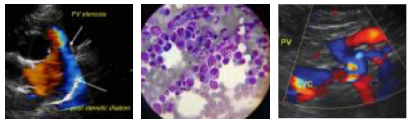
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**

11.2.2022

**PATIENT**

Nova Kelley

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

7/11/2012

**WEIGHT**

57 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**HOSPITAL NAME**

Paradise Animal Hospital

**REFERRING VET**

Dr. Riehl

**INVOICE**

11947

## PRESENTING CLINICAL SIGNS

Weight gain (7.5 lb) in 4 months with no increase in food. BCS =8/9 (57 lb today, ideal weight 49 lb). More willing to urinate in the rain but not overtly PU/PD. USG=1.036 with mild pyuria. T4=2.4. Metabolic appearance to weight gain (fat accumulation tail base, lateral flanks)
Hx bilateral TPLOs; Starting simplicef empirically for pyuria

Current Medications: Simplicef (200 mg): 1 PO q 24 hr #14
Lab Results: free catch first am UA: USG=1.036 with 12 WBC/hpf, 1-2 non-squam Epis/hpf, 4 RBC/hpf. BW=normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness. The mucosal surface in the region of the apex is slightly irregular. 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 (6.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.80 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.

### *Adrenal Glands*

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.50 cm at caudal pole) (3.19 cm in length); 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 (0.71 cm at cranial pole) (0.58 cm at caudal pole) (2.79 cm in length); 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*

The spleen is normal in size (2.14 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *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*

There is no evidence of free fluid. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.
A 2.10 x 0.47 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

### *Other*

The uterine stump is visible (0.61 cm in width). No obvious pathology is observed.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Left trace pyelectasia. This may be secondary to pyelonephritis, age-related remodeling, or some combination thereof.

### 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).

  *An obvious cause for the patient's weight gain is not identified in this study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample.

Baseline lab work, including a CBC and chemistry panel, is also recommended, if not already performed.

Also consider three-view thoracic radiographs to assess cardiopulmonary status.

Consider transitioning to a prescription low-fat diet, along with an increase in daily exercise, if possible


IntraPet Imaging RBIILLC
kelley,nova
Abd small l
C11-3s
11-02-2022 09:43:54 AM Admin
PARAnkk9pitsf2012
mindray
Bladder


IntraPet Imaging RBIILLC
kelley,nova
Abd small l
C11-3s
11-02-2022 09:45:39 AM Admin
PARAnkk9pitsf2012
mindray
RT
1 Dist 6.80 cm
RK


IntraPet Imaging RBIILLC
kelley,nova
Abd small l
C11-3s
11-02-2022 09:46:34 AM Admin
PARAnkk9pitsf2012
mindray
RT
Rt adr
1 Dist 2.79 cm
2 Dist 0.76 cm
3 Dist 0.71 cm


IntraPet Imaging RBIILLC
kelley,nova
Abd small l
C11-3s
11-02-2022 09:50:32 AM Admin
PARAnkk9pitsf2012
mindray
Lt adr
1 Dist 3.19 cm
2 Dist 0.60 cm
3 Dist 0.64 cm


IntraPet Imaging RBIILLC
kelley,nova
Abd small l
C11-3s
11-02-2022 09:49:54 AM Admin
PARAnkk9pitsf2012
mindray
Lt Kidney
1 Dist 6.66 cm
2 Dist 0.15 cm


IntraPet Imaging RBIILLC
kelley,nova
Abd small l
C11-3s
11-02-2022 09:44:14 AM Admin
PARAnkk9pitsf2012
mindray
Bladder
Uterine stump


IntraPet Imaging RBIILLC
kelley,nova
Abd small l
C11-3s
11-02-2022 09:48:34 AM Admin
PARAnkk9pitsf2012
mindray
Liver

**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