



**PATIENT**

Lizzy Tingle

**SPECIES**

Canine

**BREED**

Collie Mix

**SEX**

FS

**AGE**

16 years

**WEIGHT**

10.2kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Lisa Bancroft, DVM

**HOSPITAL NAME**

Treasure Coast  
Animal Emergency

**REFERRING VET**

Angela Cail

**INVOICE**

304176

**DATE**

4/29/23

**PRESENTING CLINICAL SIGNS**

History: Anorexia, diarrhea, lateral recumbency. Been on Rimadyl past few days.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Azotemia, hyperphosphatemia.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness (0.2 cm) and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.2 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Right 0.51 cm.

**Spleen**

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

**Liver**

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

**Gall bladder**

Full containing normal anechoic bile. Normal thickness (0.1 cm) and echogenic appearance of the wall. Normal bile duct.



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**Gastrointestinal**

Normal appearance of the gastro-esophageal junction, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness, and no distension of the lumen. Thickening of the stomach (0.5 cm) and colon (0.48 cm) with no loss of layering or distension of the lumen.

**Pancreas**

Normal size (0.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes (0.4 x 1.2 cm).  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Renal disease.
- Gastro-colonopathy.

Secondary findings:

- Urinary bladder sediment.

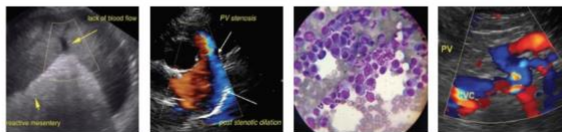
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the kidneys would be chronic renal disease, acute-on-chronic disease (secondary to the Rimadyl), and bacterial nephritis.

The most likely etiology for the stomach and colon would be secondary to the renal disease and Rimadyl therapy with non-specific (dietary indiscretion, toxins, viral), *Helicobacter* gastritis, ulcerative disease, parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, granulomatous disease, and emerging lymphoma differential diagnoses.

Initial further assessment would be urine and fecal analyses, UPC (if culture and sediment negative), and blood pressure. Pending response cobalamin assay and endoscopy of both the upper and lower GI tract with biopsies could be considered.

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



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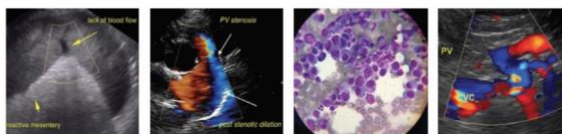
**IMAGES**

**Left kidney**



**Stomach**





### PATIENT

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### Colon



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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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
 remo.lobetti@sonopath.com