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Clinical Sonography & Telecytology
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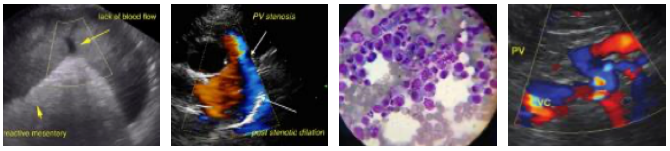


PATIENT
Francesca Barron

SPECIES
Canine

BREED
Mini Schnauzer

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
4 Kg.

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

IMAGING PERFORMED BY
Dr. Van Nieuwal

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Van Nieuwal

INVOICE
13880

DATE
8/29/22

PRESENTING CLINICAL SIGNS

Patient has history of known diabetes, bladder stones, and cushings disease. Seen at regular vet 2 days for anorexia/PU/PD, BG at that time was 78, told to decreased Vetsulin dose from 8 units to 6 units BID. Rechecked again today at regular vet due to continued anorexia, bloody stool and vomiting bile 3x. At regular vet today BG was 686. Was then transferred to ER for continued care/diagnostics. Owner had not given any insulin from Saturday til today due to no eating at home.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the visualized portion of the urinary bladder, the wall is normal in thickness. The lumen is moderately distended. A few cystic calculi are visualized, the largest measuring 0.99 cm in diameter. Luminal contents are otherwise anechoic.

The left kidney is normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few nephroliths are visualized. Pinpoint hyperechoic foci are observed within the cortex. Moderate pyelectasia is present (0.73 cm in the transverse plane). There is no evidence of hydroureter.

The right kidney is normal size (4.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few nephroliths are visualized. Pinpoint hyperechoic foci are observed within the cortex. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is seen.

Spleen

The spleen is normal in size (1.02 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.

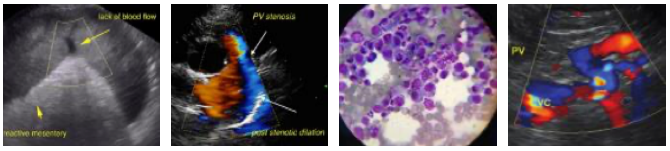
Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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



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The right limb of the pancreas is visible and normal in size 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

Primary Findings:

- Cystic calculi
- Bilateral, degenerative renal changes with nephrolithiasis and pyelectasia)more pronounced on the left side)

Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the clinical history and sonographic changes, a urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Supportive care for diabetic ketoacidosis and hyperglycemic hyperosmolar syndrome is recommended.
- When the patient is stabilized, consider a cystotomy with stone removal, analysis and culture. Alternatively, an attempt at medical dissolution (i.e., prescription urinary diet, broad spectrum antibiotics) can be considered with serial sonographic monitoring of the cystic calculi. If stones do not decrease in size within one month of initiating therapy, a cystotomy should be reconsidered.

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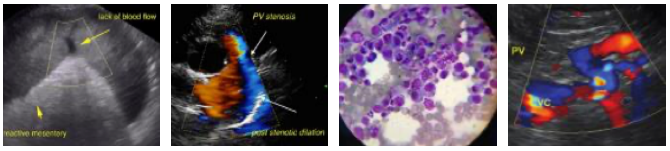

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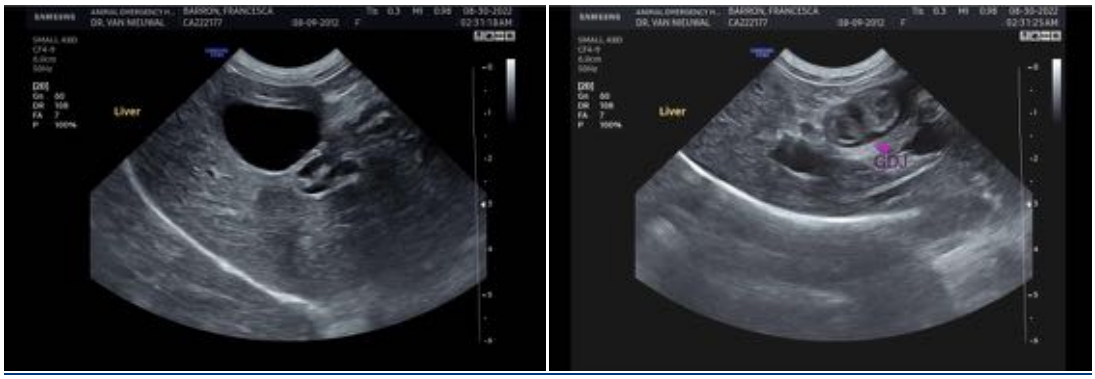

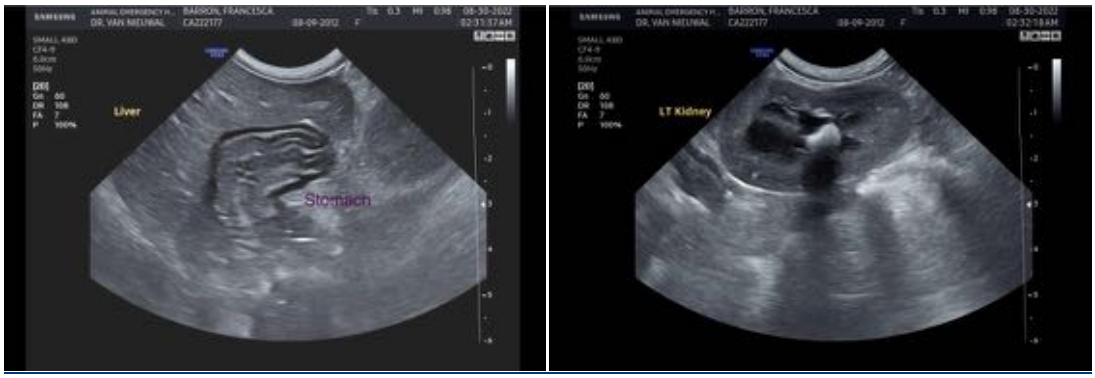

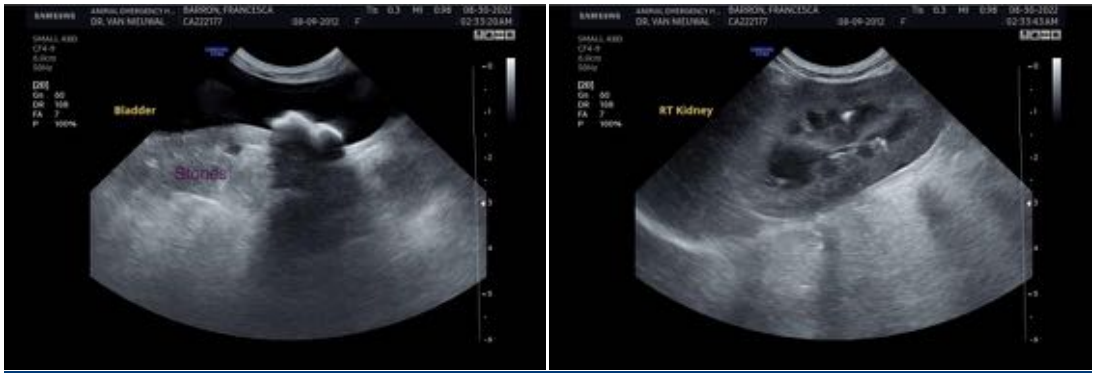

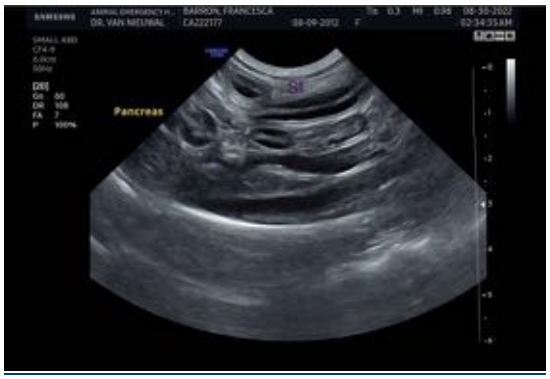

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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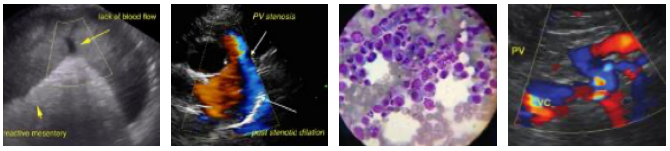

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com