

PATIENT PRESENTING CLINICAL SIGNS

Jasper Hockenbrocht Evaluated in early January for UTI symptoms - increased urination, accidents in house. U/A suggestive of urinary tract infection - treated with amoxicillin and carprofen. Presented 4 days later due to decreased appetite and vomiting at home. Bloodwork and radiographs were performed, abdominal U/S recommended based on results.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Radiographs - no obvious FB or obstructive pattern, the stomach contains a mild amount of opaque debris, fecal material in colon, remainder of organs appear wnl, no bladder stones Blood work - neutropenia, platelets adequate on smear, calcium 13.7, creat 2.6, 4dx negative Rectal exam - anal glands wnl

BREED

Boxer

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.

SEX

Neutered Male

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

AGE

5 Years

The 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. The left kidney measured 6.7 cm. The right kidney measured 6.9 cm.

WEIGHT

99 Pounds

Adrenal Glands

Right adrenal gland is normal in size (2.2 cm long x 0.68 cm at the cranial pole and 0.34 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Beth Johnson, DVM
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Left adrenal gland is normal in size (2.4 cm long x 0.49 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.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Gwenna Brubaker

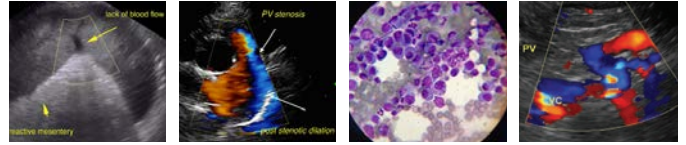
Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

INVOICE NUMBER

34180

DATE

1/12/22



PATIENT ***Gastrointestinal***

Jasper Hockenbrocht

Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

SPECIES

Canine

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

BREED

Boxer

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

Pancreas

SEX

Neutered Male

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.

AGE

5 Years

Free Abdomen

There is no evidence of peritoneal effusion. A round, hypoechoic mesenteric lymph node measuring 1.7 cm x 1.2 cm is noted, surrounded by hyperreactive mesentery.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

99 Pounds

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

- Gastritis – Microulceration cannot be ruled out.

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- Likely reactive mesenteric lymphadenopathy. Neoplastic infiltration cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Willow Run VC

The azotemia could be a result of a negative reaction to Rimadyl and/or infectious disease such as pyelonephritis given the reported historical urinary tract infection or Leptospirosis. Recommendations include discontinuing Rimadyl if not already done, recheck urine culture to see if the urinary tract infection has fully cleared, as well as testing for Leptospirosis. Therapeutic recommendations include treatment of the gastritis with antiemetic if necessary as well as gastroprotectants such as Omeprazole +/- Sucralfate.

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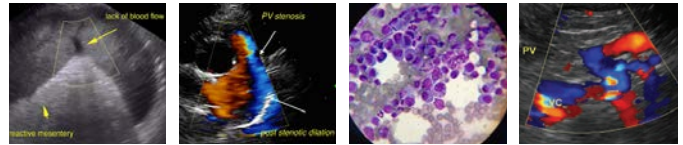
Fluid therapy is recommended for the acute azotemia with recommend IV diuresis until the creatinine either normalizes or plateaus, followed by possible at-home subcutaneous fluid therapy if indicated based on patient response. Other therapy recommended is antibiotics as directed by the urine culture results. Blood pressure is recommended if not already evaluated, as is PTH, PTHrP and ionized calcium given the hypercalcemia.

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PATIENT

Jasper Hockenbrocht

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

5 Years

WEIGHT

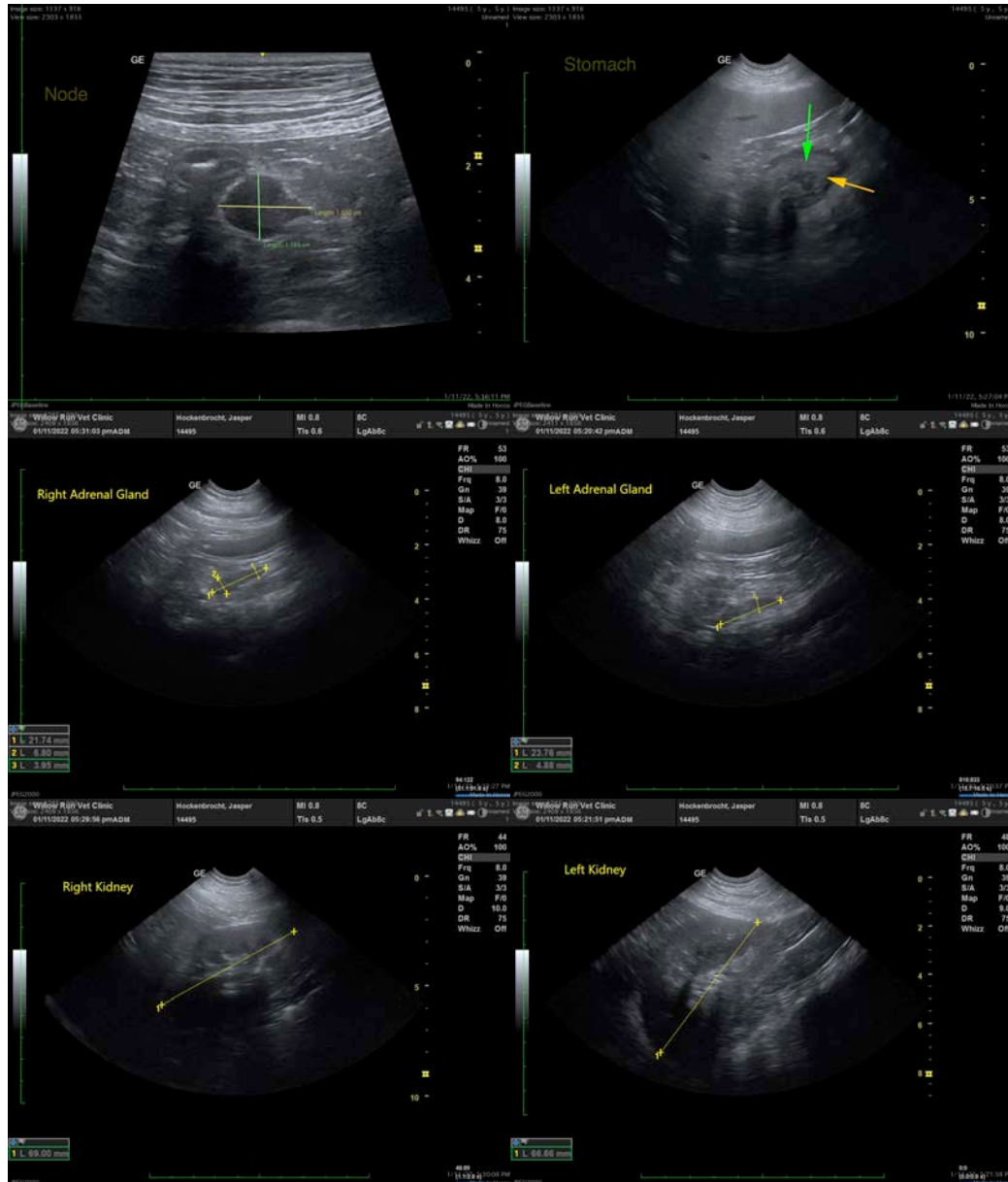
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REFERRING VET

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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.

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