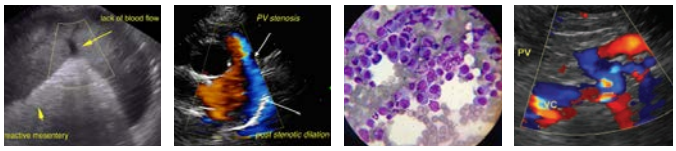
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Zuul Miller

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

12 Years

WEIGHT

77.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrianne Waffle

INVOICE NUMBER

33427

DATE

12/14/21

PRESENTING CLINICAL SIGNS

Presented for mass removal surgery - pre anesthetic blood work completed. Surgery placed on hold due to increased SDMA.
Abnormal PE/Chem/CBC/UA Results: Severely elevated SDMA Blood work otherwise unremarkable USG 1.040 Evidence of UTI

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.

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

Right kidney is normal in size (7.0 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.

Left kidney is normal in size (6.2 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

The left adrenal gland is enlarged in size (0.65 cm at the cranial pole and 0.80 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right gland is enlarged in size (2.6 cm long x 1.5 cm at the cranial pole and 1.0 cm at the caudal pole). Normal shape and contour are maintained. 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.

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.

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.

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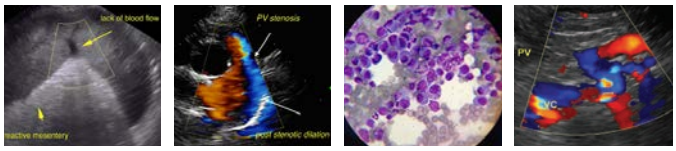

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Gastrointestinal

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

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 peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include treating/managing this patient's reported urinary tract infections including a post-completion culture to be sure the infection has fully cleared at least a week after finishing antibiotics.

Other recommendations include checking blood pressure given the increased SDMA. SDMA becomes increased sooner than the loss of concentrating ability and/or azotemia, so this could be a sign of very early or emerging chronic kidney disease. However, other than routine monitoring, managing the concurrent problems (in this case the urinary tract infection) and avoiding renal insults such as hypotension and/or nonsteroidals during the planned surgery, no further intervention warranted at this time.

Recommendations do include close monitoring of the lab work (for example recheck values in 1-3 months). If values are persistent and/or there are changes, next steps may include adding early stage kidney diet to therapy plan. If clinical signs of hyperadrenocorticism such as polyuria, polydipsia, polyphagia, panting, etc. are present, testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test is also recommended in case hyperadrenocorticism is contributing to the urinary tract infection.

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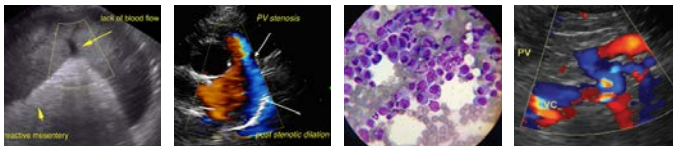

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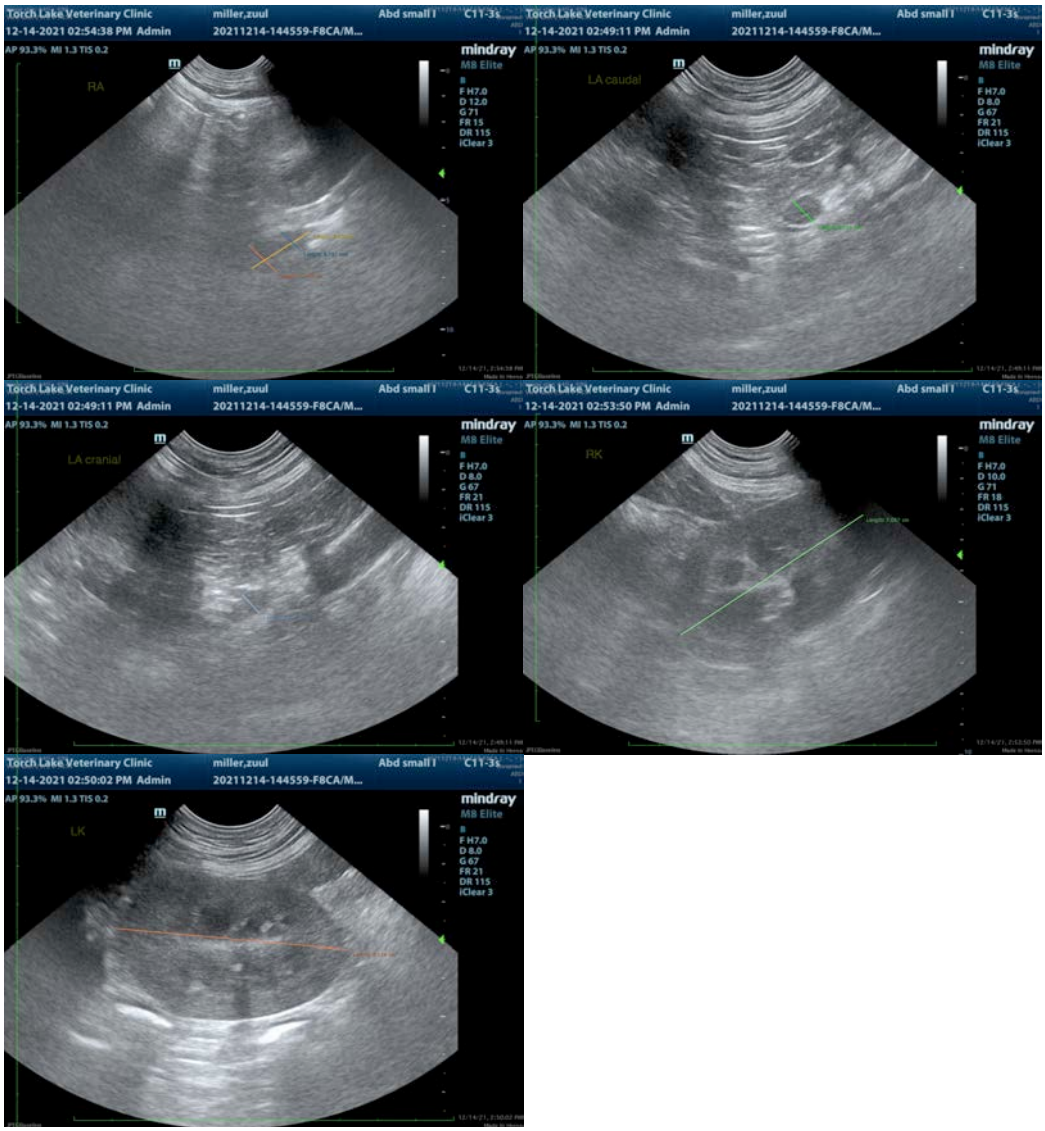

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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