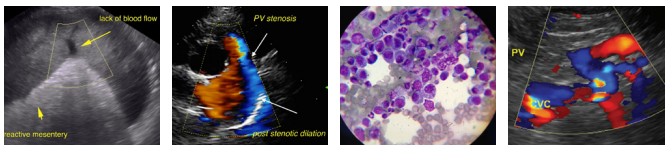
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Gus Grotti

SPECIES
Canine

BREED
Lab

SEX
Neutered Male

AGE
3

WEIGHT
80

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
44690

DATE
2/2/23

PRESENTING CLINICAL SIGNS

Re check prev u/s on 1/12 showed renal dysplasia, owner reports generalized lethargy, seems "off" losing some hair on back legs

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.

The area of the prostate is examined without evident pathology.

The left kidney appears more normal in appearance than on the last study, with a normal size, shape, and echogenicity at 6.64 cm. Smooth peripheral margination is maintained. There is a slight loss of corticomedullary distinction and mildly decreased normal architecture. No evidence of pyelectasia, mineral, or infarcts.

The right kidney is also more normal in appearance with a normal shape, echogenicity, and smooth peripheral margination, but it is still slightly small in size, measuring 5.23 cm. Mildly decreased corticomedullary distinction and a mild loss of architecture is also appreciated, but to a much less degree than was originally suspected, and there is no evidence of pyelectasia, mineral, or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.35 cm long x 1.8 cm at the cranial pole and 0.91 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 (2.51 cm long x 0.59 cm at the cranial pole and 0.51 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.

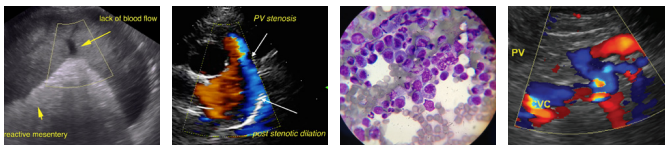
Liver

The liver is subjectively mildly decreased 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 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.



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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.

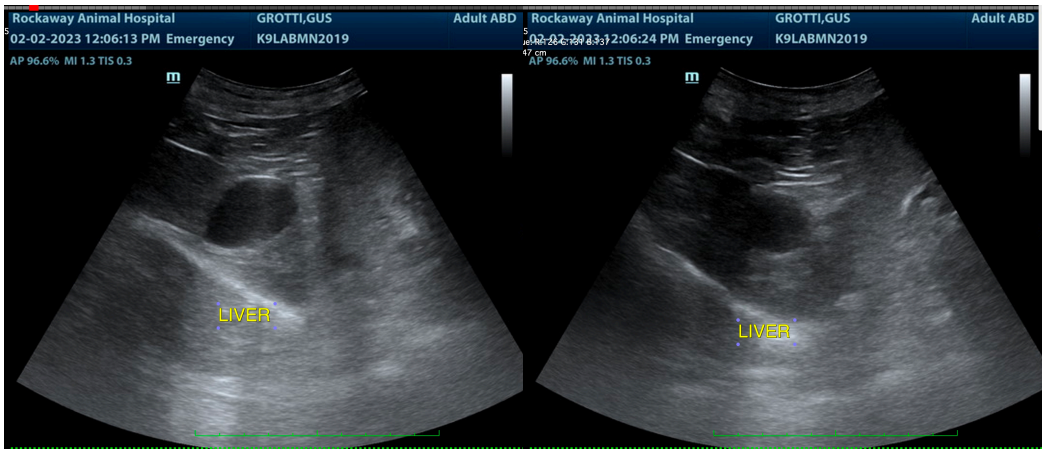
ULTRASONOGRAPHIC FINDINGS

- Subjectively mild microhepatica – Rule out normal patient variant versus end stage liver disease or even vascular anomaly in a patient of this age.
- Mild evidence of chronic kidney disease or renal dysplasia is present, but too a much less degree than originally suspected based on these images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further medical recommendations are very much dependent on this patient's general metabolic health screen, including CBC/Chem panel, electrolytes, urinalysis, and blood pressure. If evidence of kidney disease has been and is present and has progressed, that could explain the progression in clinical signs. If kidney disease is not a reasonable explanation give laboratory results, further diagnostic options given the general malaise include:

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism Bile acids are also recommended, given today's suspicion for microhepatica.



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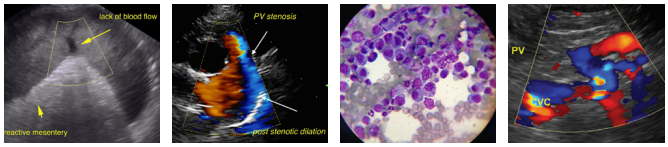

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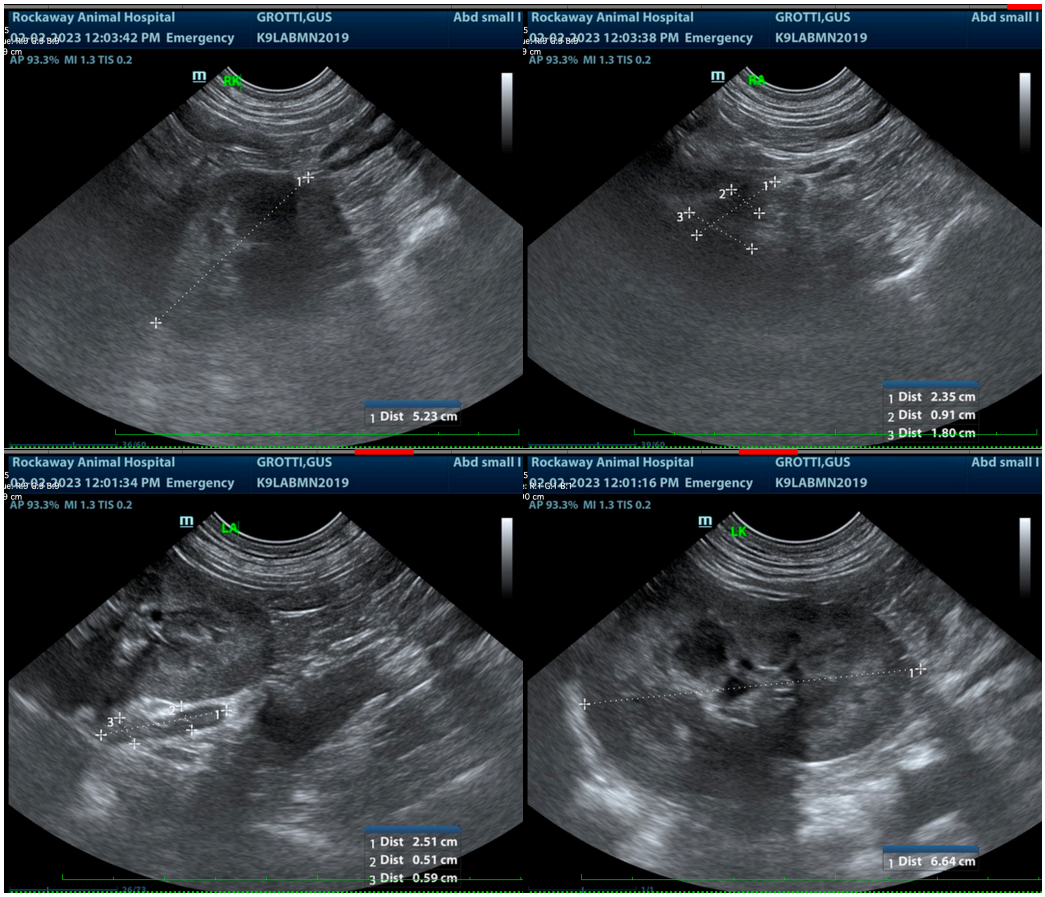

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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