

PATIENT PRESENTING CLINICAL SIGNS

Sophi Legault Presented January 13 with pu/pd and accidents in house T 38.3 C HR 120, abdomen tense U/A showed leukocytes and blood Treated with 125mg Claviseptin q 12 hours for 10 days Recheck U/A today shows decreased leukocytes, but just as much blood Recommended U/S to look for uroliths. Only meds currently are Cosopt eye drops.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached urinalysis results.

BREED

Pug x

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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

Spayed Female

The right kidney is normal in size (4.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

AGE

13 Years

The left kidney is normal in size (4.41 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

WEIGHT

9.3 kg

Adrenal Glands

The right adrenal gland is normal in size (1.48 cm long x 0.91 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (2.2 cm long x 0.56 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The 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

Simcoe AH

Liver

Hyperechoic hepatomegaly – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

REFERRING VET

Dr. Kennedy

The 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

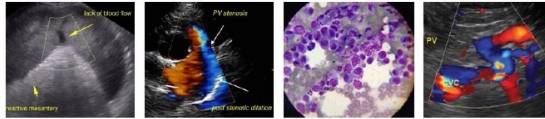
35141

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.

DATE

1/27/22



PATIENT

Sophi Legault

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.

SPECIES

Canine

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

Pancreas

BREED

Pug x

The 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.

SEX

Spayed Female

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Non-obstructive dystrophic mineralization in both kidneys
- Hyperechoic hepatomegaly canine – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

WEIGHT

9.3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Given the reported bacteriuria, recommendations include a urine culture at least one week off of antibiotics to avoid a false negative, and then treatment of the urinary tract infection based on the culture, potentially as a complicated UTI, which warrants a new treatment culture to be sure the bacteria have cleared, followed by a final culture one week after finishing antibiotics to be sure that the infection is clear and hasn't returned.

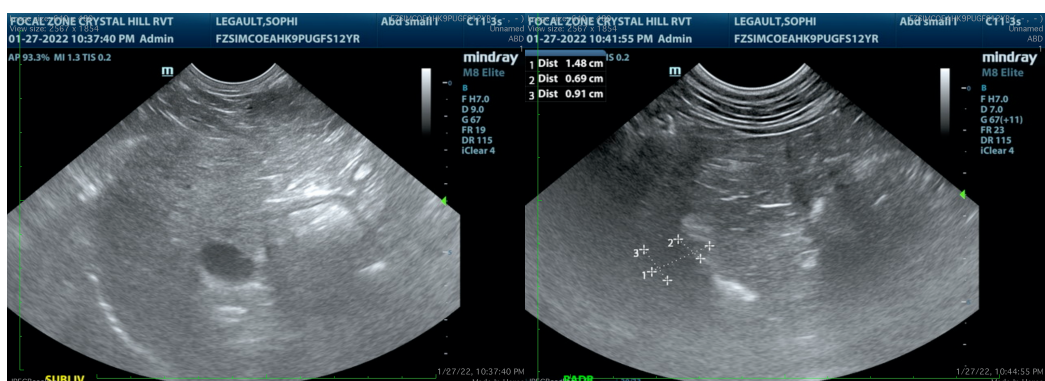
IMAGING PERFORMED BY

Crystal Hill

Given the polyuria/polydipsia that was reported combined with the urinary tract infection, testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test could be considered. If the test is diagnostic for hyperadrenocorticism, this ultrasound supports pituitary dependent versus adrenal, as hyperadrenocorticism can be present with normal size adrenal glands. Hyperadrenocorticism could be the underlying cause of the urinary tract infection.

HOSPITAL NAME

Simcoe AH



REFERRING VET

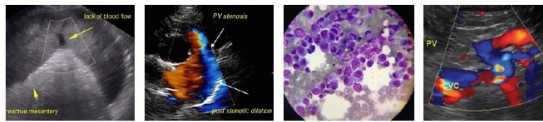
Dr. Kennedy

INVOICE

35141

DATE

1/27/22



PATIENT

Sophi Legault

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

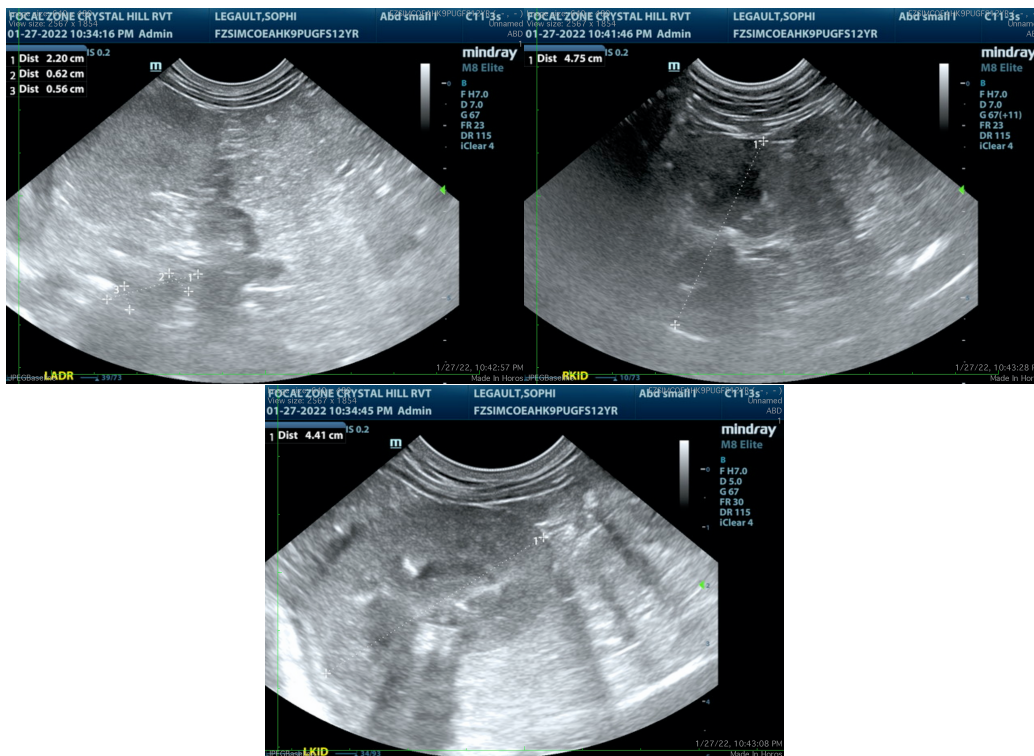
Dr. Kennedy

INVOICE

35141

DATE

1/27/22



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.

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