

**PATIENT**

Tiko Dawkins

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

15.5 Years

WEIGHT

4.6 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

43928

DATE

1/4/23

PRESENTING CLINICAL SIGNS

Chronic kidney disease with more recent weight loss and decrease in appetite. Pancreatitis flare ups every 6 mos that improve with supportive care. Recently having more urinary accidents. Mobility issues. No NSAID use due to kidney disease. Considering adding pain meds.

Abnormal PE/Chem/CBC/UA Results: Please see attached. Urine and culture pending.

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.

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

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. The right kidney measures 1.72 cm. The left kidney measures 2.7 cm. A non-obstructive nephrolith is present in the right kidney. Pyelectasia of 0.65 cm is noted in the left kidney in the transverse view.

Adrenal Glands

The right adrenal gland is normal in size (0.36 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.31 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.

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.

Liver

The 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.

Gallbladder is moderately distended with anechoic bile as well as moderate suspended and gravity dependent echogenic debris. 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 contractions

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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.

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Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

BREED

Chihuahua

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Neutered Male

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

AGE

15.5 Years

- **Chronic Kidney Disease with non-obstructive nephrolith in the right kidney** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Left kidney pyelectasia** – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Chronic active pancreatitis

WEIGHT

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SECONDARY FINDINGS

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- **Moderate 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the nephrolith, chronic kidney disease, pyelectasia, etc., and as is reportedly already pending, Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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If urine results can't explain the low albumin, further evaluation of gastrointestinal and pancreatic health is also recommended with A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

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In the meantime, supportive/symptomatic medical management of the gastrointestinal signs is recommended, beginning with antiemetics in case of subclinical nausea, potentially brought on by kidney disease, secondary pyelonephritis, etc., as well as gastroprotectants such as Omeprazole and an appetite stimulant. Additionally, Ursodiol therapy could be considered, given the moderate gallbladder debris.

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Given the appearance, the right nephrolith wouldn't be expected to be exceptionally painful. Therefore, pain management recommendations are solely based on clinical signs, and recommended if clinically the patient is painful, but not indicated if not. If abdominal pain is noted, I would be suspicious potentially of the gallbladder contributing as much if not more than the right nephrolith.

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If not recently evaluated, a blood pressure is recommended.

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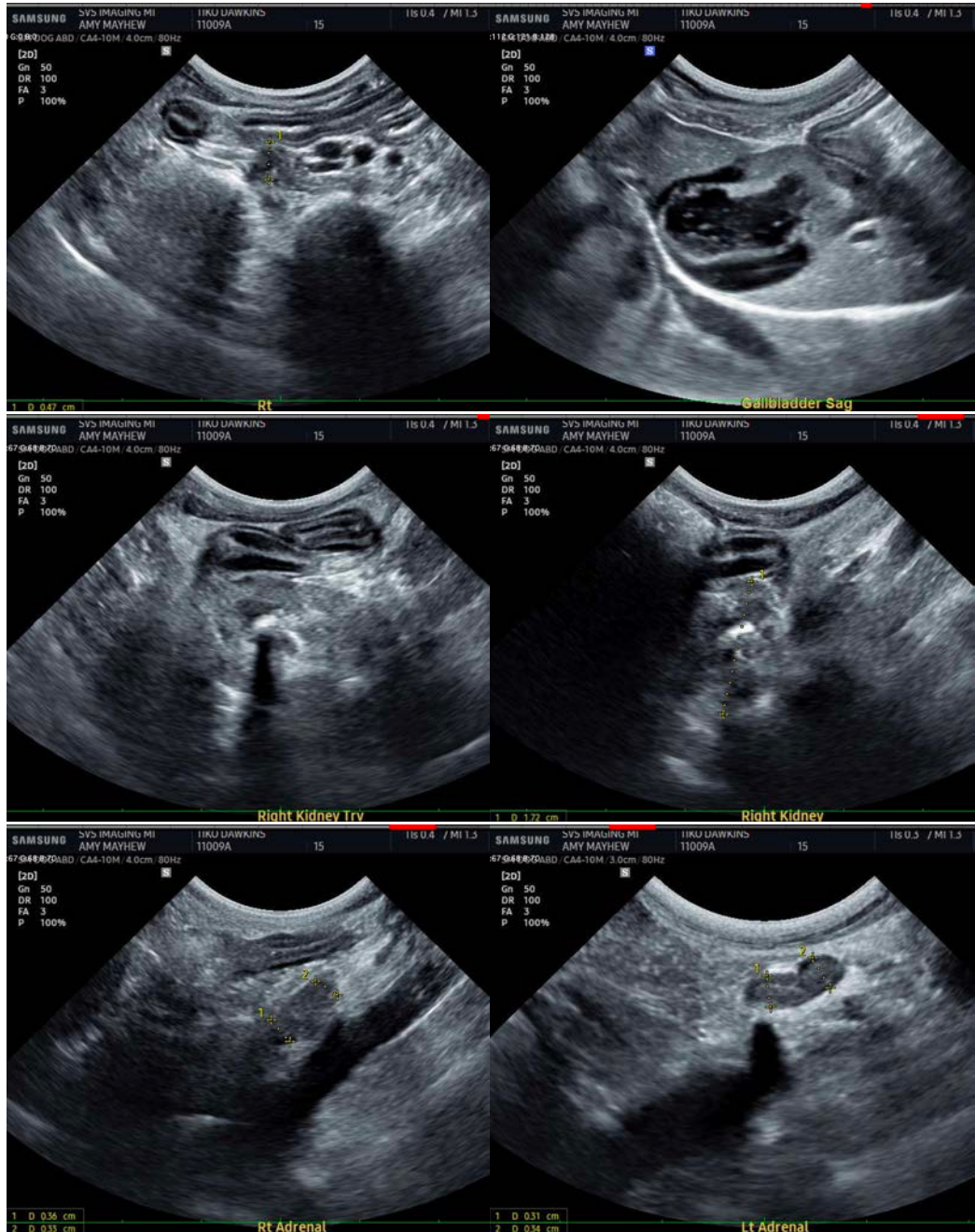
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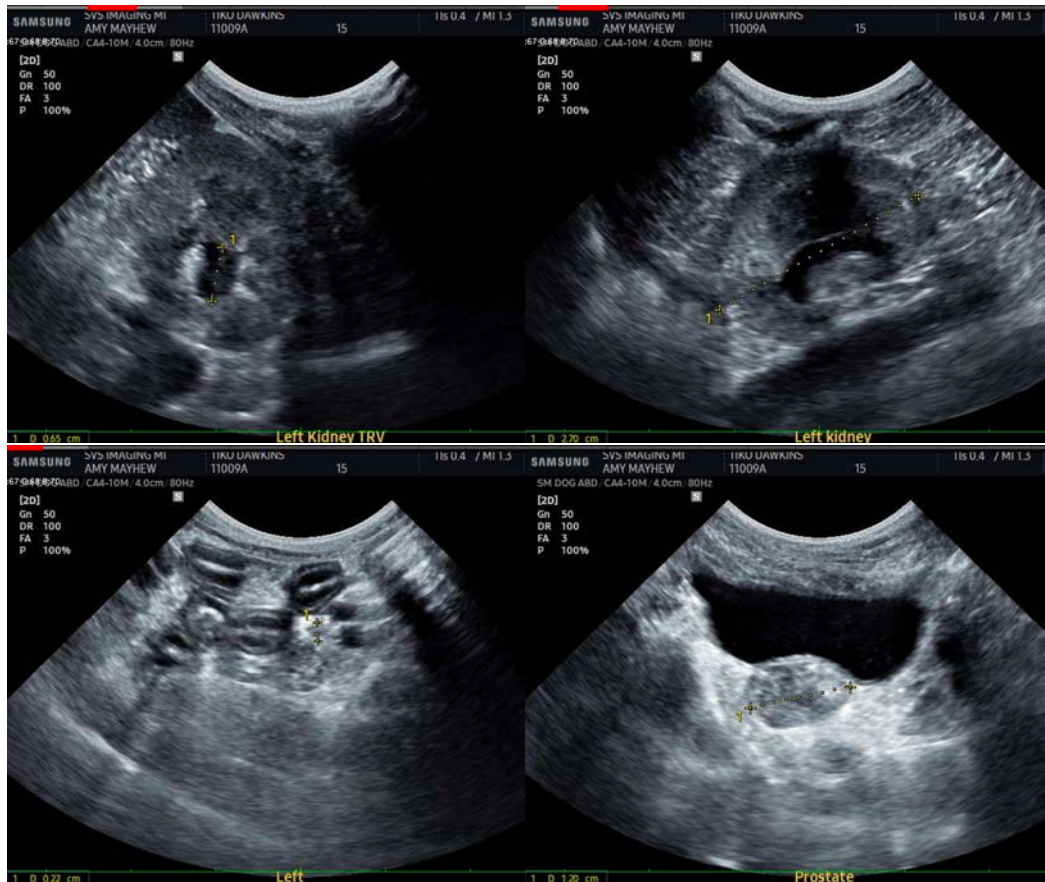
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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