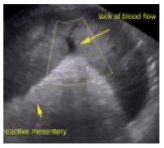
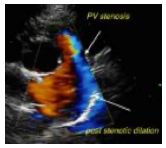
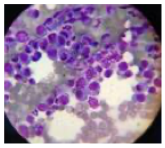
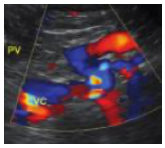
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Choco Ramis

SPECIES

Canine

BREED

Labrador Retr

SEX

Spayed Female

AGE

9 years

WEIGHT

65.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Juan Torres

INVOICE

12571

DATE

3.29.23

PRESENTING CLINICAL SIGNS

History: The patient presented as a referral for an abdominal sonogram. Pt has Chronic UTI (Klebsiella in Urine Culture on 12/4/22 and 3/03/23). The atopic patient has used Apoquel and has used adverse food reactions - Ultamino diet. On 02/28/23 the patient developed a cough - chest x-rays were suggested and resulted in Bronchopulmonary Inflammation. Chronic Thrombocytopenia - ITP Suspect VHS: 10m on 02/22/23 The patient is currently on Imyunity Caps / Thyro Tabs/ Dasuquin / Nitrofurantoin / oral immuno-therapy (heska) - grasses, mites, molds (Malassezia). Previously dx hemangioma pericytoma / Cranadin

Abnormal PE/Chem/CBC/UA Results: CBC on 2/28/23: Hemoglobin: 12.7 Reticulocyte Hemoglobin: 23.9 Platelet: 135 CBC on 2/22/23: WBC: 5.35 LYM: 0.88 MCH: 18.8 MCHC: 29.8 UA 12/01/22: Bacteria Rods+/ Bacteria-Cocci++++/ Ph: 6.0 Urine Culture 12/02/22: Klebsiella Species found

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is or appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.66 cm at caudal pole) (2.58 cm in length) with a normal shape and 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 in normal size (0.68 cm at cranial pole) (0.76 cm at caudal pole) with a normal shape and 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 (1.94 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 scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not mildly distended with fluid. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecocolic junction and colonic wall are 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. A 1.32 cm medial iliac lymph node is visualized. One to two mesenteric lymph nodes are also visible (the largest measuring 1.37 cm in length). All nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Findings

- The right trace pyelectasia may be secondary to pyelonephritis, age-related remodeling, PU/PD (if applicable) or some combination thereof.

- The urinary bladder wall changes may be artifactual due to lack of full luminal distention. Alternatively, cystitis may be present.

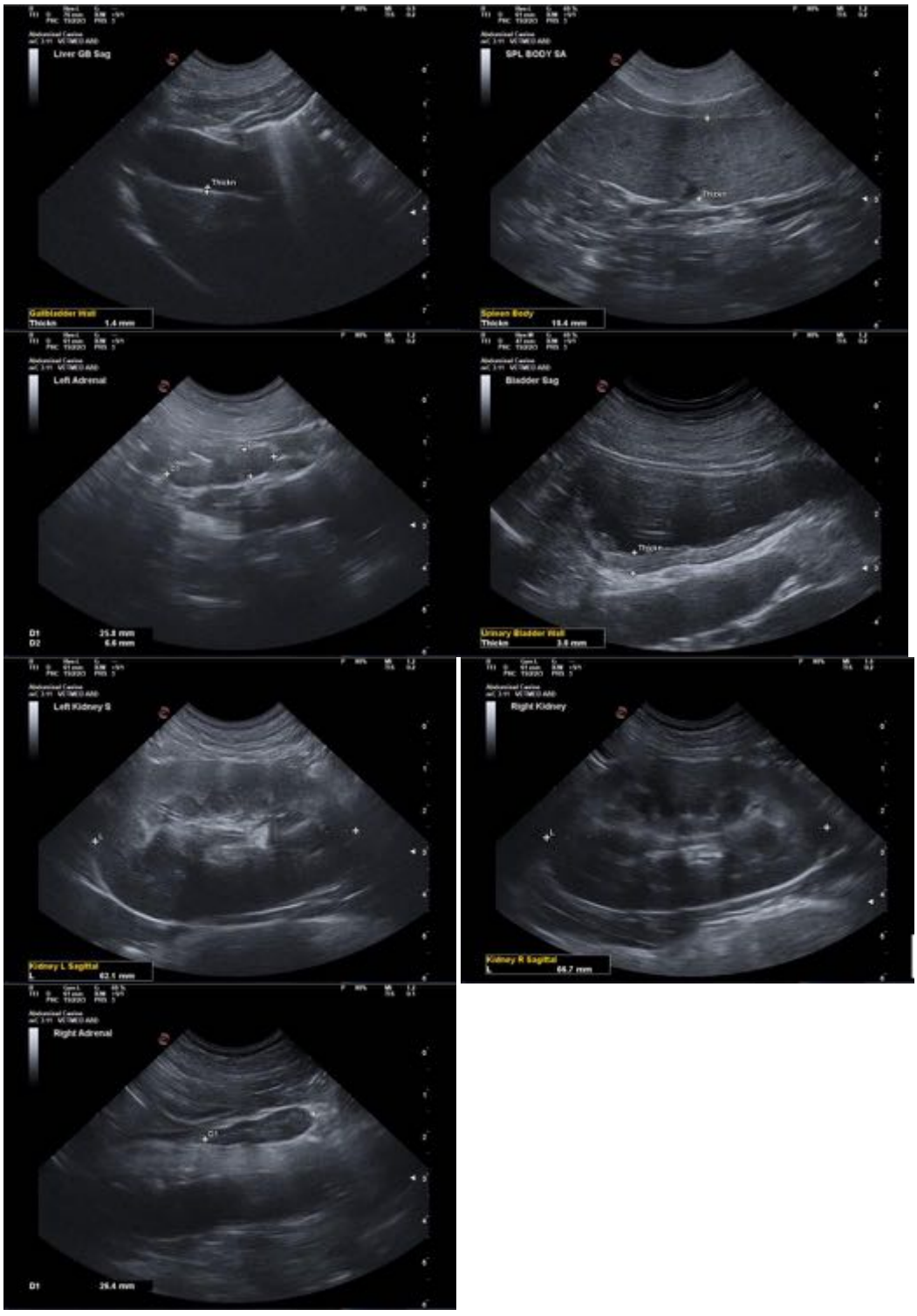
*An obvious cause for the thrombocytopenia is not identified in the study. Considerations include autoimmune disease, tick-borne disease, bone marrow disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the chronic urinary tract infections, a prolonged antibiotics course (i.e., 3-4 weeks should) be considered with a urine culture performed midway through the treatment regimen, and again 5-7 days after the last dose. Periodic monitoring of urine cultures (i.e., every 3 months) is recommended thereafter to monitor for recurrence of infection.

- Baseline lab work, including a CBC, chemistry panel, and T4 is also recommended to assess overall metabolic function, particularly with regard to the patient's renal values.

- Regarding the chronic thrombocytopenia, consider a comprehensive tick panel (Send to NC State University Vector-borne Disease Lab) along with three-view thoracic radiographs to assess for occult neoplasia in the chest.



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