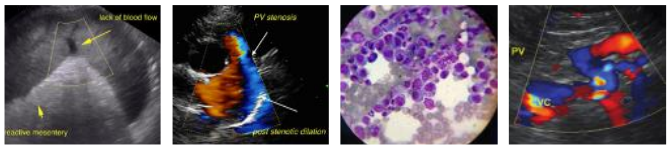
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Checkers Blades

SPECIES

Canine

BREED

Japanese Chin

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

5.03 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Johnson

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Johnson

INVOICE

17538

DATE

10/2/22

PRESENTING CLINICAL SIGNS

History: P presented 9/29/2022 7:30pm for vomiting 48 hours before presentation. P was given sugar water at home for 2 days and offered chicken - P refused to eat or drink - No diarrhea / O stated no urination observed in days. No known toxicity exposure or trauma per O to cause the acute kidney injury.

Abnormal PE/Chem/CBC/UA Results: 9/29/2022 5pm BUN >140 CRE 4.5 9/30/22 8:30a BUN >120 CRE 5.02 9/30/2022 9:30p BUN 93 CRE 1.87 10/1/2022 9:00 a BUN 50 CRE 0.98 10/1/2022 9:00pm BUN 25 CRE 0.88

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

The prostate is unable to be well visualized in these images.

Left kidney is normal is size (4.3 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, mineral or infarcts observed.

Right kidney is normal is size (4.0 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, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.4 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.44 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is unable to well visualized in these images.

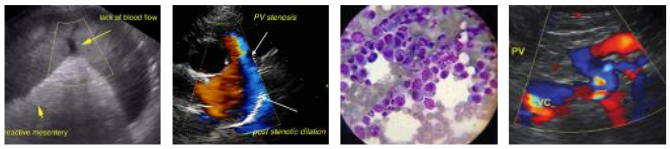
Liver

Based primarily on still images, 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.

The gallbladder is unable to well visualized in these images.

Gastrointestinal

Based on primarily still images, the visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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

- A relatively unremarkable/normal abdomen, without evident cause for this patients reported acute azotemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis results are unknown, however, given the lack of visible inflammatory changes or structural changes of the kidneys, the azotemia could potentially have been prerenal. If it was determined to be renal based on isosthenuria before fluids, then differentials for acute kidney disease, that has fully resolved, reportedly, include a toxin, potentially infectious disease, even leptospirosis, especially if this patient has been receiving antibiotics, helping results in the improvement, etc. Recommendations include:

A blood pressure, just to make sure the patient is not concurrently hypertensive, if not recently evaluated, as well as 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.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Testing for Leptospirosis is warranted, especially if samples were obtained prior to antibiotic therapy. If not, serology could be considered versus PCR.

Given this patients return to normal kidney values, if clinical resolution is also present, recommendations include recheck kidney values in a week to be sure they're still normal or sooner if clinical signs redevelop. If clinically doing well and lab work is still normal in a week, additional follow up for this problem is likely not necessary.

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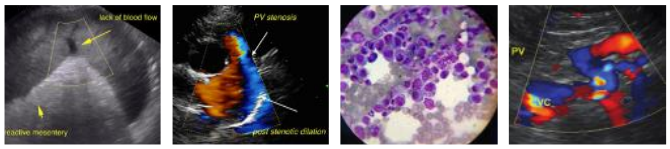

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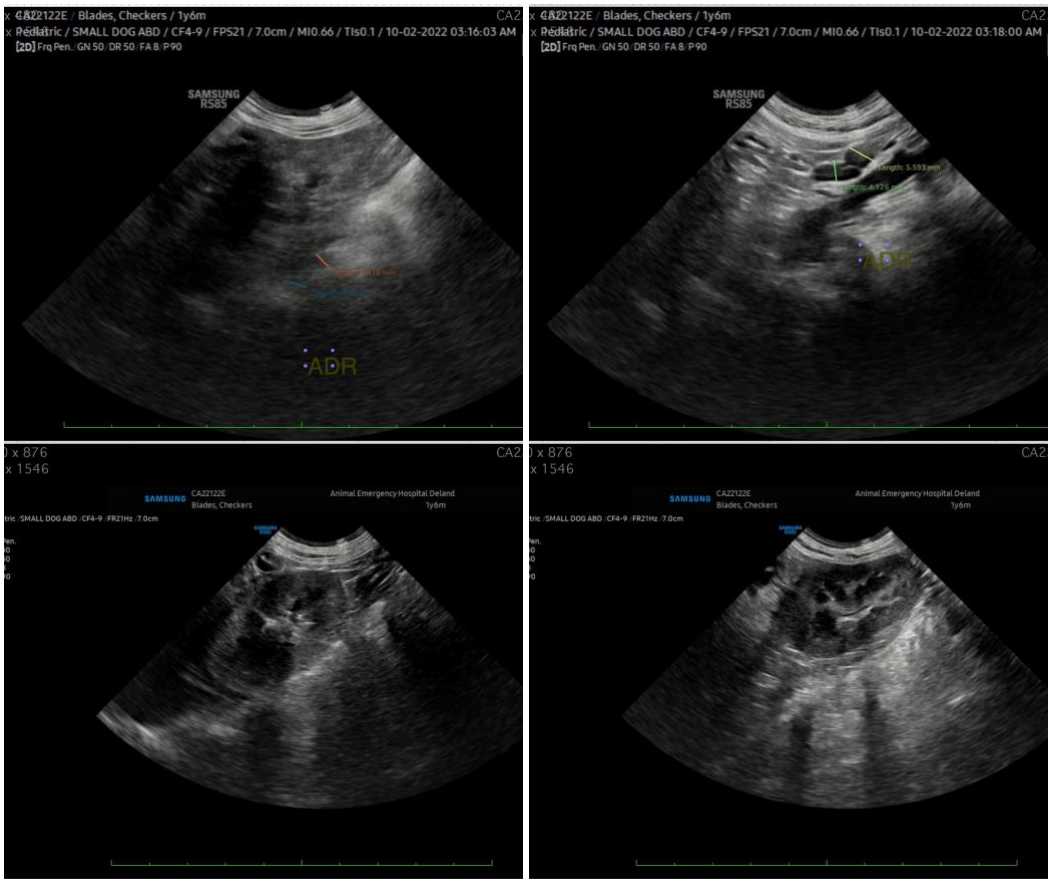

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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