SonoPath
Clinical Sonography & Telecytology
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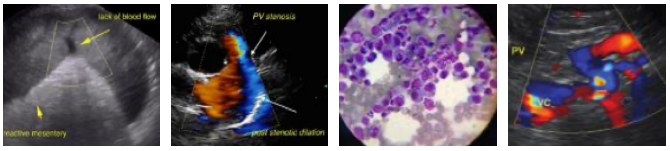


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Nova Klongland

SPECIES
Canine

BREED
Shiba Inu

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
11.6 kg.

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
Madison Veterinary Specialists

REFERRING VET
Dr. Galvis

INVOICE
14107

DATE
10/18/22

PRESENTING CLINICAL SIGNS

History: Nova presented to the MVS Emergency Service on Oct 17, 2022, at 12:30pm, for evaluation of diarrhea, lethargy, hyporexia, tremors. Nova did not eat her dinner last night, though she did accept some treats. This morning, Nova refused all food and treats. She was tremoring this morning and did not seem to want to get up. She appears lethargic today and also had some yellow diarrhea this morning. Owner mentioned that Nova was licking at her paws last night and seemed uncomfortable. No vomiting. Nova has a hx of bladder infections and stones. She has a lump on her back and also has a hx of joint issues. Nova had cystotomy for bladder stones many months ago. After that she has had UTIs a couple of times, sometimes they infection does not show up in UA but it does in urine culture. Last urine check was about 1.5 months. She also has a history of lameness/stiffness on her hind end , possibly more RPL for the last 4 months. It was worse after exercise. Xrays at primary vet did not show specific findings . A round of carprofen did help. Lately she has been giving her joint supplement. She has been less lame but she would still lick at her back paws.
Abnormal PE/Chem/CBC/UA Results: HCT - 45.7 (37.3-61.7) MCV - 56.5 (61.6-73.5) MCH - 20.6 (21.2-25.9) WBC - 14.20 (5.05-16.76) NEU- 12.34 (2.95-11.64) SDMA- 20 (0-14) CREA- 4.0 (0.5-1.8) BUN- 43 (7-27) ALKP- 945 (23-212) CHOL- 334 (110-320) USG - 1.008, inactive sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

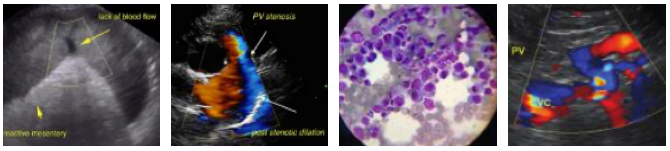
The right kidney is normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The trace amount of retroperitoneal fluid is visualized. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.53 cm at caudal pole); normal shape; 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 normal size (0.65 cm at cranial pole) (0.62 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen



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The spleen is normal in size (1.60 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A scant amount of free fluid is observed in the right cranial retroperitoneal space. The medial iliac lymph nodes are visualized, the largest measuring 3.08 cm in length. A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.63 cm in length. The nodes are normal in shape and echogenicity.

Other

A thrombus is observed in the abdominal aorta, extending from the right renal artery distally to the aortic trifurcation/iliac arteries.

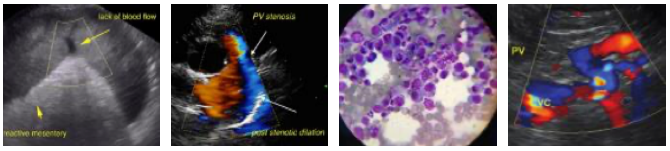
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large aortic thrombus.
- The left pyelectasia could be consistent with pyelonephritis, age-related remodeling, fluid therapy or some combination thereof. Right cranial retroperitonitis, likely secondary to an underlying right nephropathy.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid



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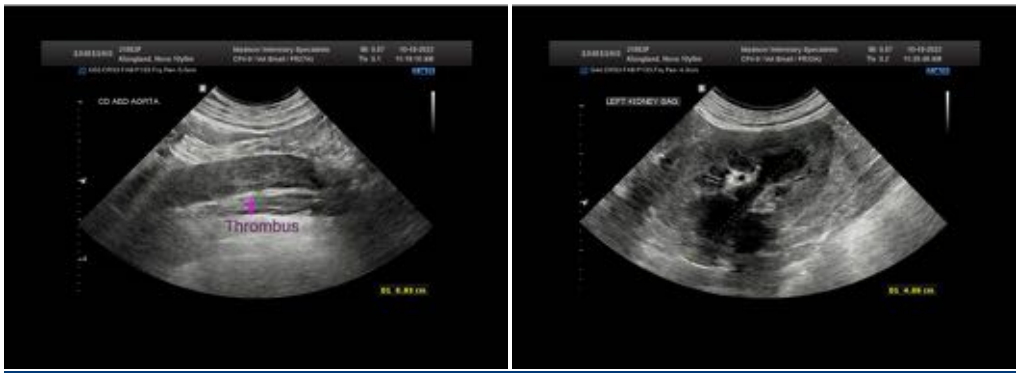
hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, consider the following:
  1. Urine culture and sensitivity.
  2. UPC (if proteinuria is present in the absence of infection).
  3. Leptospirosis testing (i.e., blood and urine PCR, serology).
  4. Baseline blood pressure measurement.
  5. IV fluid diuresis and supportive care with serial monitoring of the patient's renal values to assess for progression.
  6. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be continued.
- Given the aortic thrombus, consider initiation of an antithrombotic (i.e., lopidogrel) with further assessment for causes of a hypercoagulable state.



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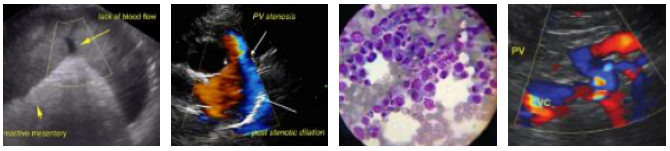

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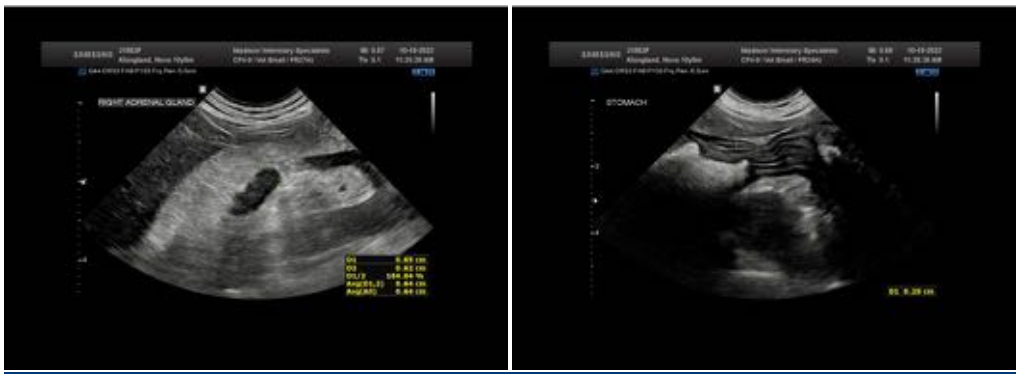

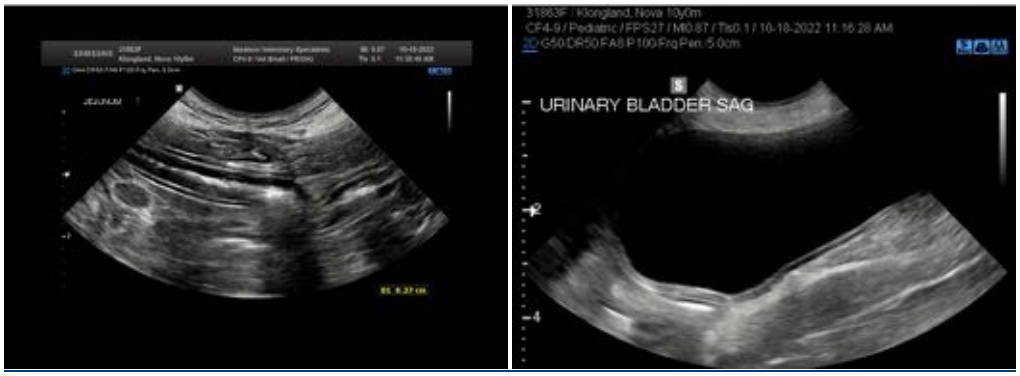

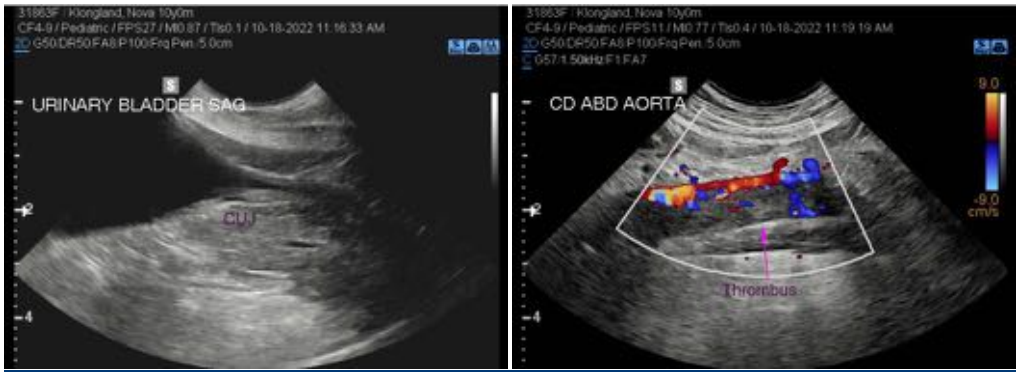

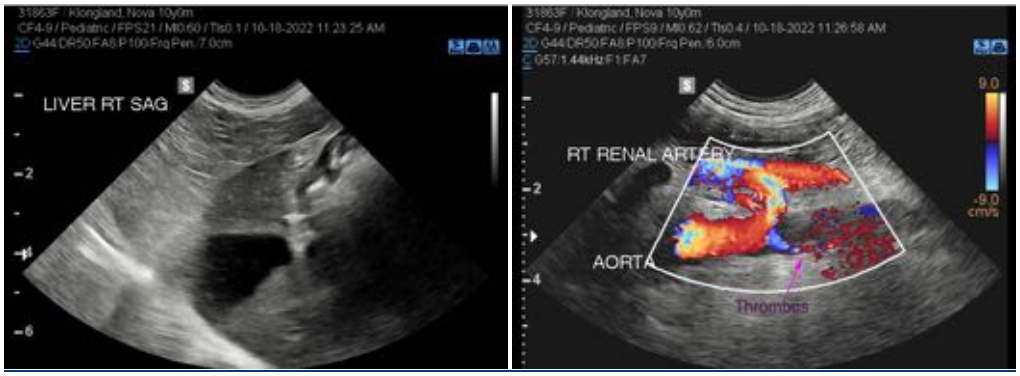

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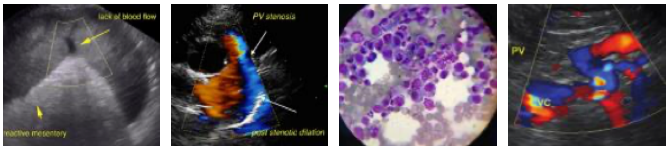

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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