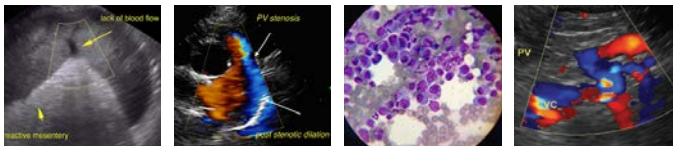
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Emi Wahaus

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Jodi Werfal

INVOICE NUMBER

34174

DATE

1/12/22

PRESENTING CLINICAL SIGNS

Pt presented on 12/20/21 for vomiting after eating and decreased appetite for 3 days prior. Bloodwork revealed azotemia, hypoalbuminemia, and elevated UPC. Patient was started on aluminum hydroxide, benazepril and clopidogrel. Patient improved symptomatically. BP was normal today and bloodwork is being repeated. Ultrasound to further explore PLN.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Both kidneys are normal in size with increased cortical echogenicity. There is a normal 1:3 cortex/medulla ratio with appropriate corticomedullary distinction. Normal smooth peripheral margination is present. There is no pyelectasia noted. No mineral is observed. Incidental cortical cysts are noted bilaterally. The left kidney measures 3.6 cm. The right kidney measured 3.83 cm.

Adrenal Glands

Right adrenal gland is normal in size (1.5 cm long x 0.76 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.8 cm long x 0.48 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

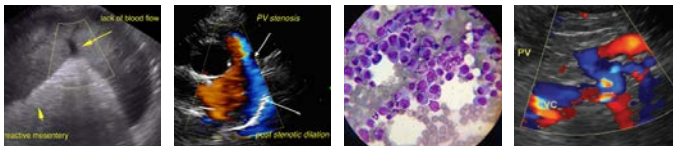
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3



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contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

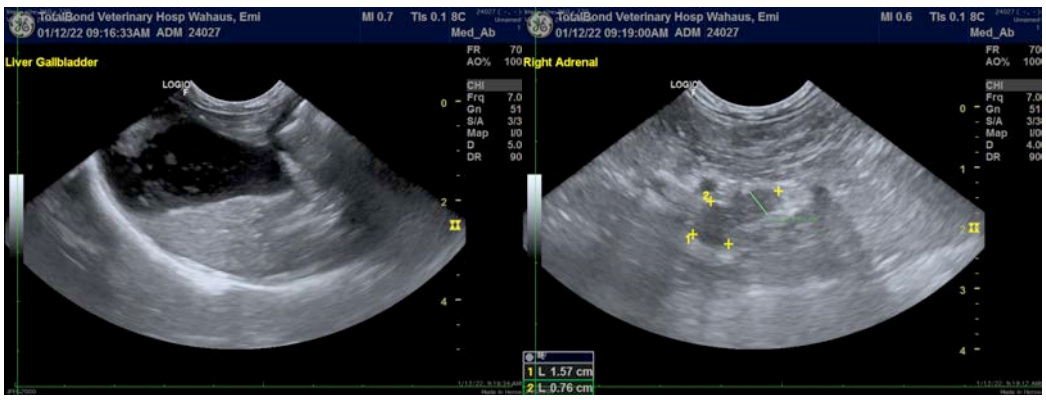
ULTRASONOGRAPHIC FINDINGS

- Hyperechoic kidneys – These changes can be seen with glomerular or interstitial nephritis, acute tubular nephrosis or necrosis caused by toxic insult (such as calcium oxalate deposition), or acute infectious disease (such as pyelonephritis or Leptospirosis).

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include infectious disease testing including Leptospirosis, a urine culture if not already performed, as well as other tick borne disease infections that can result in proteinuria. Pending results, additional therapeutic recommendations include renal diet if not already being administered plus fatty acids as well the reportedly already prescribed ACE inhibitor and anticoagulants. An empirical course of antibiotics may be considered while awaiting infectious disease testing results. If an ACE inhibitor alone does not result in improvement of the proteinuria, an angiotensin receptor blocker may need to be added for more aggressive management.



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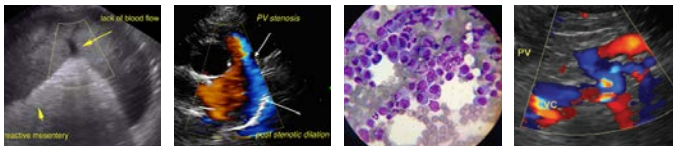

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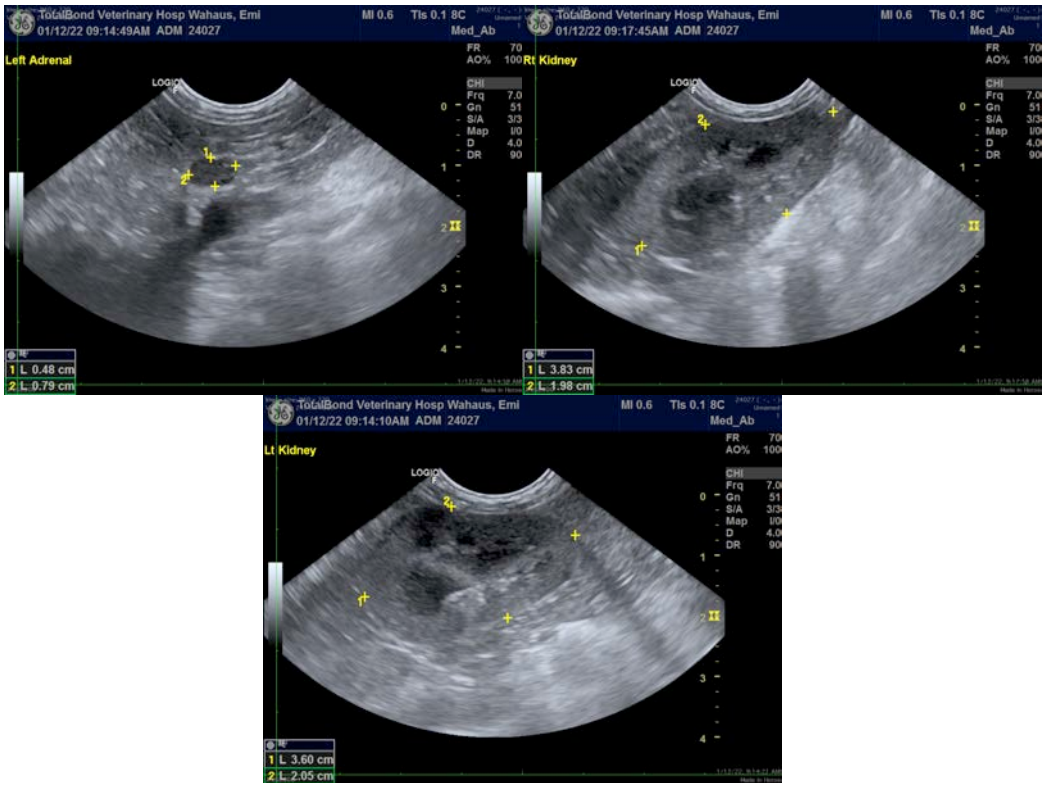

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com