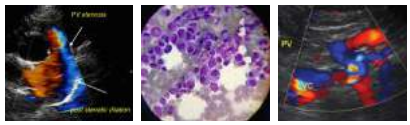
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8/14/21

PATIENT

Jack Durisina

SPECIES

Canine

BREED

German Shepherd

SEX

Male intact

AGE

1/20/14

WEIGHT

91.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart Veterinary Hospital

REFERRING VET

INVOICE

11645kk

PRESENTING CLINICAL SIGNS

Pet presented on 8/11/21 for anorexia. AFAST showed possible mass on spleen. Was planning routine ultrasound for splenectomy but pre-op lab work showed severe azotemia, unsure if pre-renal or true renal as unable to obtain urine specimen but advised ultrasound to assess kidneys and spleen. Pet was hospitalized 8/13 for diuresis.

Current Medications: Cerenia 60mg SID x 3d.

Lab Results: 8/12/21: Ca 11.9, phos 11.9, crea 16.3, glob 4.2, BUN 171, 4dx neg, CBC unremarkable.

Radiographs: Possible mass effect cranial abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor.

Stat Report: Stat report not indicated.

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 lumen is moderately distended with anechoic urine. 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 enlarged (4.53 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (8.26 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic to slightly heterogeneous in appearance. There is a normal poor corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.35 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic to slightly heterogeneous in appearance. There is a normal poor corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.63 cm at caudal pole) (3.64 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.

The right adrenal gland is normal size (0.75 cm at cranial pole) (0.62 cm at caudal pole) (2.95 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 subjectively normal in size (2.48 cm in width at the level of the hilus) with a normal curvilinear peripheral margin and a folded contour. The parenchyma is homogeneous in appearance. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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 amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. 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 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other
The testicles are subjectively normal in size and symmetrical with a normal shape and homogeneous parenchyma. No focal lesions are observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes are consistent with chronic, interstitial nephrosis/nephritis. Based on the clinical history, acute on chronic renal failure is suspected.

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

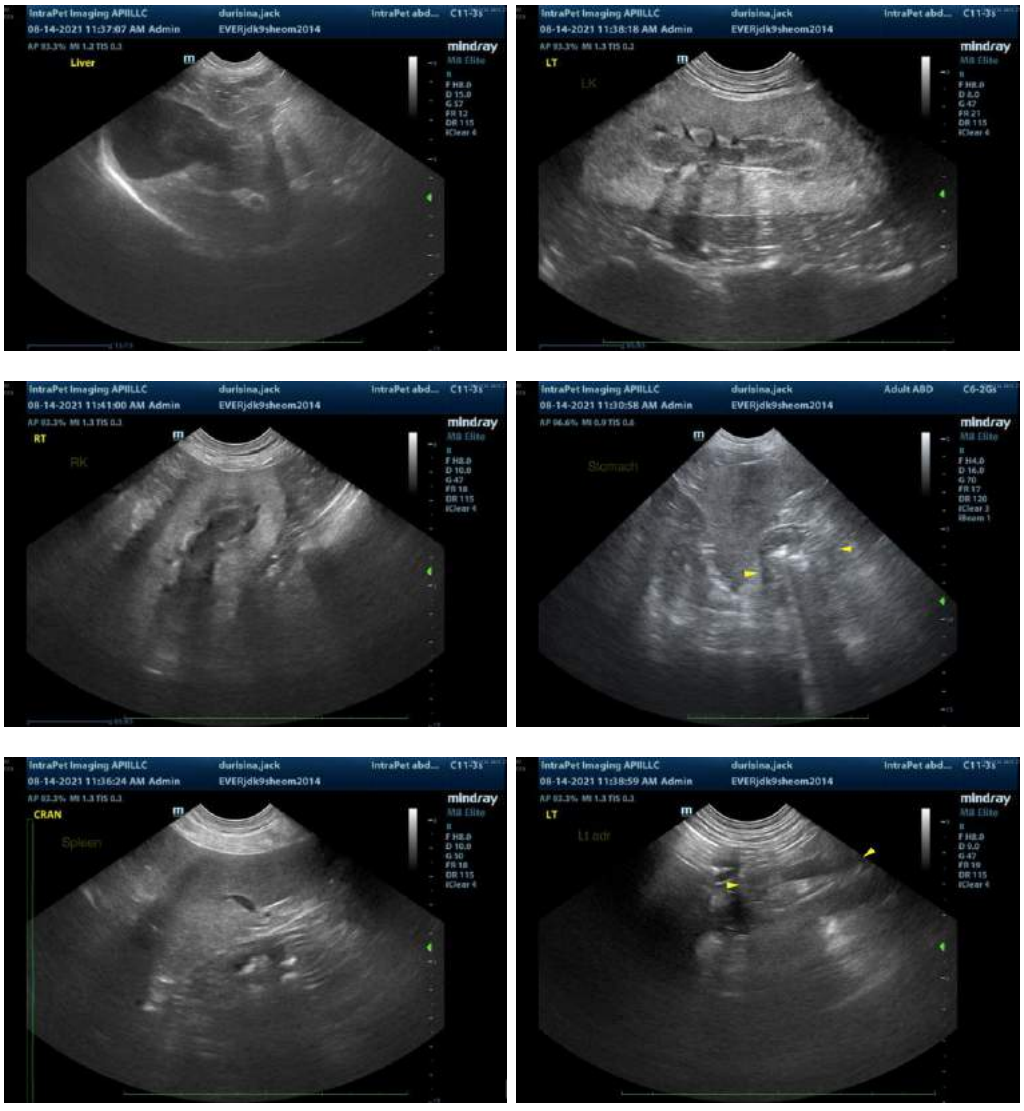
1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is undergoing fluid diuresis.

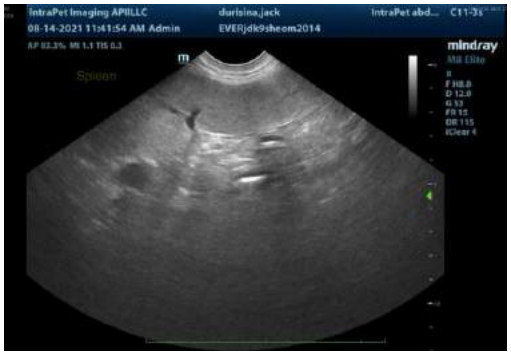
2. A urine culture +/- UPC (if proteinuria is present) as well as a baseline blood pressure measurement is recommended.

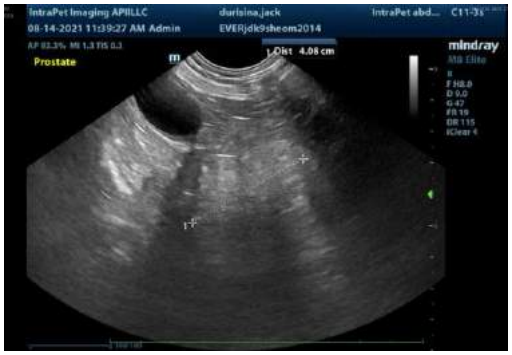
3. Supportive care for acute on chronic renal failure should be considered including IV fluid therapy, gastroprotectants, antiemetics (if needed) and empirical broad spectrum antibiotic therapy (while awaiting urine culture and sensitivity results).

4. Once the patient is eating, consider transitioning to a prescription renal diet if the patient will tolerate it.

5. Consider Leptospirosis testing, including blood and urine PCR, serology.







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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