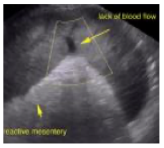
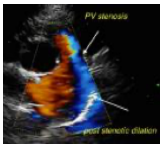
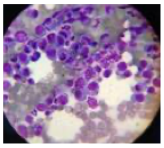
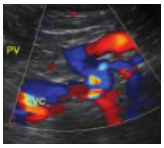
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Sammie Han

SPECIES
Canine

BREED
Husky

SEX
Spayed Female

AGE
7.5 years

WEIGHT
50 lbs

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

IMAGING PERFORMED BY
Dr. Reser

HOSPITAL NAME
Harvest Hills VH

REFERRING VET
Dr. Reser

INVOICE
11758

DATE
9.30.22

PRESENTING CLINICAL SIGNS

History: Lethargic not eating for past 3 days

Abnormal PE/Chem/CBC/UA Results: Elevations of Crea (10), BUN (110), Phos (9.1), ALT (730) ALP (236), T. bili (0.9 high normal), and Lipase (2260). USG 1.012. Lepto snap test neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (5.85 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.

The **right kidney** is normal size (6.00 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.40 cm at cranial pole) (0.50 cm at caudal pole); 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 region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (1.88 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. 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 colonic wall is 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. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unremarkable abdomen. An obvious cause for the patient's azotemia and elevated liver values is not identified in this study. Considerations include Leptospirosis, multi-focal bacterial infection, hypointensive event, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

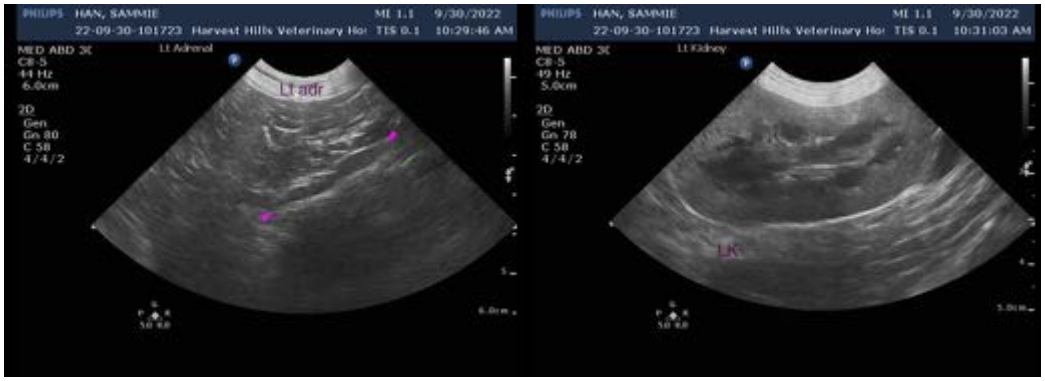
Additional testing for Leptospirosis is recommended (i.e., blood and urine PCR, convalescent serology (in approximately 2 weeks)).

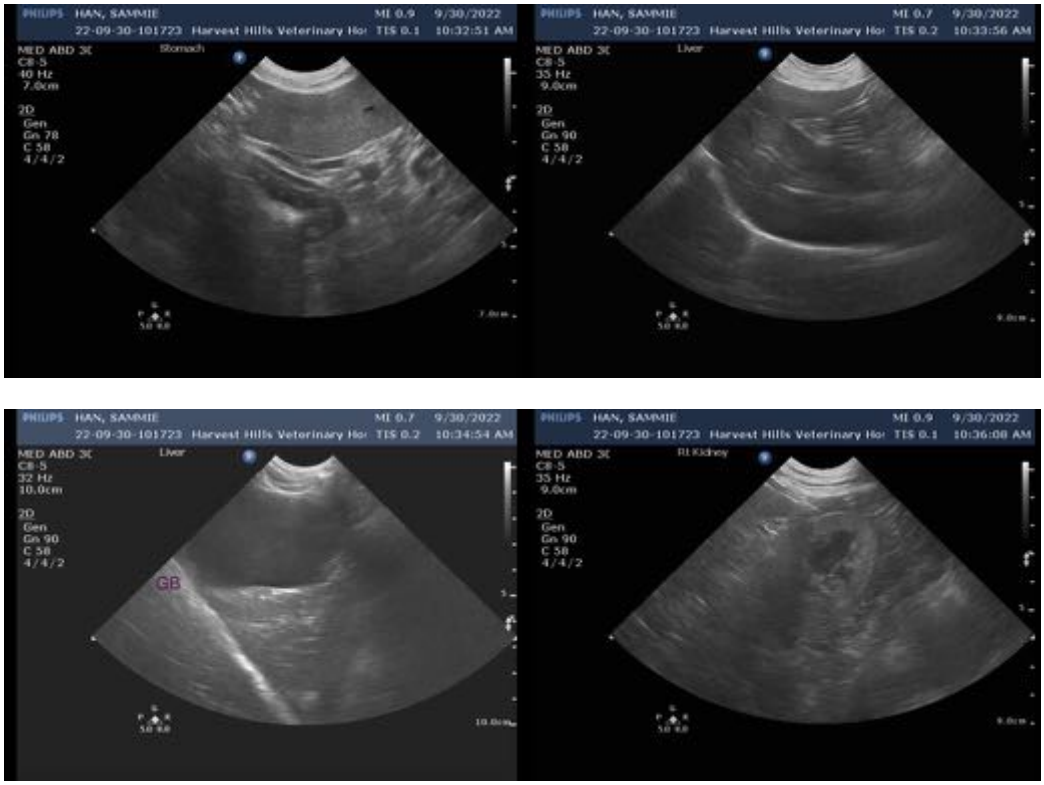
Also consider a urine culture and sensitivity, a UPC (if proteinuria is present in the absence of infection) and baseline blood pressure measurement.

A fine-needle aspirate of the liver can also be considered if clotting status is appropriate. Twenty-five gauge-needles should be used.

While awaiting test results, supportive care, including IV fluid, diuresis, broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid) and symptomatic treatment is recommended.

Also consider three-view thoracic radiographs, particularly if the patient is to undergo IV fluid diuresis.





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