



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Abby Eby Presented to rDVM yesterday for inappetence and vomiting and coughing. Nasal discharge, tartar, abdominal pain noted on exam. . Other Medical history of pancreatitis, and aspiration pneumonia. Normal CXR yesterday. Outpatient treatment with SQ fluids, sent home with Clavamox

SPECIES Canine Abnormal PE/Chem/CBC/UA Results: PE dehydrated, lethargic, intermittent cough, harsh lung sounds but no crackles. No obvious murmur. Abdominal pain on palpation rDVM .abs 8/30 - BUN 190, CREA 9.1, Ca 11.6, MG 3.4 pSL 164, HCT 34%, stress leukogram. _ Today labs EPOC = pH 7.156, BE - 19.3, bicarb 9.5 mmol/L (metabolic acidosis), BUN > 120, CREA 8.58 UA in house = 1.010, quiet sediment. Urine culture to ANTECH - pending

BREED

Dachshund

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX Spayed Female The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

AGE

12 Years

The kidneys were normal in size with minor asymmetrical margination. Uniform increased cortex echogenicity was noted with maintained 1:3 cortex/medulla ratio and normal medullary volume. Both kidneys exhibited scan pyelectasia. The right kidney measured 4.8 cm. The left kidney measured 4.4 cm.

WEIGHT

18 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measured 0.70 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Kalenius

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

HOSPITAL NAME

Willamette VH

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Kalenius

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow. Gastric body wall measured 0.36 cm.

INVOICE

25084

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. Duodenum wall measured 0.50 cm.

DATE

8/31/21

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



PATIENT

Pancreas

Abby Eby

The parenchyma of the pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SPECIES

Canine

Free Abdomen

BREED

Dachshund

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Bilateral non-specific nephrosis with minor pyelectasia
- Shadowing gastric ingesta/echo – suggestive of potential hairball density or similar material
- Chronic pancreatitis

SEX

Spayed Female

SECONDARY FINDINGS

- Minor gallbladder debris (non-mucocele)

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

18 Pounds

The appearance of the bilateral kidneys was most consistent with chronic nephropathy as opposed to acute kidney injury or insult. However, the possibility of acute on chronic renal insult may be possible. Chronic renal disease, interstitial nephritis or other possible.

INTERPRETED BY

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

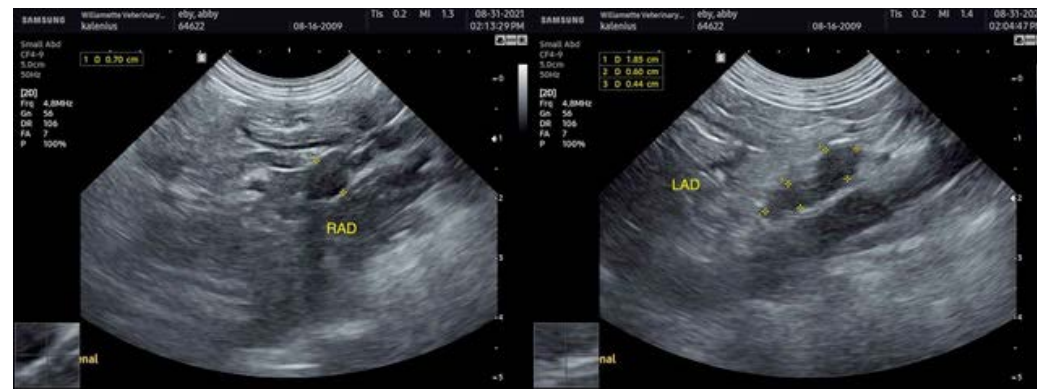
Given the presence of azotemia in light of decreased USG, hospitalization with diuresis protocol and gastroprotectants recommended. Sonographic monitoring of the stomach for evidence of gastric emptying or persistent shadowing ingesta would be ideal. If persistent shadowing gastric ingesta suggestive of hair or similar material remains, and assuming stabilized renal parameters, upper gastrointestinal endoscopy for further clarification +/- laparotomy with expectation towards gastrotomy may be indicated in this patient. Pending urine culture, Leptospirosis titers/PCR may be considered. Guarded prognosis is warranted given the degree of azotemia and pending response to diuresis protocol.

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REFERRING VET

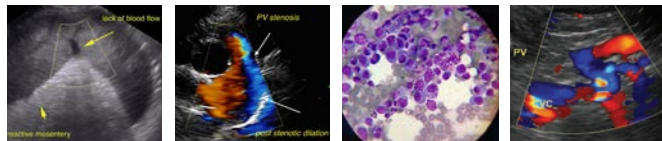
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PATIENT

Abby Eby

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

SPECIES

Canine

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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