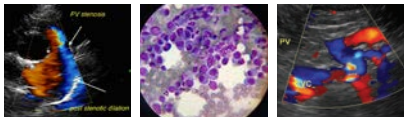
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

12/13/22

PATIENT

Tinaja Montalvo

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed Female

AGE

10/7/12

WEIGHT

19.73 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Mike

INVOICE

43411

PRESENTING CLINICAL SIGNS

Sudden onset poor appetite and lethargy on 11/29 starting 11/22
new bun/crea elevations noted, poorly responsive to cerenia, fluids, renal diet (minimal improvement).
History - 1-2/6 systolic murmur on left (first heart 9/2022)

Current Medications: injection cerenia, SQ fluids initial day; IVF for day followed by SQ fluids q 3 d at home (o declined transfer to 24 hr facility)
Lab Results: 11/29/22 bun 58, cre 3.4 sdma 40, cpl negative ; sg 1.019
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Non-obstructive areas of mineralization/nephroliths are noted. Pyelectasia noted in both kidneys, 0.50 cm in the right and 0.28 cm in the left. The right kidney measures 4.49 cm. The left kidney measures 4.23 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.96 cm long x 0.54 cm at the cranial pole and 0.56 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 (2.02 cm long x 0.76 cm at the cranial pole and 0.63 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). A 1.2 cm x 1.0 cm nodule, non-capsule disrupting, is noted in the mid body of the spleen with a hyperechoic center and a hypoechoic rim (target lesion). 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 suspended and gravity dependent echogenic debris (mild). 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 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

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.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

The uterine stump is visible without evident pathology.

No evidence of pericardial effusion noted in these images.

PRIMARY FINDINGS

- **Chronic Kidney Disease with non-obstructive nephrolithiasis bilaterally –** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

- **Pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

- **Splenic nodule** – May represent a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc. However, given the target lesion appearance, infiltrative neoplasia is also possible and cannot be ruled out.

SECONDARY FINDINGS

- **Mild 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.

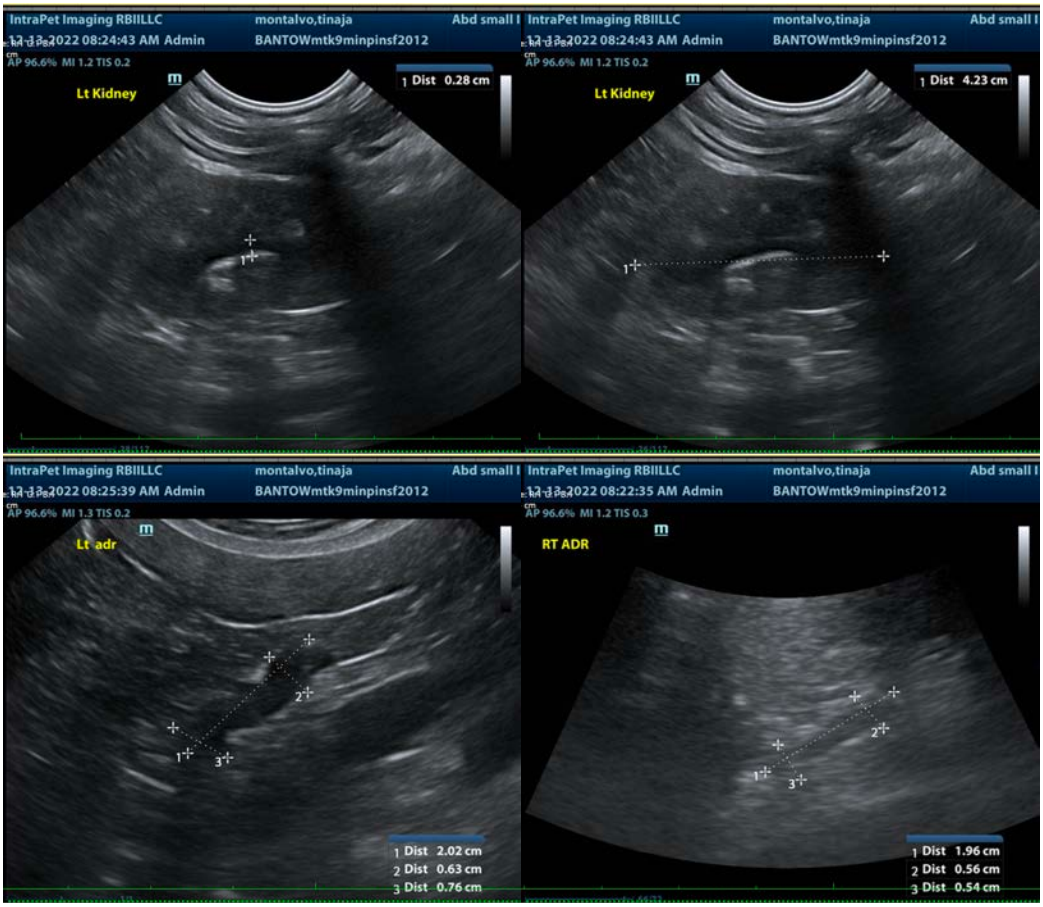
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

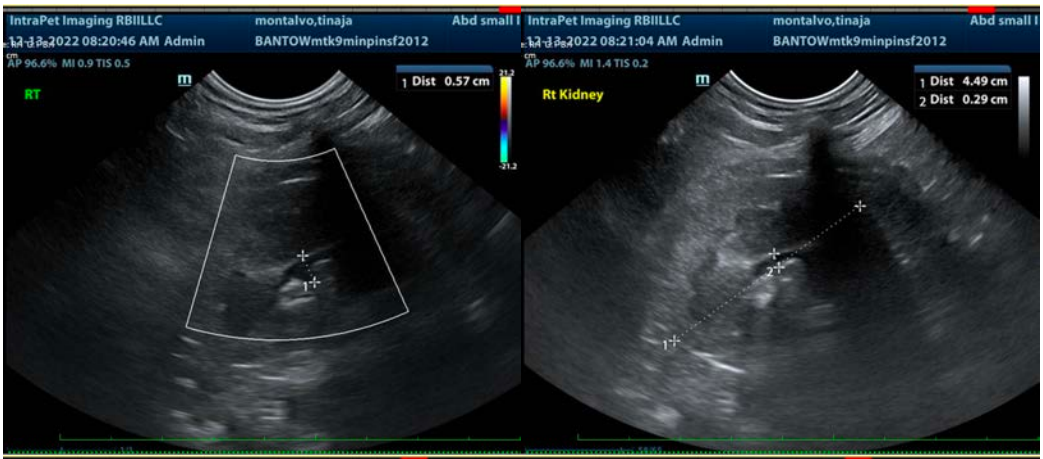
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the splenic nodule could be considered if patient's coagulation status is appropriate, or if a more conservative approach is elected, the nodule should be monitored, beginning with a recheck in 6-8 weeks.

A urine culture is recommended, as is testing for Leptospirosis if not recently evaluated. A blood pressure is also recommended if not recently evaluated.

In the meantime, continued management of the newly diagnosed kidney disease is recommended. If not already in place, antiemetics, gastroprotectants, and an appetite stimulant as well as the reportedly already being administered fluids may help appetite. If not, feeding tube placement could be considered.





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
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