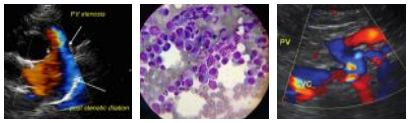
IMAGING PERFORMED BY

IntraPet.com



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DATE
2/3/22

PATIENT
Romper January

SPECIES
Canine

BREED
Pitbull Terrier

SEX
Neutered Male

AGE
8/3/16

WEIGHT
49.1 Lbs.

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

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Haviland

INVOICE
13744

PRESENTING CLINICAL SIGNS

History: Weight loss 11# in 1 year since annual 2/2021; vomiting intermittent, decreased appetite.

Current Medications: Started Hospitalization 2/2 on IVF 2x maintenance IVF, Cerenia q 24hrs, Enrofloxacin q 24 hrs, Unasyn q 8 hrs, Entyce.
Lab Results: Creatinine 13.6, BUN 128, Phosphorus > 16.1, SDMA > 100. UA SG 1.019, pH 6.5, RBC's active sediment-- culture of urine is pending.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: 200mg Gabapentin PO 2-3hrs prior to ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.57 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.69 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Mild pyelectasia is present (0.26 cm) in the transverse plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.61 cm at caudal pole) (2.81 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 (0.82 cm at cranial pole) (0.69 cm at caudal pole) (2.64 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 (1.41 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall in the region of the fundus is moderately thickened (up to 0.83 cm) with apparent retention of the normal layering pattern. The wall thickness normalizes as it extends toward the pylorus. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosa ratio in some segments. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A 0.88 cm x 0.84 cm echogenic nodule is observed at the medial aspect of the spleen, adjacent to the hilus.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral, chronic, nonspecific nephropathy with mild right pyelectasia. Differentials include prior insult (i.e., infection, toxin), mild renal dysplasia, other.

- The gastric wall changes are most consistent with gastritis (i.e., uremic), with a lower possibility of emerging neoplasia.

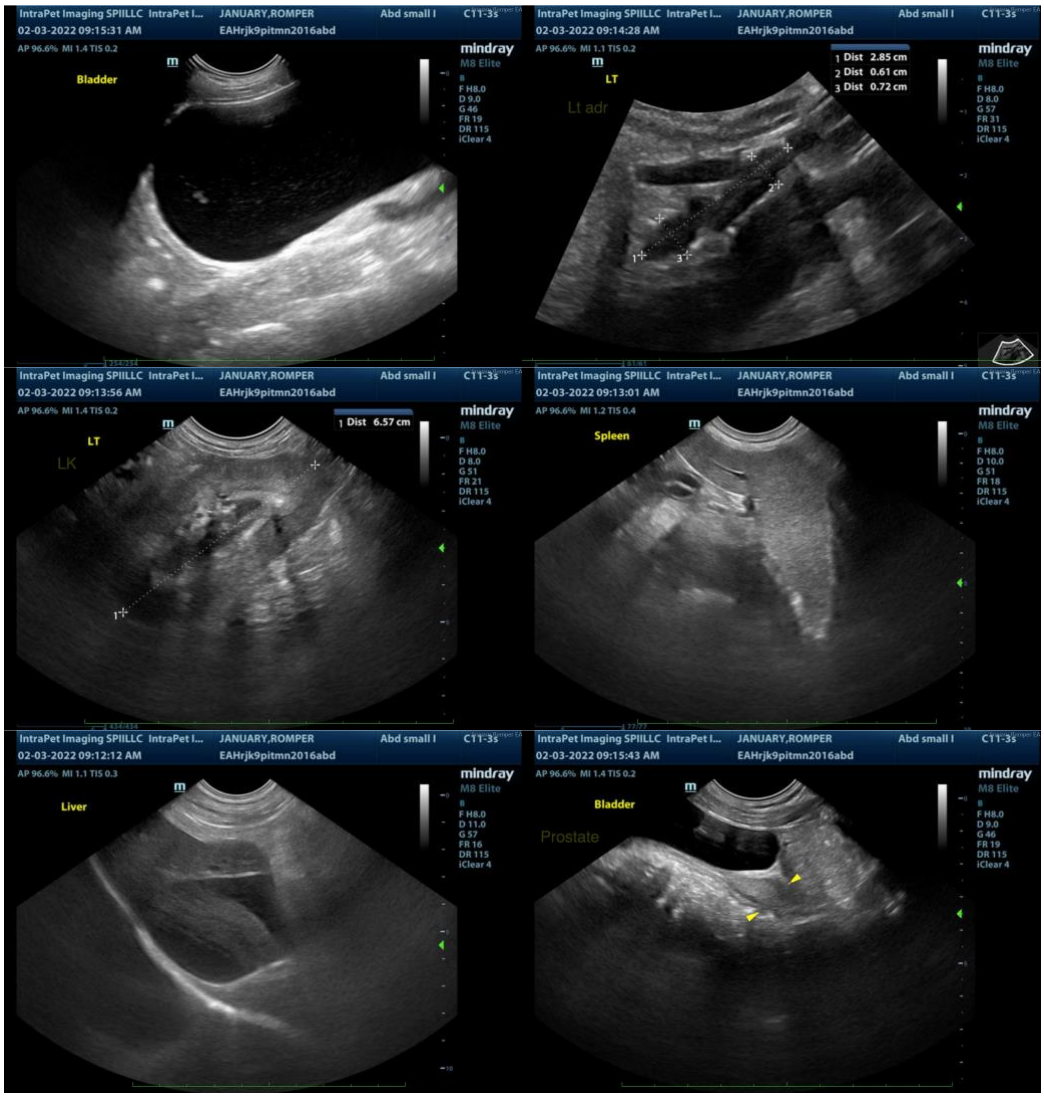
Secondary Findings

- The echogenic nodule, medial to the spleen, may represent extra-splenic tissue, a prominent lymph node, other. Its presence likely incidental.

- Small intestinal wall changes could be consistent with inflammatory bowel disease. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline blood pressure measurement
- UPC, if proteinuria is present
- Supportive care for chronic renal failure is recommended, including IV fluid diuresis, antiemetics, gastric protectants and broad-spectrum antibiotic therapy (while awaiting urine culture and sensitivity results).
- Three-view thoracic radiographs are recommended, particularly if IV fluid diuresis is to be continued.
- Urine output monitoring is also recommended to assess for the development of oliguric/anuria.
- A resting cortisol level can also be considered to evaluate for hypoadrenocorticism as a cause for azotemia. However, this disease is considered less likely given the sonographic renal changes.
- Leptospirosis testing can also be considered as a possible cause for acute on chronic renal failure.



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.

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