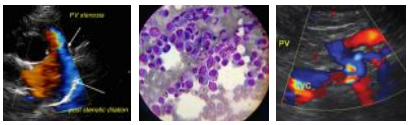
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

12/28/21

PATIENT

Charlotte Peske

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12/27/21

WEIGHT

79.7 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

10070

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Referral for acute kidney and liver changes. Date: 12-27-2021 Notes: Presented to RDVM for not eating and vomiting. Assessment: Liver and kidney changes, concern for leptospirosis, oliguria. Plan: Lepto PCR and MAT pending.

Current Medications: Buprenex, Ampicillin, Vitamin B Complex, Acepromazine.
Lab Results: 12-27-2021: cit-PT 18.0 seconds (11.0 17.0). cit-aPTT 103.0 seconds (72.0 102.0). Blood Type Canine Positive.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. A Foley catheter is visible within the lumen. There is no obvious evidence of cystic calculi.

The left kidney presented normal size (7.29 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery effacing the serosal surface is hyperechoic. Retroperitoneal fluid is present.

The right kidney presented normal size (7.67 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction.. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery effacing the serosal surface is hyperechoic. Retroperitoneal fluid is present.

Adrenal Glands

The left adrenal gland is normal in length (0.40 cm at cranial pole) (0.37 cm at caudal pole) (2.13 cm in length), with a slightly flattened contour; 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 in length (0.37 cm at cranial pole) (0.53 cm at caudal pole) (2.67 cm in length) with a slightly flattened contour; 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 (1.96 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The mesentery effacing the serosal surface is hyperechoic.

The gall bladder lumen is distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with echogenic fluid. The gastric wall is questionably thickened. However, there are numerous rugal folds inhibiting evaluation of wall thickness. 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 or overt infiltrative 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

Some free fluid is suspected. Two to three prominent mesenteric lymph nodes are visualized, the largest measuring 2.15 cm in length. The nodes are of normal shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Retroperitonitis, likely secondary to acute renal injury. Differentials include infection (i.e, Leptospirosis, pyelonephritis), toxicity, infiltrative neoplasia (less likely), other.
- The hepatic changes are most consistent with an inflammatory process (i.e., Leptospirosis, bacterial cholangiohepatitis). However, toxicity or other hepatopathy cannot be completely excluded.
- Cranial peritonitis is present, likely secondary to hepatic pathology.

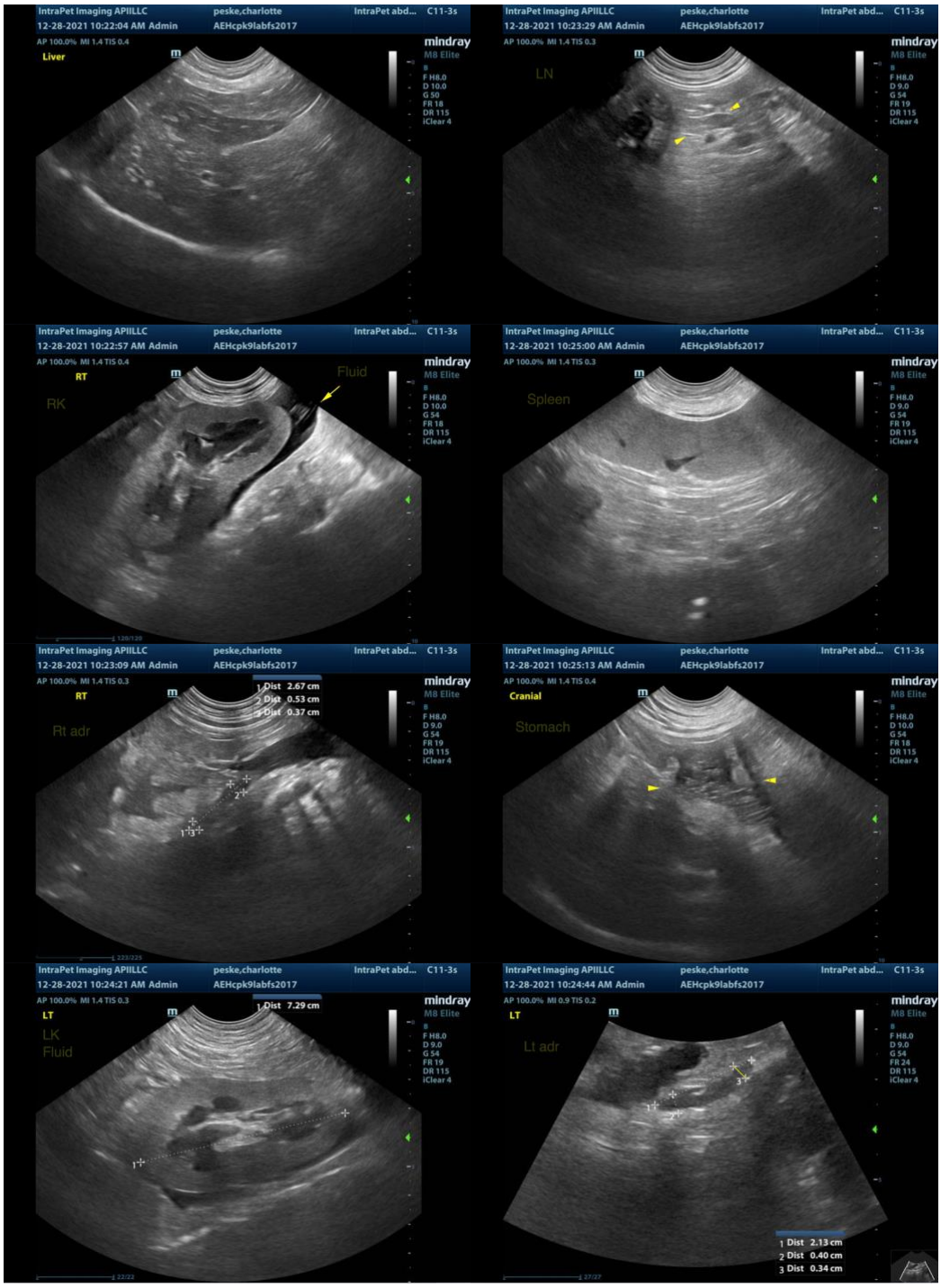
Secondary Findings

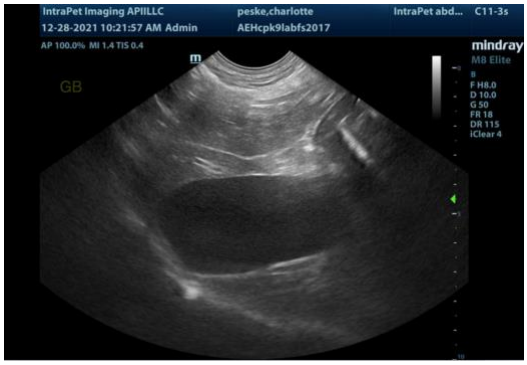
- The slightly flattened adrenal glands bilaterally may be a normal variant for this patient or may be secondary to relative adrenal insufficiency or early atrophy (i.e., due to hypoadrenocorticism).
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued empirical treatment for acute hepatopathy/nephropathy/Leptospirosis is recommended pending test results.
- Three-view thoracic radiographs are also recommended to evaluate cardiopulmonary status.

- Serial monitoring of the patient's blood pressure is recommended to determine if persistent hypertension is present. If so, anti-hypertension medication may be warranted.
- If the patient remains oliguric despite aggressive fluid diuresis and supportive care, referral for hemodialysis can be considered.





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.

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