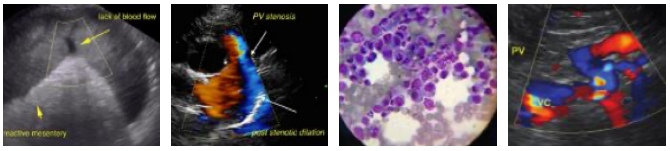
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Nutter Butter Viner

SPECIES
Canine

BREED
Golden Retriever

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
36.3 kg.

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

IMAGING PERFORMED BY
Tracy Lasarge

HOSPITAL NAME
SVS Imaging NW

REFERRING VET
Dr. Klein

INVOICE
14617

DATE
2/21/23

PRESENTING CLINICAL SIGNS

History: Nutter Butter presented to the MVS Emergency Service on Feb 21, 2023, for evaluation of vomiting, diarrhea. P Began vomiting yesterday - started as yellow bile Has continued to vomit through to this morning- now clear liquid. Inappetant last night and this morning- has not gotten medications since yesterday morning. Decreased water consumption since yesterday afternoon P has been shaking and panting a lot History of high blood pressure, kidney disease, and arthritis
Abnormal PE/Chem/CBC/UA Results: SDMA: 22 CREA: 2.2 BUN: 35 CHOL: 341

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

One still image of the prostate is available for interpretation. The prostate is normal in size (1.24 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal to borderline small in size (4.25 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic and there is mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.49 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.78 cm in length) with slightly irregular shape. The cortex is hyperechoic and there is mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.78 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.78 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.

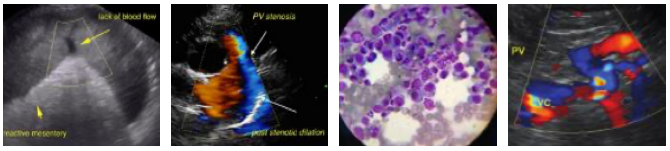
The right adrenal gland is normal size (1.90 cm at cranial pole) (0.67 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal to slightly prominent in size (2.83 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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 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 moderate amount of aggregated, echogenic partially



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dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. Several small intestinal segments are mildly to moderately fluid distended and hypomotile. Some small intestinal segments are empty. 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.

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

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 5.29 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

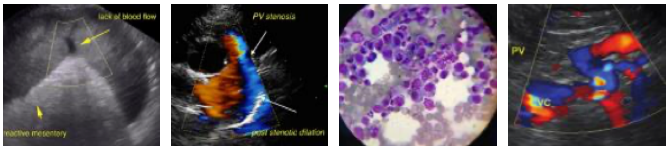
- Small intestinal ileus. There is no obvious evidence of a foreign body (which can cause structural ileus). However, this possibility cannot be completely excluded. Functional ileus (i.e., secondary to gastroenteritis, low-grade pancreatitis or underlying metabolic issue) is also a consideration.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, IV fluid therapy, or some combination thereof.
- Trace ascites.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the azotemia and renal changes, consider the following:
  1. Urinalysis
  2. Urine culture and sensitivity
  3. Baseline blood pressure measurement
  4. IV fluid diuresis and symptomatic care
- To further evaluate for a possible foreign body/obstruction, consider the following:



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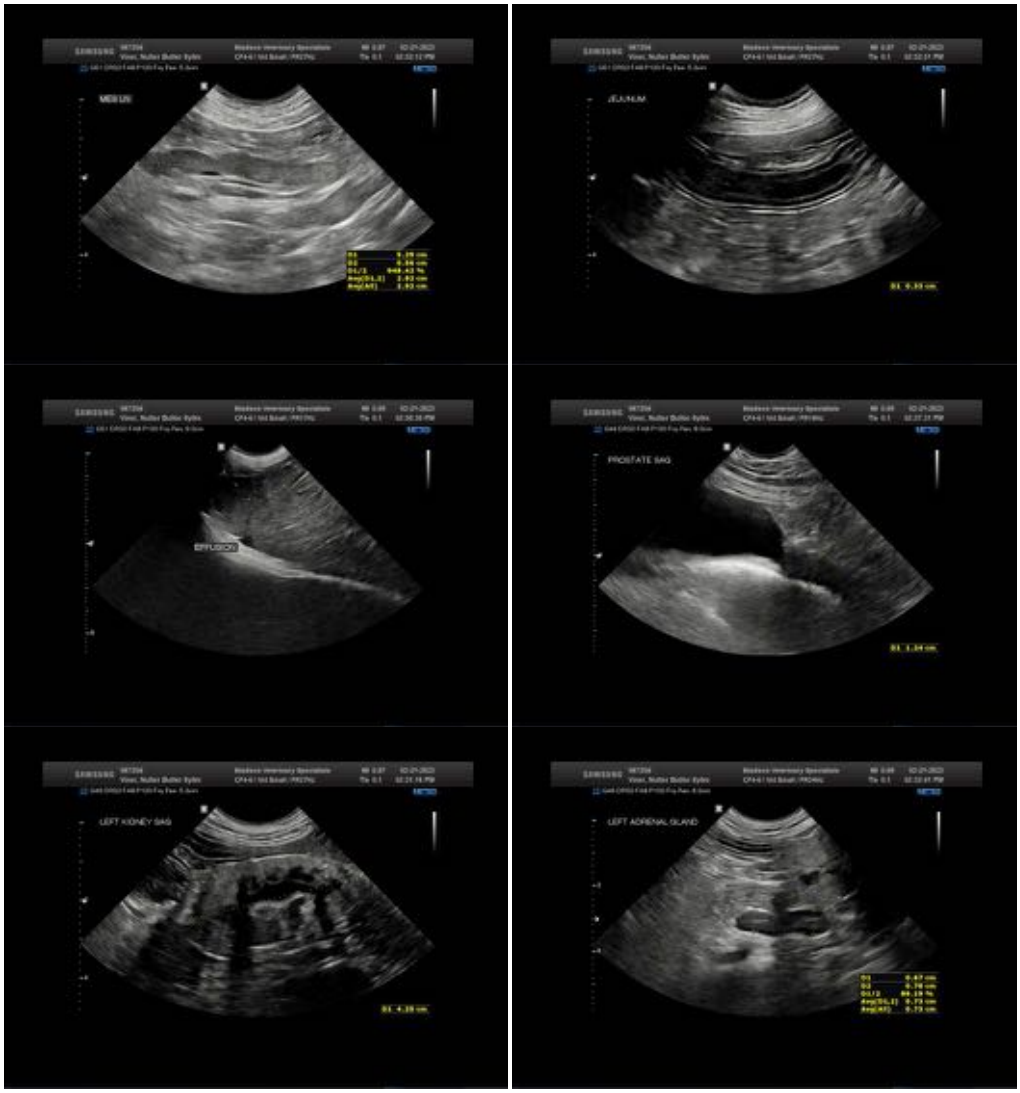
1. Survey abdominal radiographs, which may also be useful in further evaluating for the presence of a foreign body, or…
2. Barium study or…
3. Repeat abdominal ultrasound in 12-24 hours or…
4. Abdominal CT scan (if available).
5. An abdominal exploratory is also a consideration. However, based on today's study, there is not enough evidence of a foreign body to opt for this diagnostic without considering more conservative tests first,



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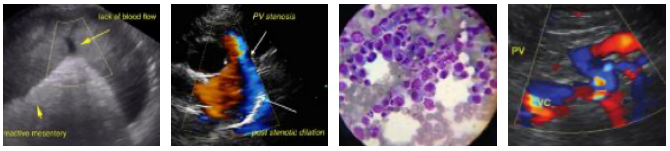

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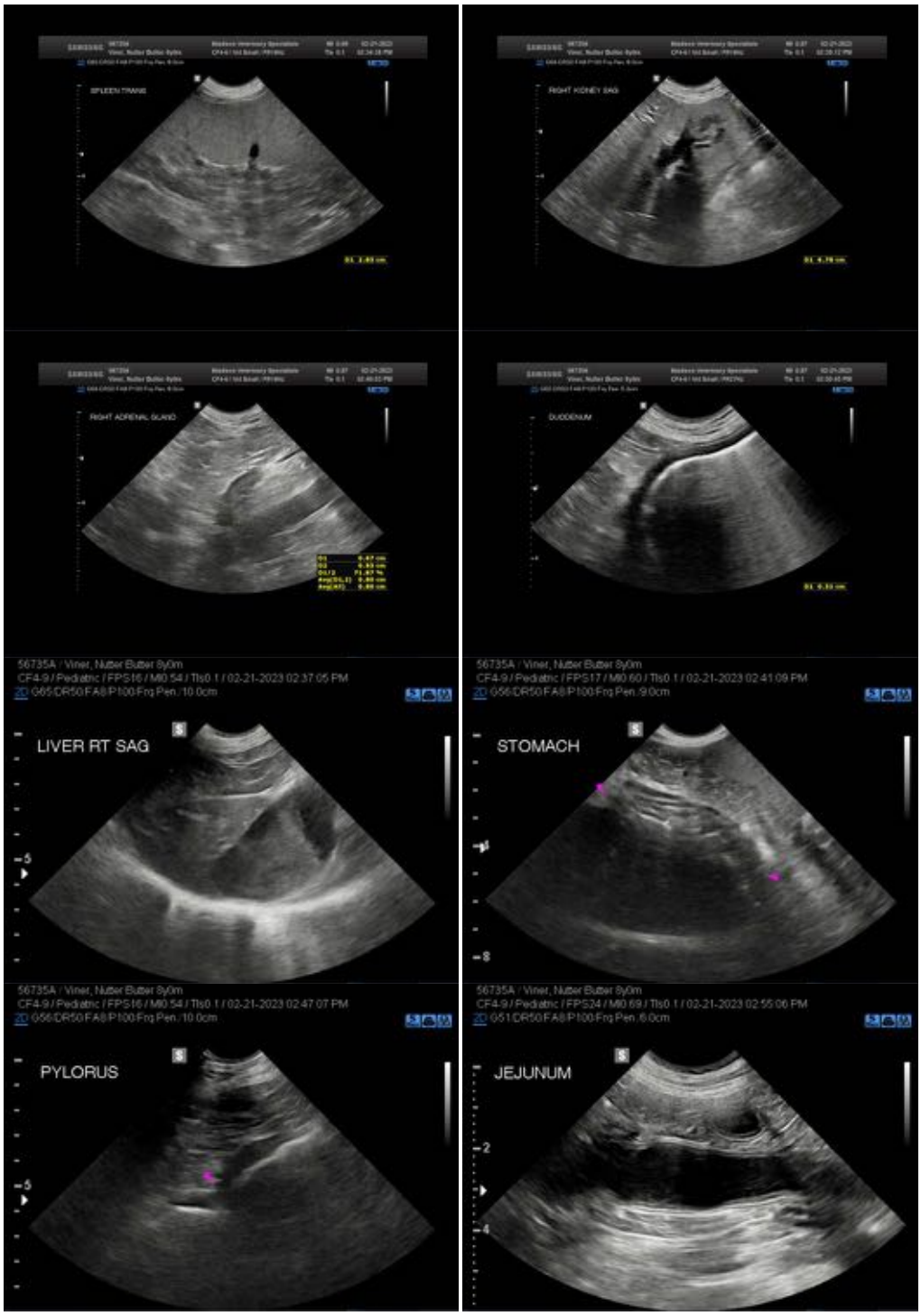

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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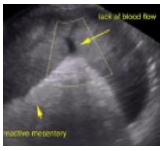
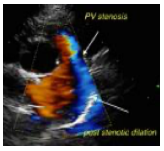
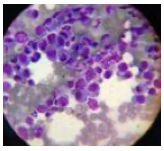
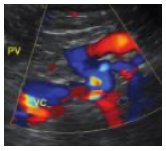

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