

DATE	PRESENTING CLINICAL SIGNS
2/13/22	Presenting Complaint: Not Eating. Not drinking. Lethargic. Tremors / Shaking / Trembling.
PATIENT	History: Date: 02-12-2022 Notes: P presents for not eating, acting lethargic. Started last week with progressively decreasing appetite. No vomiting, no diarrhea. Pet was seen at primary veterinarian 2 days ago for not eating on 2/10 - labs were sent out and P was tx'd outpatient w/SQF, cerenia inj and sq baytril injection. Urinalysis showed UTI. In house agar plate urine culture performed- negative. Owners were informed that P has a kidney infection. Previous history of multiple UTI's - treated with antibiotics, no workup, rads, or previous labwork performed. UTD on vax.
Tucker Thompson	
SPECIES	
Canine	Assessments: Severe azotemia - suspect AKI.
BREED	Current Medications: Ondansetron 2mg/mL Injection, Enrofloxacin (Baytril) 100mg/mL Injection, Buprenorphine 0.6mg/mL, Acepromazine 10mg/mL Injection, and Maropitant Citrate (Cerenia) 10mg/mL Solution Injection.
Labrador	
SEX	Lab Results: Attached.
Neutered Male	
AGE	Radiographs: large opacity in center of bladder r/o: single bladder stone vs blood clot vs other spondylitis w/bridging b/w L1/L2 liver appears subjectively small R kidney smaller and mildly enlarged L kidney
2013	Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.
WEIGHT	
93.1 Pounds	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
INTERPRETED BY	<i>Urinary System</i>
Beth Johnson, DVM DACVIM	Urinary bladder is only mildly distended due to the placement of a U-Cath. Therefore, complete assessment is limited. 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.
IMAGING PERFORMED BY	The left kidney is large in size measuring 9.0 cm with a normal shape and increased echogenicity. A smooth peripheral margination is maintained. Corticomedullary distinction is decreased with poor visualization of internal architecture. Renal pelvis is dilated (pyelectasia), measuring (0.34 cm). No visible obstruction is observed, but cannot be ruled out. No mineral is observed.
Rachel Brillhart, RDMS	
HOSPITAL NAME	The right kidney is small (6.4 cm) and irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Renal pelvis is dilated (pyelectasia, noted in the sagittal view), measuring (0.9 cm). No visible obstruction is observed, but cannot be ruled out. No mineral is observed.
Animal Emergency Hospital	
REFERRING VET	<i>Adrenal Glands</i>
Dr. Kraselski	The adrenal glands are normal in size, but subjectively flat in appearance. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 3.06 cm long x 0.46 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 2.92 cm long x 0.61 cm at the cranial pole and 0.77 cm at the caudal pole.
INVOICE	
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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 small 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.

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

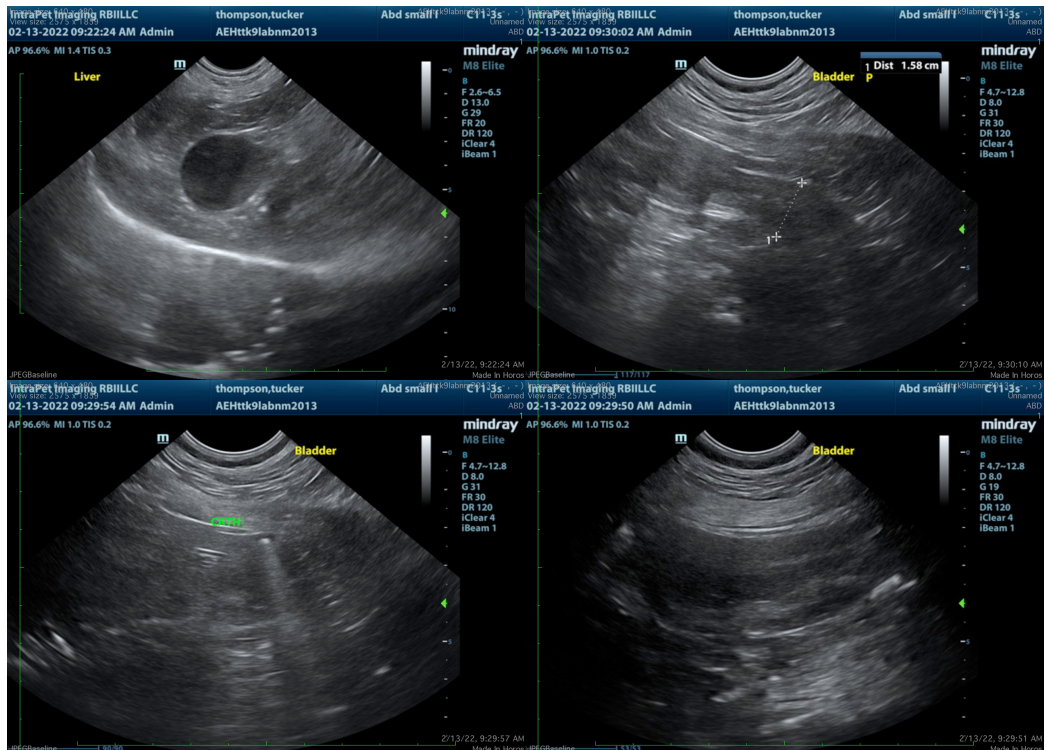
- Enlarged, hyperechoic left kidney with loss of corticomedullary distinction – Differentials include compensatory hypertrophy, especially given the smaller right kidney, versus acute kidney insult from infectious disease such as Lepto, pyelonephritis, toxin, etc.
- Smaller right kidney with loss of corticomedullary distinction – More consistent with chronic kidney disease, such as seen with chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Bilateral pyelectasia - Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

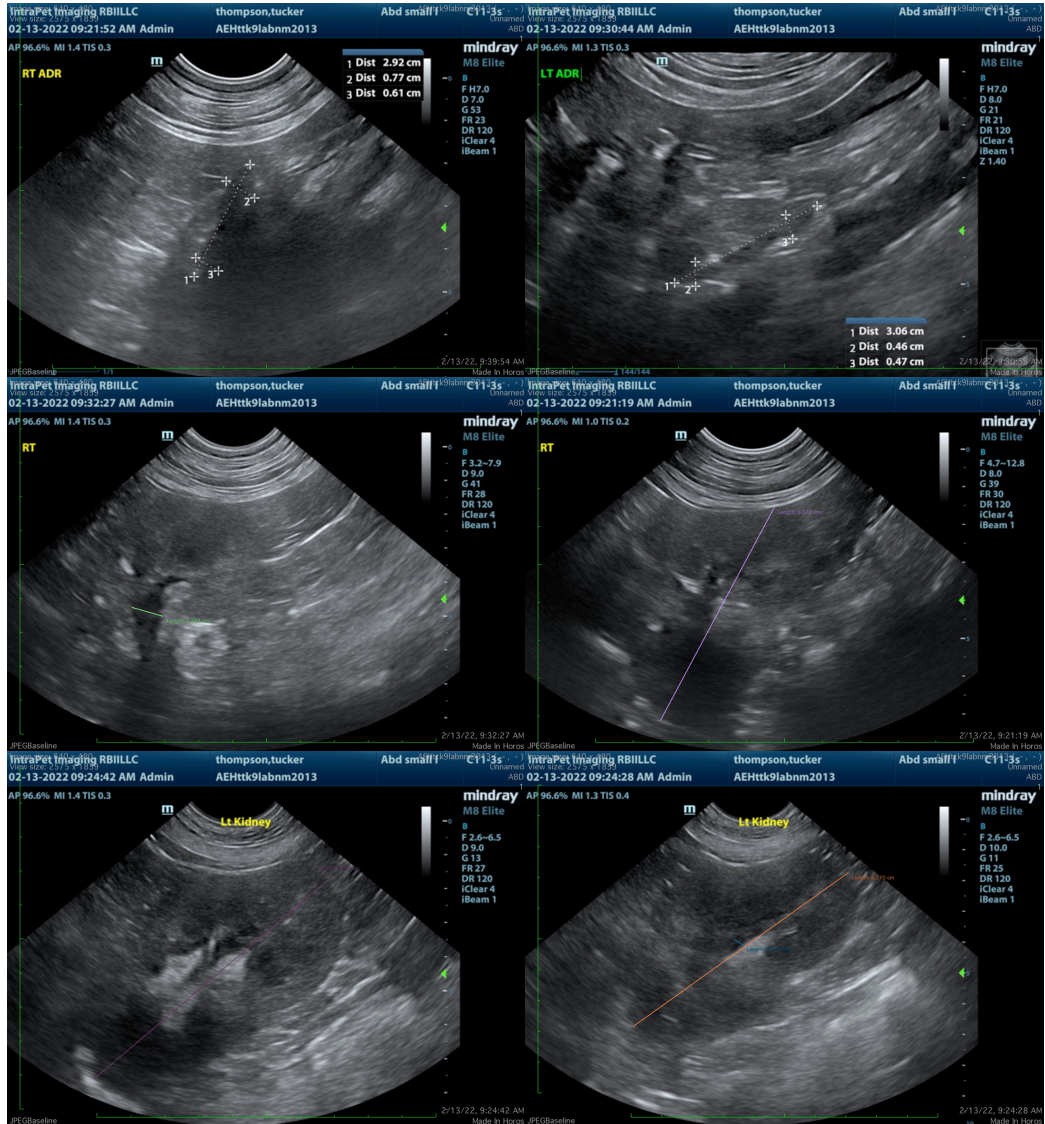
- Subjective microhepatica – Differentials include normal patient variant versus chronic hepatitis versus (less likely based on these images but possible) vascular anomaly.
- Subjectively flat adrenal glands – Rule out normal patient variant versus relative hypoadrenocorticism versus true hypoadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include medical management of Leptospirosis and acute kidney disease based on the reported positive Leptospirosis results with diuresis, antibiotics, as well as supportive care of any concurrent gastrointestinal signs, antiemetics, gastroprotectants, appetite stimulants, etc. If not yet evaluated, urine protein to creatinine ratio is recommended if there is protein in the urine in an otherwise quiet sediment.

Given the subjectively flat adrenal glands, an ACTH stimulation test is recommended to rule out hypoadrenocorticism or even relative hypoadrenocorticism, given this patient's acute severe illness. Finally, bile acids are recommended given the subjective microhepatica to further assess hepatic function.





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.

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