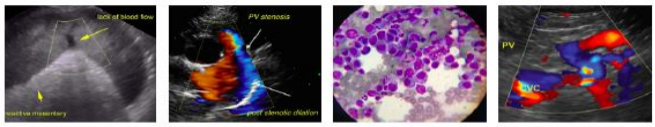


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kaija McInnes

SPECIES

Canine

BREED

Australian shepherd

SEX

Female

AGE

10 years

WEIGHT

19.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Alastair Westcott

HOSPITAL NAME

Mountainside Animal Hospital

REFERRING VET

Dr Alastair Westcott

INVOICE

302537

DATE

8/31/21

PRESENTING CLINICAL SIGNS

History: Presented as a referral for severe renal compromise showing vomiting, anorexia and lethargy.

Physical Examination: N/A.

Urinalysis: Isosthenuria, proteinuria.

CBC: Mild neutrophilia.

Serum Biochemistry: Severe azotemia, elevated amylase and lipase. Abnormal cPL.

Radiographic Findings: Normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.5 cm) with a diffuse hyperechogenic appearance, loss of cortico-medullary differentiation, and irregular capsule. Normal blood flow and pelvis.

Adrenal Glands

Normal shape, echogenic appearance, and position. Normal size of the right adrenal (2.5 x 0.47 cm). Enlarged left adrenal (3.9 x 0.5 x 0.89 cm).

Spleen

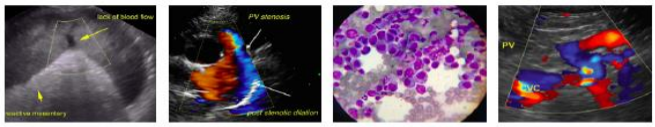
Normal size (1.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing moderate amount of non-adherent sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.48 cm, jejunum 0.35 cm) and no loss of layering or distension of the lumen. Thickening of the gastric wall (0.63 cm) but with no loss of layering. Small amount of ingesta in the stomach and duodenum.



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Pancreas

Enlarged (Left 1.2 cm, right 0.9 cm) with a diffuse hypoechogenic appearance. Irregular capsule. Normal pancreatic duct (0.17 cm). Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
Small amount of ascites

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renal disease.
- Pancreatitis.
- Left adrenomegaly.
- Gastric thickening.
- Ascites.

Secondary Findings:

- Gall bladder sediment.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical for chronic kidney disease with bacterial nephritis a differential diagnosis.

The appearance of the pancreas is typical for pancreatitis.

The most likely etiology for the left adrenomegaly would ne disease stress/hyperplasia with emerging Cushing's disease a differential diagnosis.

Etiologies for the gastric thickening would be uremic gastritis, ulcerative gastritis, *Helicobacter* gastritis, inflammatory bowel disease, and dietary hypersensitivity.

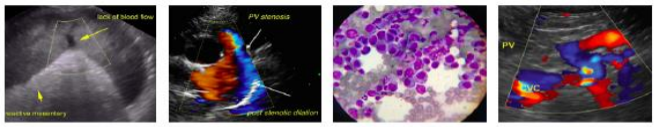
The most likely etiology for the ascites would be secondary to the pancreatitis.

Although the urinary bladder sediment is most likely an incidental finding, bacterial cystitis needs to be considered. The gall bladder sediment can be considered an incidental finding.

Acute kidney injury superimposed on chronic kidney disease with the former trigger by the pancreatitis (inflammatory mediators, dehydration) needs to be considered in this patient.

Further assessment would be urine culture.

Management of the pancreatitis would be fluid therapy, opioid analgesics, anti-emetics (maropitant, metoclopramide), gastric protectants (omeprazole), and an intestinal diet.



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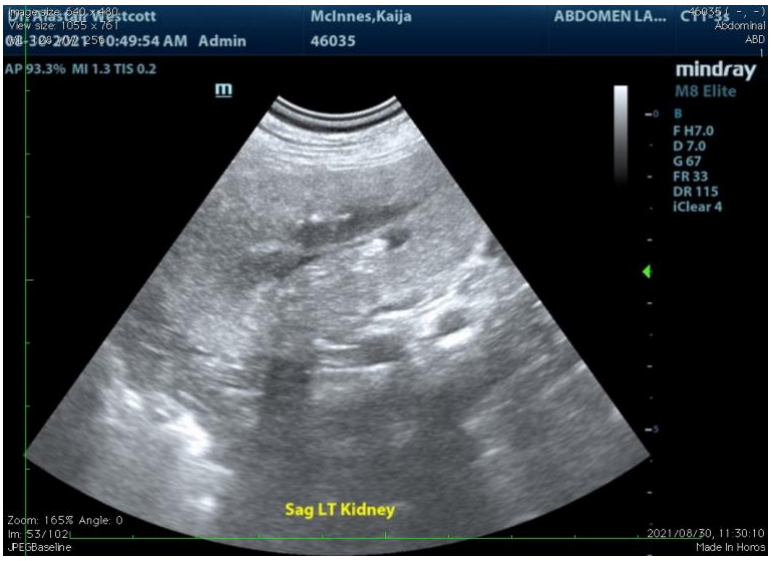
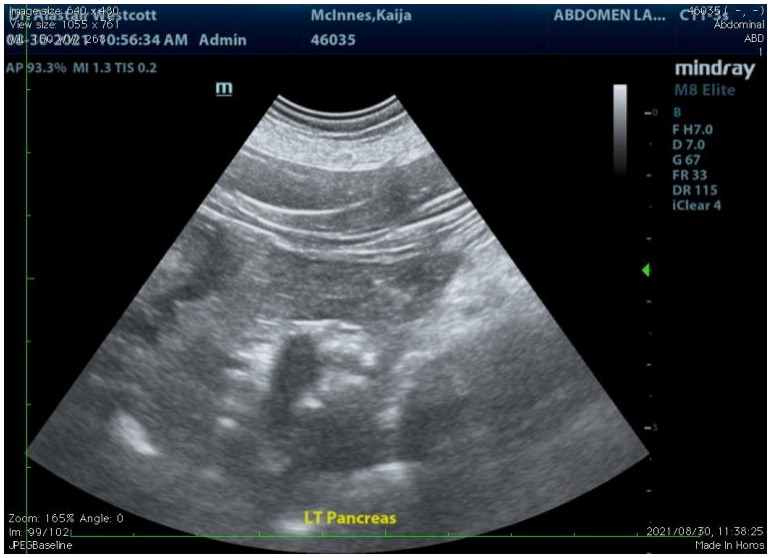
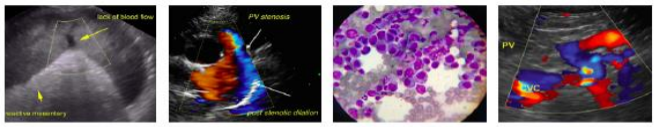
IMAGES

Left kidney



Pancreas





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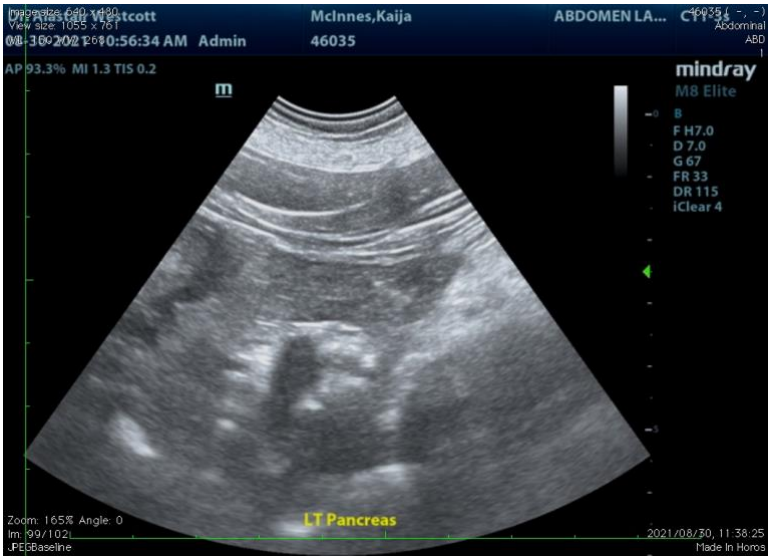
Pancreas/mesentery



Stomach

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)
rlobetti@mweb.co.za