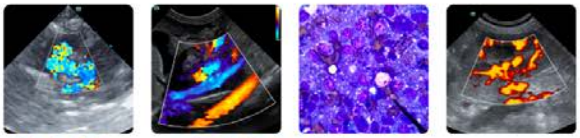

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Roger Frost

SPECIES

Canine

BREED

Dachshund x

SEX

Neutered Male

AGE

14 Years

WEIGHT

11 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Huntington Animal Hospital

REFERRING VET

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72711

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PRESENTING CLINICAL SIGNS

Roger has a history of stage B1 MVD, a previous episode of UTI/pyelonephritis (March 2025) that was confirmed resolved and persistent isosthenuria without azotemia (Suspected stage 1 IRIS renal). 4Dx/cPL were negative. Signs included pyrexia, lethargy, anorexia, neutrophilia and he responded to antibiotics based on C&S. A similar episode in December responded to Clavaseptin.

8 days ago, he presented with similar symptoms including looking uncomfortable, anorexia, pyrexia. He was again neutrophilic, with mild elevations this time in ALT and ALP and a USG 1.008 with a p[H of 8, inactive sediment and a negative culture. Normal cPL. He has vomited once. Tx with Baytril and pyrexia resolved but still not himself/hyporexic. Dx open - neoplasia, IBD, renal, endocrine, hepatic, other.

Current Medications- Cerenia 24 mg PO SID for 4 days, Gabapentin 100 mg PO BID

Abnormal PE/Chem/CBC/UA Results: CBC - WBC 31 x 109 Neutrophilia 27.5 x 109 Monocytosis 1.21 x 109 Biochem - ALT - 128 U/L ALP - 509 U/L UA - USG 1.008, pH 8.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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 area of the prostate is examined without evident prostatic pathology.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney is normal in size at 4.66 cm with mild to moderate pyelectasia present. The right kidney is slightly small in size, measuring 3.86 cm with mild to moderate pyelectasia present.

Adrenal Glands

The right adrenal gland is normal in size (1.4 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

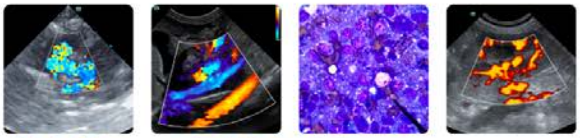
The left adrenal gland is normal in size (0.46 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.0 cm thick at the hilus 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 enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. 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 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.

The visible small intestines are normal in wall thickness and layering. Subtle/mild hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed 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 visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic kidney disease changes noted bilaterally with mild to moderate pyelectasia bilaterally as well – This could be a chronic change from previous episodes, although chronic low-grade smoldering or current active pyelonephritis can't be definitively ruled out.
- Very mild/subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- 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.

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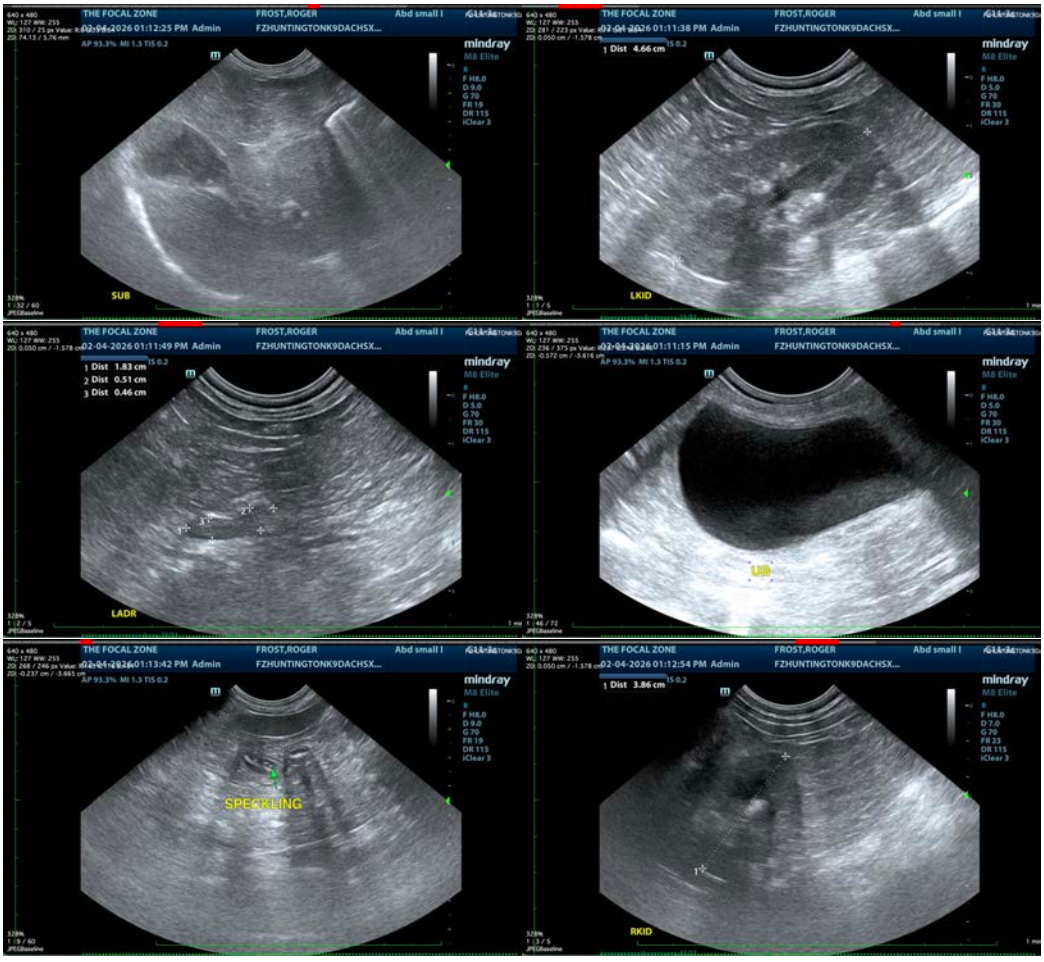
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If continued supportive/symptomatic medical management of clinical signs and medical management of a presumed flare up of pyelonephritis does not result in full resolution of clinical signs, etc., further gastrointestinal workup recommendations could include:

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.



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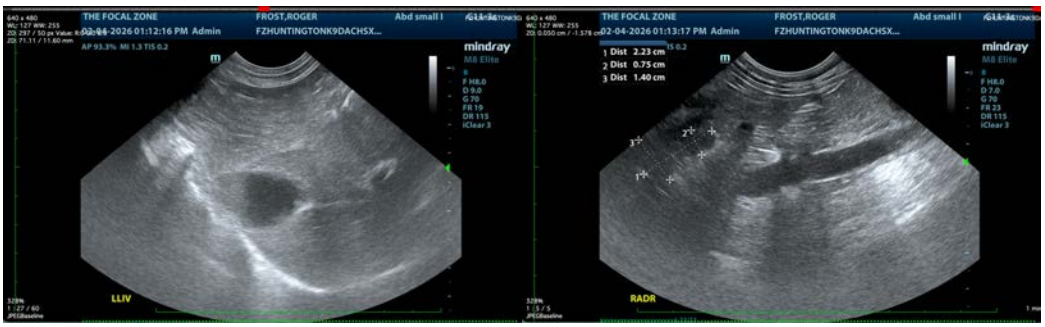

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com