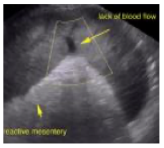
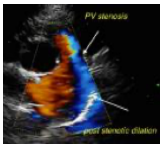
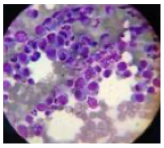
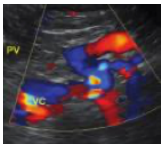





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lewis Walters

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered Male

AGE

11 years

WEIGHT

16.6 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Vet Emerg Ctr

REFERRING VET

Dr Lupole

INVOICE

12112

DATE

1.27.23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for transfer from RDVM for kidney disease and abdominal ultrasound. Patient started with V+, D+ and panting and was seen at Mason Dixon last week (diagnosed with Pancreatitis). Patient started shaking again on Monday, V+ once and then was seen at Carlisle Small Animal today where the bloodwork showed a tick-born illness and elevated kidney values- then transferred here.
Previous Health Concerns: Bacterial Infection in spine as a puppy, Broken leg, and Gastrointestinal Issues
Current Medications: Doxycycline, Tramadol, and Gabapentin
Appetite/When did they eat last: 3 days ago

Abnormal lab-work values:
rDVM bloodwork 1/26/23: BUN >130 H, Creat , SDMA 53 H, Pi >16.1 H, Cl 102 L, HCT 42.1 H
rDVM UA 1/26/23: USG 1.009, Trace protein, pH 5, quiet sediment
EPOC: pH 7.332 H, Na 138 L, Ca 1.12 L, BUN >120 H, Creat 11.67 H, Glucose 138 H, HCT 40% N
Cortisol: 18 H
BP: Pet Map: #5 cuff; LF; 208/86 (126); 199/90 (130); 200/101 (143)
USG at intake at SHORES: 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally to mildly distended with mostly anechoic urine. The wall is of appropriate thickness for the level of repletion. A foley urinary catheter is in place within the urinary bladder. No cystic calculi are observed.

The prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.42 cm in length) with a normal shape and smooth peripheral contours. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. Trace retroperitoneal fluid is observed.

The right kidney is normal in size (5.25 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.63 cm at caudal pole) (2.12 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged, with a prominent cranial pole (1.28 cm at cranial pole), (0.72 cm at caudal pole) (2.58 cm in length). A 1.32 x 1.28 cm hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.57 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic

vasculature is normal.

Liver
The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with subtle changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A few polypoid-like lesions are arising from the luminal surface. Luminal contents are otherwise mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other
A >4.00 cm thrombus is observed in the distal aorta (at the level of the trifurcation).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephropathy with dystrophic mineralization and trace left pyelectasia. There is evidence of retroperitonitis on the left side.
- Large thrombus in the distal aorta

Secondary Findings

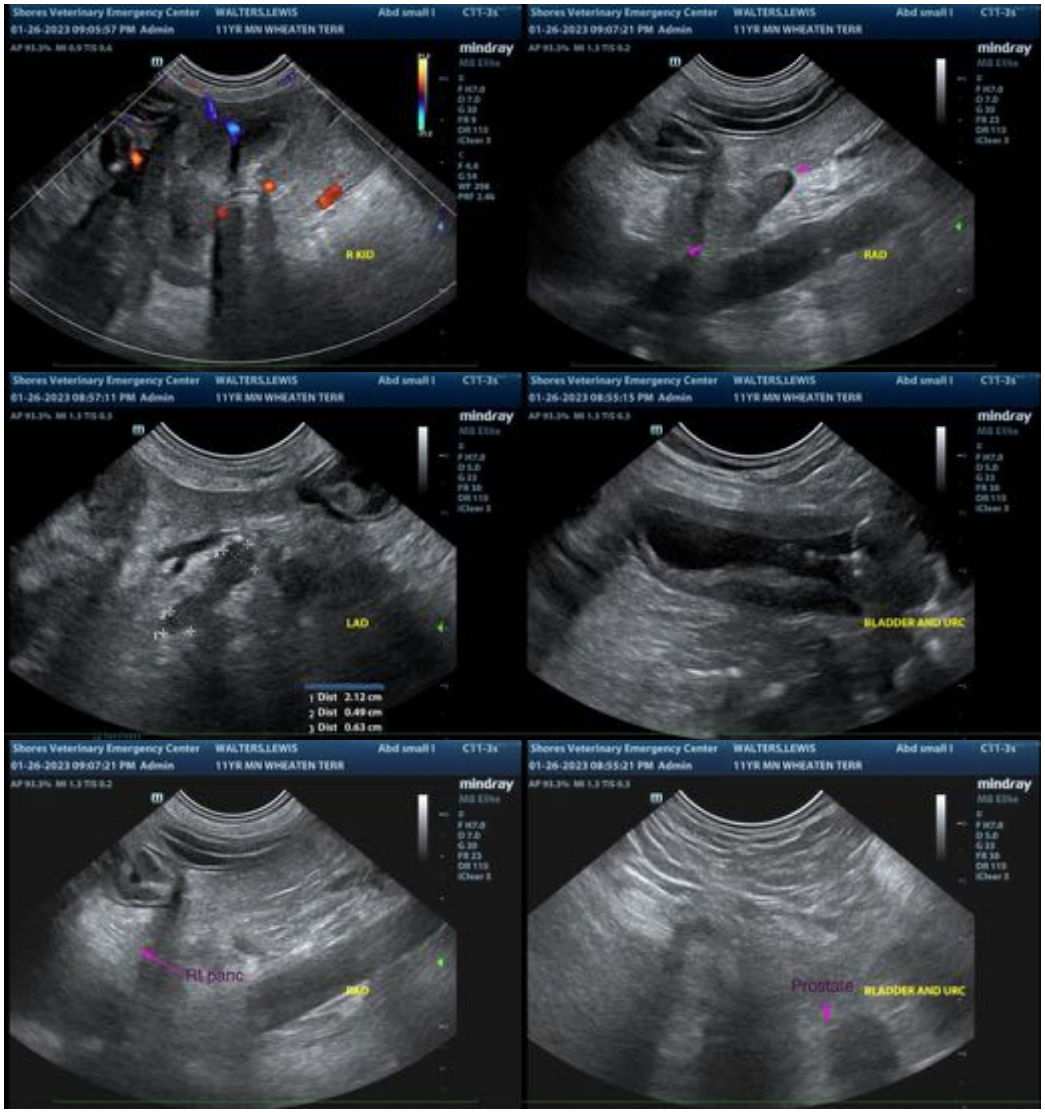
- The right adrenal nodule could be consistent with a benign process (i.e., nodular hyperplasia) or an emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

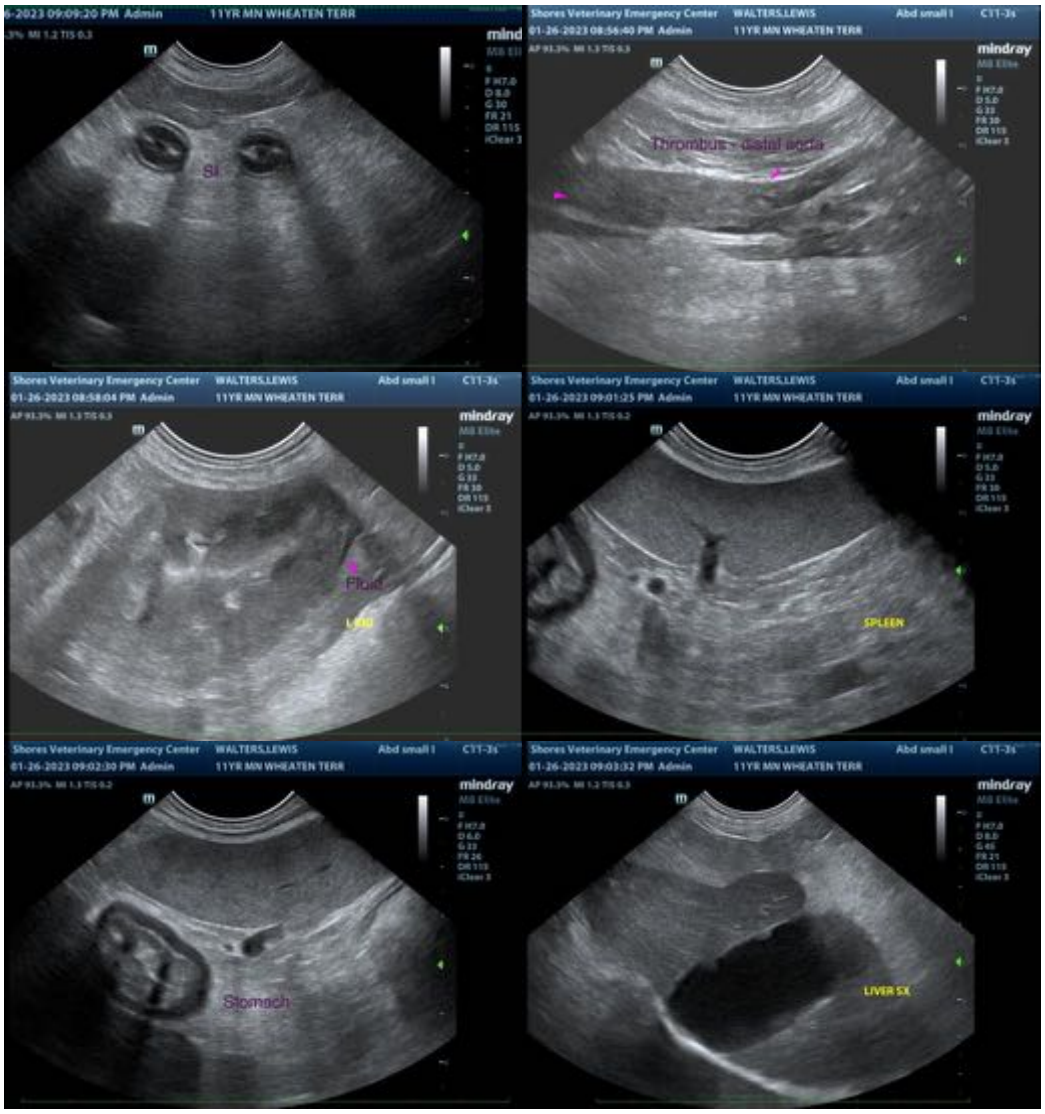
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:

    1. Three-view thoracic radiographs to assess cardiopulmonary status
    2. Urine culture and sensitivity
    3. UPC

4. IV fluid diuresis and continued supportive care
5. Medical management for systemic hypertension
6. Anti-thrombotic agent (i.e., clopidogrel)
7. Serial monitoring of the patient's renal values and blood pressure to assess for progression of disease.
8. Serial sonographic monitoring of the distal aorta to assess for resolution of the thrombus





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com