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Clinical Sonography & Telecytology
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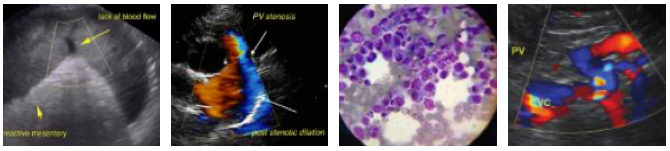


PATIENT
Riley Hytla

SPECIES
Canine

BREED
Aussie

SEX
Female

AGE
3 Months

WEIGHT
3.6 lbs.

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

IMAGING PERFORMED BY
Hayley Heindel

HOSPITAL NAME
Mason Dixon Animal ER

REFERRING VET
Dr. Parr

INVOICE
14659

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History: vomiting, constipation, lethargy, anorexia
Abnormal PE/Chem/CBC/UA Results: Cortisol 8.6 Ammonia 85 BUN >140 Creat 7.1 Phos >15 TP 4.8 Albumin 2 Calcium 7 Na 156 K 6 Chloride 22 Lepto + (vaccinated on 2/23)

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 is normal.

The left kidney is enlarged (5.78 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is enlarged (6.77 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.26 cm at cranial pole) (0.30 cm at caudal pole) (1.70 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 (0.99 cm at cranial pole) (0.39 cm at caudal pole) (2.08 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

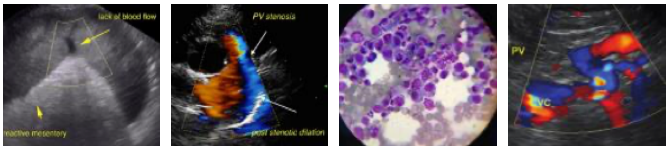
The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal 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 portal vein to caudal vena cava ratio is approximately 1:1. 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 gastric lumen is mildly fluid distended. The gastric wall is subjectively thickened, although this is difficult to evaluate due to excessive rugal folds. There appears to be normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall



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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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

The uterine body is visible and appears normal in size (1.02 cm in width). No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes could be consistent with infection (i.e., pyelonephritis, Leptospirosis), renal toxicity, or less likely infiltrative neoplasia (i.e., lymphoma). Other nephropathies are possible but considered less likely.
- Trace ascites.

Secondary Findings:

- Questionable gastric wall thickening. This may be artifactual due to excessive rugal folds and may represent an inflammatory process with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider Leptospirosis PCR on blood and urine.
- A urinalysis with culture and sensitivity is also recommended.
- Also consider a baseline blood pressure measurement.
- If the above diagnostics are inconclusive, a renal aspirate may be warranted.
- While awaiting test results, IV fluid diuresis along with broad spectrum antibiotics (i.e., amoxicillin clavulanic acid) and other supportive measures are recommended.

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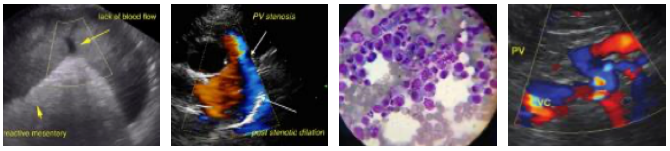

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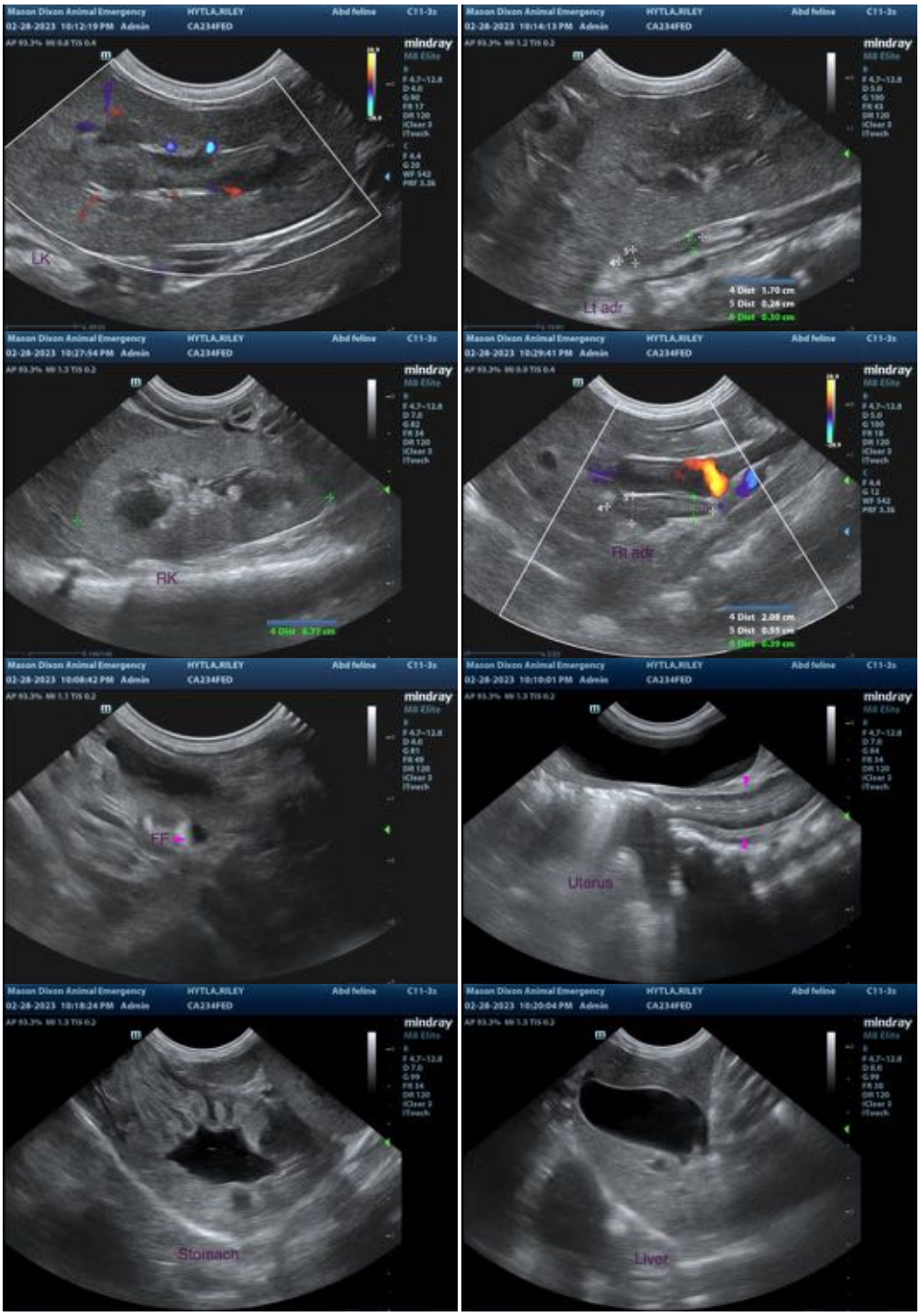

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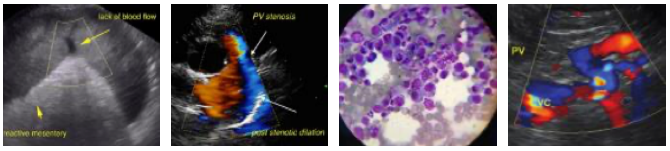

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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