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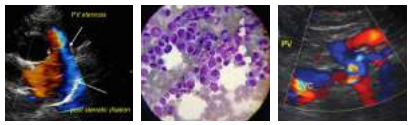
IntraPet.com



SonoPath
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DATE

8/16/21

PATIENT

Broozer Cole

SPECIES

Canine

BREED

Labrador

SEX

Male Neutered

AGE

3/24/19

WEIGHT

81 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Alpha Veterinary Center

REFERRING VET

Dr. Cox

INVOICE

11652kk

PRESENTING CLINICAL SIGNS

History: His SDMA has been slightly elevated with repeated testing: 9/19/19 (16); 12/1/19 (15); 1/7/20 (15); 4/2/21 (14); 2/11/21 (16); 5/18/21 (15); 8/3/21 (16), and his USG went from 1.041 (2/12/21) to 1.017 (5/2/210) to 1.022 (8/3/21). I originally attributed the slightly high SDMA to being because he was a puppy, but he is 2 1/2 years old now, and his USG has dropped significantly.

Current Medications: Neonatal ophthalmia (O.D. enucleated): Genteal Moderate Gel - O.S. bid, EDTA 1% Drops - O.S. bid, Tacrolimus. 0.03% Drops - O.S. bid.

Lab Results: SDMA has been slightly elevated with repeated testing: 9/19/19 (16); 12/1/19 (15); 1/7/20 (15); 4/2/21 (14); 2/11/21 (16); 5/18/21 (15); 8/3/21 (16), and his USG went from 1.041 (2/12/21) to 1.017 (5/2/210) to 1.022 (8/3/21).

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: declined

Stat Report: not requested

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 normal in size (1.41 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.79 cm at caudal pole) (2.57 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 (0.63 cm at cranial pole) (0.59 cm at caudal pole) (2.68 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 (3.23 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 aggregated, echogenic, gravity-dependent debris/sludge 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.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

**An obvious cause for the patient's laboratory abnormalities is not identified in this study. However, a microscopic nephropathy cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a urine culture and sensitivity to rule out occult pyelonephritis. Also consider transitioning to a prescription renal diet. Serial monitoring of the patient's renal values is recommended. If the patient becomes azotemic, a baseline blood pressure measurement should also be obtained.

2. Although the yield is likely to be low, a resting cortisol level can be considered to assess for hypoadrenocorticism.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com