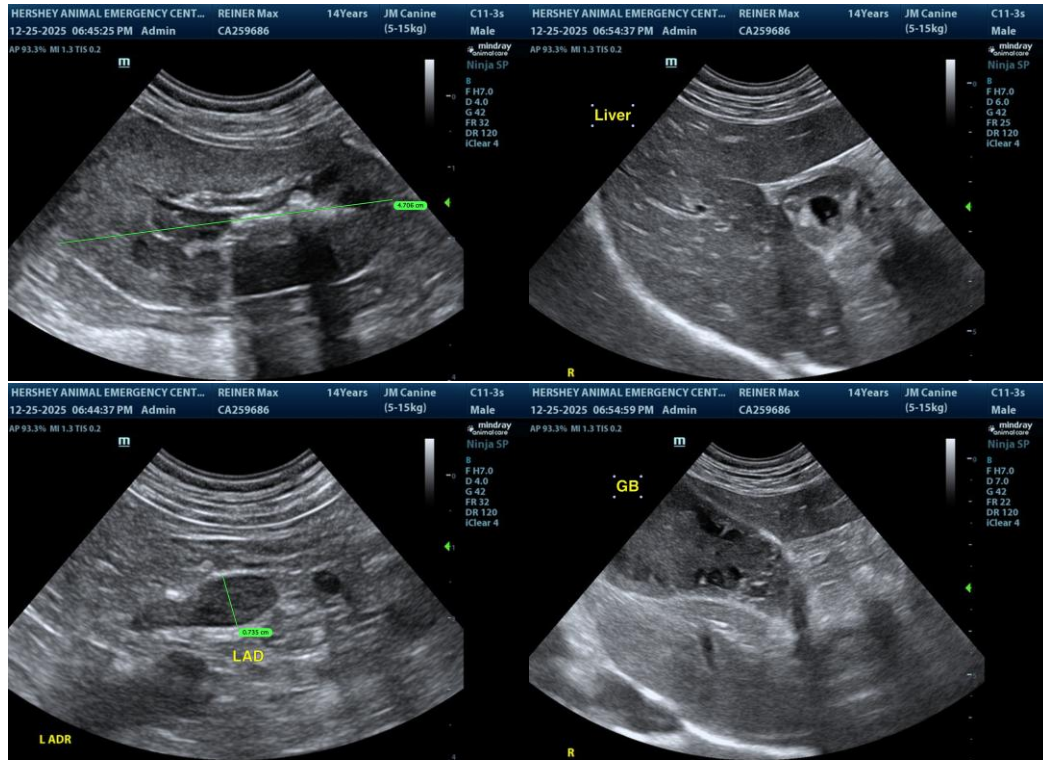
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com