



PATIENT

Xena Zingariello

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

AGE

12 years

WEIGHT

4 #

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
Animal Hospital

REFERRING VET

Dr Boazman

INVOICE

302934

DATE

4/29/22

PRESENTING CLINICAL SIGNS

History: Anorexia and vomiting.

Physical Examination: Lethargy and weight loss.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Azotemia, hyperphosphatemia.

Radiographic Findings: Bilateral nephrolithiasis/nephrocalcinosis, hypovolemia, fluid-filled stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment evident. Small urolith (0.3 cm).

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 2.6 cm, right 2.7 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule. Bilateral pelvic mineralization (right pelvis 0.4 cm).

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.49 cm, right 0.45 cm

Spleen

Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Isoechogenic parenchymal mass (1.6 x 1.6 cm) in the head of the spleen with bulging of the overlying capsule.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.24 cm).



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.28 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (right 1 cm) with a diffuse hyperechogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Chronic kidney disease.
- Pancreatitis.
- Splenic mass

Secondary findings:

- Urolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

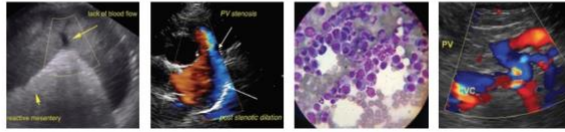
The appearance of the kidneys is typical for chronic kidney disease and in line with the azotemia and hyperphosphatemia.

Likely etiologies for the pancreas would be chronic pancreatitis and fibrosis.

Etiologies for the splenic mass would be granuloma, hyperplasia, hematoma, and neoplasia.

Further assessment would be urinalysis, urine culture, UPC (if culture and sediment negative), cPL/PSL assay, blood pressure, and FNA cytology of the splenic mass.

Specific therapy would be dependent on an etiological diagnosis. Management of the renal disease would be fluid therapy as needed, gastric protectants, renal diet, and enteric phosphate binders



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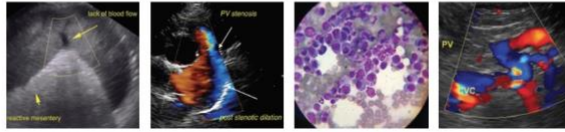
IMAGES

Left kidney



Spleen





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Pancreas

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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.

IMAGING PERFORMED BY

Lara Wiseman, DVM

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