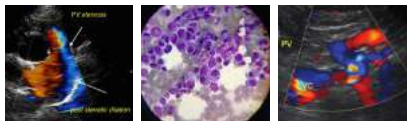
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/19/21

PATIENT

Kingston Kuchling

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

2014

WEIGHT

17.77 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Culbertson

INVOICE

11675kk

PRESENTING CLINICAL SIGNS

History: Lethargy and anemia on cbc.

Current Medications: Prednisone 1mg/kg and doxy 10mg/kg

Lab Results: HCT 25, PCV confirmed at 28%. 4dX negative. Fecal negative.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Two small cystic calculi measuring approximately 0.30 cm are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.71 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 (4.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.55 cm at cranial pole) (0.46 cm at caudal pole) (1.35 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 (0.62 cm at cranial pole) (0.53 cm at caudal pole) (1.63 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 (1.07 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 moderate amount of aggregated, echogenic, partially 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

- Small cystic calculi
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Minor, age-related renal pathology.

**An obvious cause for the patient's anemia is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult neoplasia.
2. A CBC (send to an outside lab) with a reticulocyte count is recommended to determine if the anemia is regenerative versus non-regenerative. If the anemia is regenerative, hemolysis and blood loss (i.e., GI) are considerations. If the anemia is non-regenerative, a bone marrow aspirate may be warranted.
3. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/
4. Regarding the cystic calculi, consider an attempt at medical dissolution (i.e., via antibiotics and a prescription urinary diet). A recheck ultrasound of the urinary bladder is recommended in 4 weeks. If there is no evidence of dissolution, consider a cystotomy with stone removal and analysis (once the patient's anemia has resolved). If the stones are dissolving, continued medical therapy would be recommended until complete dissolution has occurred.


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:20:32 PM Admin
BANTOWkkk9chinm2014
mindray
Bladder
Stone
1 Dist 0.29 cm


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:22:35 PM Admin
BANTOWkkk9chinm2014
mindray
Stomach


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:22:53 PM Admin
BANTOWkkk9chinm2014
mindray
Liver


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:23:20 PM Admin
BANTOWkkk9chinm2014
mindray
RT ADR
1 Dist 1.63 cm
2 Dist 0.56 cm
3 Dist 0.62 cm


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:22:00 PM Admin
BANTOWkkk9chinm2014
mindray
1 Dist 1.35 cm
2 Dist 0.55 cm
3 Dist 0.59 cm


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:19:00 PM Admin
BANTOWkkk9chinm2014
mindray
Liver
GDJ


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:20:12 PM Admin
BANTOWkkk9chinm2014
mindray
CAUD


IntraPet Imaging RBIILLC
kuchling,kingston
Abd small I
C11-3s
08-19-2021 12:20:48 PM Admin
BANTOWkkk9chinm2014
mindray
Bladder
Prostate

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