



PATIENT PRESENTING CLINICAL SIGNS

Hershey Scully History: Anorexia past 7 days with intermittent vomiting.
Physical Examination: N/A.

SPECIES Urinalysis: N/A.

Canine CBC: Microcytic anemia.

BREED Serum Biochemistry: Azotemia, elevated phosphate, amylase, and sodium.
Labrador Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Female **Urinary System**

AGE Full urinary bladder with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal thickness and appearance. Normal anechoic urine with no sediment or uroliths evident.
11 years

WEIGHT Normal trigone area, proximal urethra, and iliac blood vessels.
49.8 # Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Remo Lobetti, BVSc,
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ECVIM

Normal renal size with increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia, and normal capsule.

Reproductive System

Cystic structure (2.4 cm) in the region of the left ovary.

IMAGING PERFORMED BY

Dr Paul Kim

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 1.46 x 0.49 cm, right 2.54 x 0.51 cm.

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Hospital

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET

Dr Paul Kim

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

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Gall bladder

DATE

4/10/23

Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



PATIENT *Gastrointestinal*

Hershey Scully Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness, and no distension of the lumen. Segmental thickening of the stomach (1 cm) with no loss of layering and containing a small amount of fluid.

SPECIES

Canine

Pancreas

Normal size (left 0.7 cm, right 1.7 cm) with a hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Labrador

Free Abdomen

No mesenteric lymphadenomegaly.
Small amount of acellular ascites evident.

SEX

Female

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renal disease.
- Chronic pancreatitis vs fibrosis.
- Cystitis.
- Gastritis.

WEIGHT

49.8 #

Secondary Findings:

- Gall bladder sediment.
- Cystic ovary?
- Ascites.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the kidneys would be acute-on-chronic kidney disease, bacterial nephritis, pyelonephritis, leptospirosis.

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Etiologies for the urinary bladder would be bacterial cystitis and emerging neoplasia.

Etiologies for the stomach would be uremic, ulcerative, granulomatous, and *Helicobacter* gastritis.

REFERRING VET

Dr Paul Kim

The gall bladder sediment is most likely an incidental finding but monitoring for the development of a mucocele would be recommended.

Further assessment would be urinalysis, urine culture, BRAF assay, UPC (if sediment, culture, and BRAF assay negative), blood pressure, cPL/PSL assay, and *Leptospira* serology/PCR.

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Specific therapy would be dependent on an etiological diagnosis. Initial management would be fluid therapy, gastric protectants (sucralfate, omeprazole), and anti-emetics.

DATE

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PATIENT

Hershey Scully

IMAGES

Left kidney

SPECIES

Canine

BREED

Labrador

SEX

Female

AGE

11 years

WEIGHT

49.8 #



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Urinary bladder

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PATIENT Pancreas

Hershey Scully

SPECIES

Canine

BREED

Labrador

SEX

Female

AGE

11 years

WEIGHT

49.8 #



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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.

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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