



PATIENT

Reese Shiver

SPECIES

Canine

BREED

Patterdale Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

14.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Boudreaux
Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. Monterrey

INVOICE

70911

DATE

1/26/26

PRESENTING CLINICAL SIGNS

- O has concerns for recent lethargy/ change in demeanor.
- O mentioned that P has been arching her spine recently and has been urinating more frequently. No additional concerns were mentioned or listed from Owner at this time.
- P currently eats Purina Pro Plan Sensitive Skin & Stomach dry food and takes Heartgard Plus monthly. No other medications being given at this time.
- Blood work, U/A, and radiographs were performed on 1/15/26.
- Patient receives acupuncture on semi-regular basis for spinal issues. Last session 3 weeks prior to scan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.9 cm, right measured 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm in width. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.

Liver

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



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Gallbladder

The gallbladder is full containing a scant amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present in the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for either the presenting clinical signs or the lymphocytosis.

Etiologies to consider for the urinary tract signs would be secondary to possible spinal cord disease or behavioral.

Etiologies for the lymphocytosis would be chronic antigenic stimulation such as chronic skin disease or dental disease and possibly chronic lymphocytic leukemia.

Further assessment of the leukocytosis would be flow cytometry.

Specific therapy would be dependent on an etiological diagnosis.



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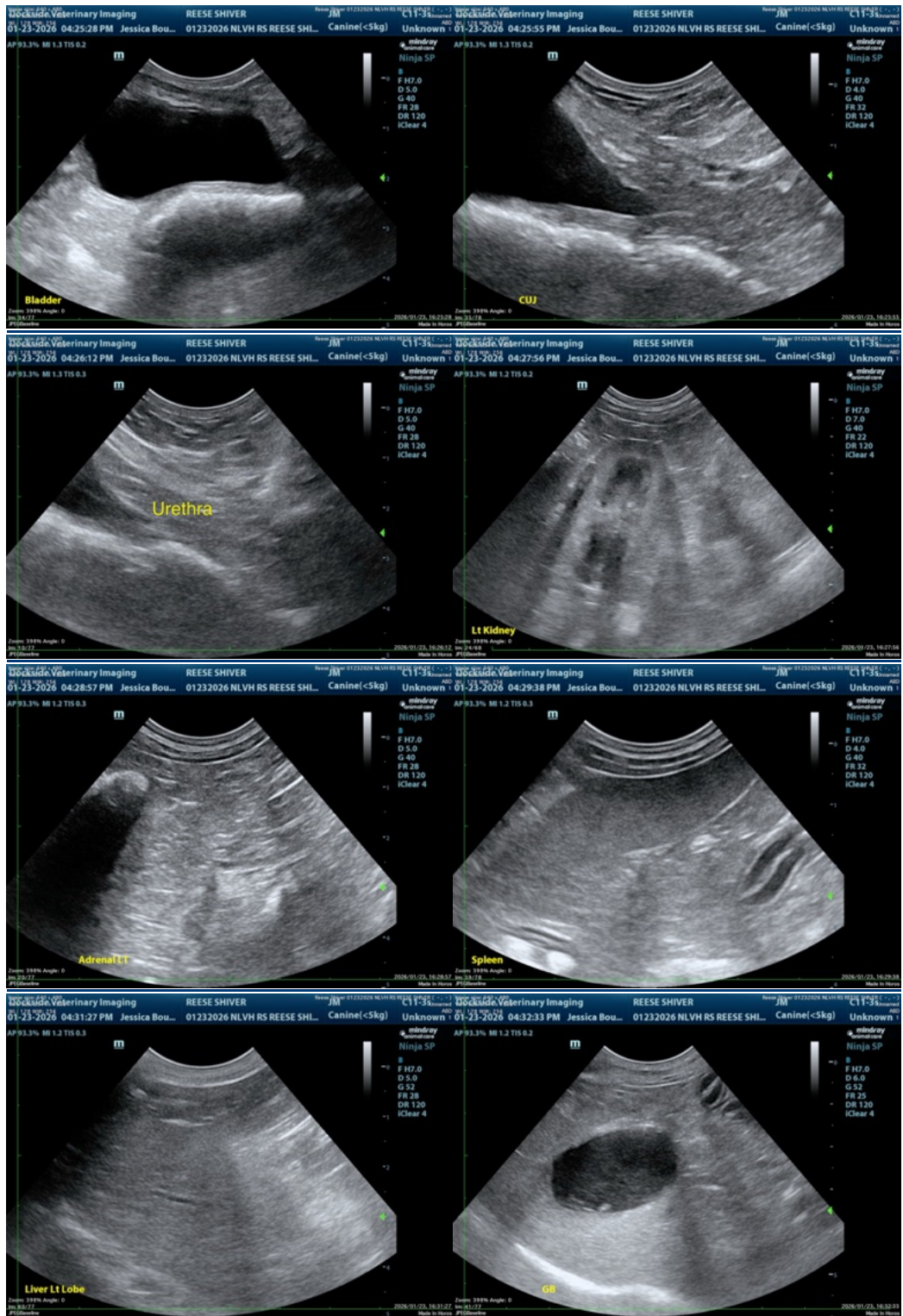
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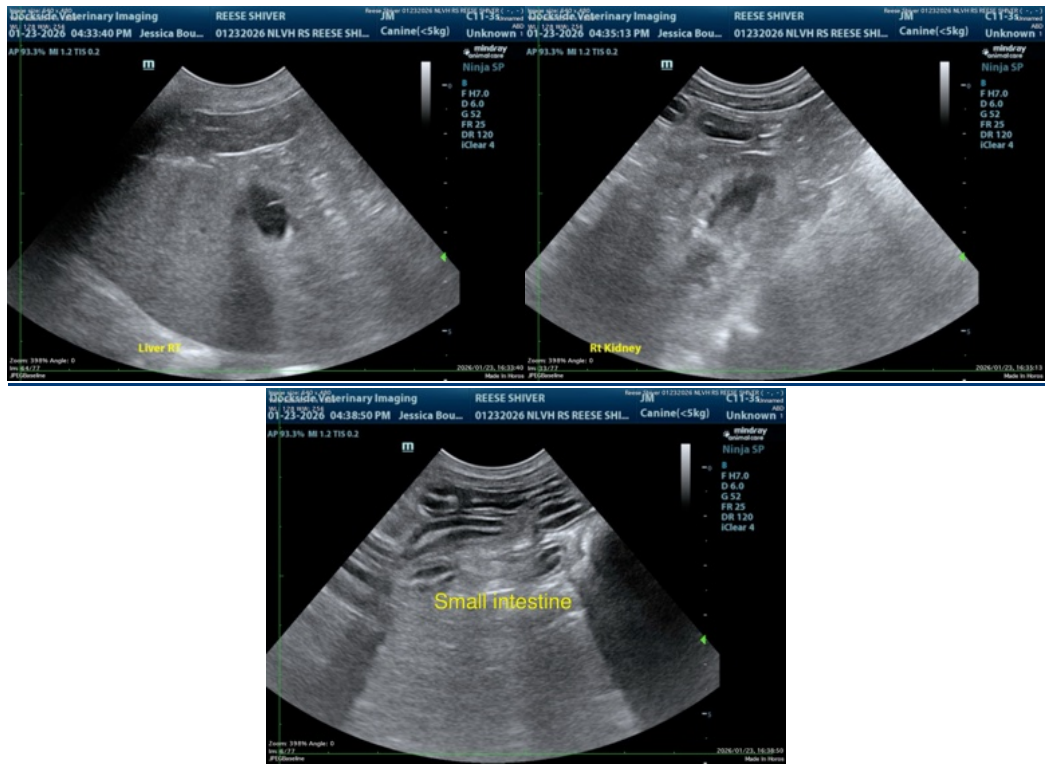
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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