

PATIENT PRESENTING CLINICAL SIGNS

Syrrah Wilkinson

History: History of stable chronic renal failure since 2016 and was treated for Meningitis and has been in remission since 2015. Owner noted an arched back acute onset, followed by lack of appetite and vomiting a few times over the next two days. Seems uncomfortable. Restarted Pred in case of Meningitis flare up. Has been on Cerenia, Omeprazole, Renal Support. Seemed better after pred and started to counter surf again. Has also had weight loss over last month.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable. X-rays unremarkable.

BREED

Bernese Mt Dog

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. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Spayed Female

The **left kidney** is subjectively small size (6.37 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudal aspect. There is trace pyelectasia and evidence of a dilated renal calyx at the caudal aspect. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

AGE

9 years

The **right kidney** is subjectively small in size, with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

38.3 kg

Adrenal Glands

The **left adrenal gland** is normal size (0.65 cm at cranial pole) (0.55 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.

INTERPRETED BY

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

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The **spleen** is normal in size (2.09 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.

HOSPITAL NAME

Big Creek VH

Liver

The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Wilkinson

The **gall bladder** is distended, of normal contours and contains a small amount of gravity dependent, echogenic debris within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE

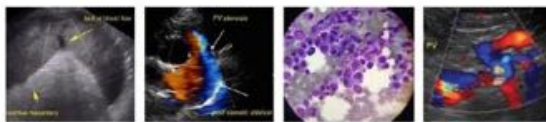
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Gastrointestinal

The **gastric lumen** is mildly to moderately distended with ingesta and soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

DATE

10.19.22



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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.

SPECIES

Canine

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. One to two prominent mesenteric **lymph nodes** are visualized, the largest measuring 2.24 cm in length.

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Primary Findings

- Bilateral degenerative renal changes with left pyelectasia/caliectasis and a cortical infarct.

SEX

Spayed Female

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy.
- Gall bladder debris - incidental
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. Correlation with the patient's clinical history is recommended.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history and sonographic changes, consider a urinalysis with a culture and sensitivity to assess for pyelonephritis. Also consider a baseline blood pressure measurement, if not already performed.

Given the weight loss, also consider three-view thoracic radiographs to assess for occult disease in the chest. If the patient's weight does not improve over the next 1-2 weeks, further work-up (i.e., malabsorption panel) may be warranted.

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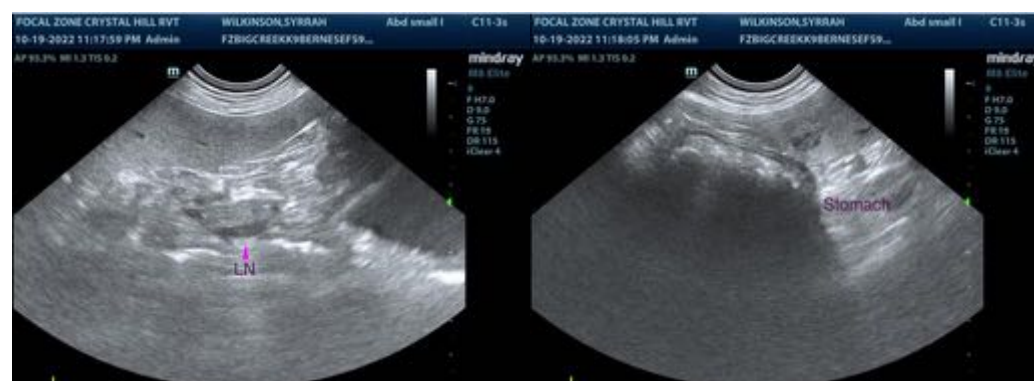
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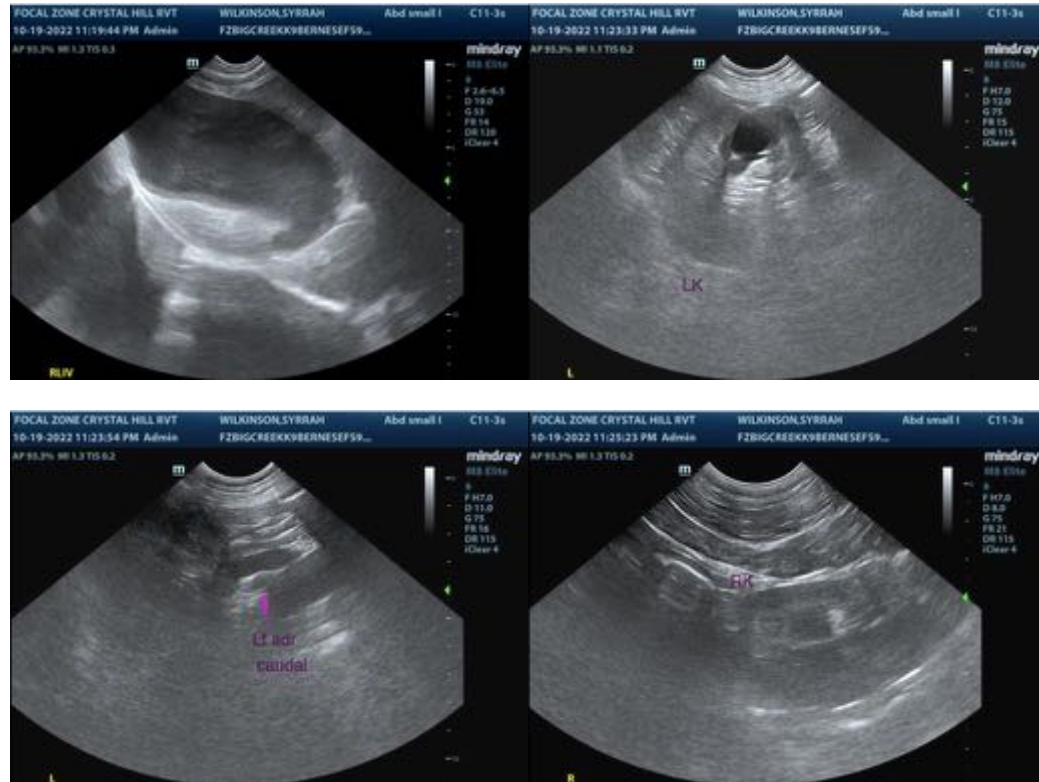
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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