



PATIENT PRESENTING CLINICAL SIGNS

Holly Zychlinski Chronic degenerative valvular disease, proteinuria, IBD, pancreatitis Enalapril 2.5, Cerenia, Hill's i/d
 Urinalysis specific gravity 1.034, 2+protein, UPC 0.5

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder was subnormal in size owing to a lack of urine distention. Mildly prominent urinary bladder walls were noted, yet full evaluation of the urinary bladder was limited owing to lack of urine distention. Mild anechoic urine was present with no sediment or calculi. Subtle asymmetrical luminal surface contour was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

Pomeranian Mix

SEX FS The area of the aortic trifurcation was free of pathology.

AGE 2009 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Subtle cortical hypertrophy exhibiting uniform cortex echogenicity was noted. No pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT 11.4 **Adrenal Glands**

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT **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.

HOSPITAL NAME Community VP **Liver/ Gallbladder**

REFERRING VET Dr. Hulshizer 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 without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic content containing nondependent, nonorganized debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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DATE 6/16/22



PATIENT *Gastrointestinal*

Holly Zychlinski The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES The small intestine presented intact yet prominent wall layering owing to propensity for mildly prominent segmental to generalized muscularis layer. No evidence of loss of intestinal wall layering was noted.
 Canine

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

Pomeranian Mix **Pancreas**

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

FS **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

- 2009
- Nonspecific chronic renal changes
 - Mild gallbladder debris - incidental
 - Prominent yet intact small intestinal wall layering
 - Mild heterogeneous pancreas

WEIGHT
 11.4

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small Intestine exhibited intact to mildly thickened wall layering which may be a normal patient variant but suggestive of an inflammatory process, i.e., inflammatory bowel disease. No evidence of active pancreatic inflammation, although concurrent low-grade to chronic pancreatitis is certainly possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Assessment of renal parameters is suggested if not recently done. If no evidence of current azotemia with UPC level (<2.0), serial sonographic monitoring of UPC would be reasonable. However, if previously documented UPC (>2.0), continued Enalapril and monitoring of systemic blood pressure would be appropriate.

HOSPITAL NAME

Community VP

REFERRING VET

Dr. Hulshizer

Hydrolyzed diet trial, as-needed gastrointestinal support depending on gastrointestinal signs present, may prove beneficial.

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