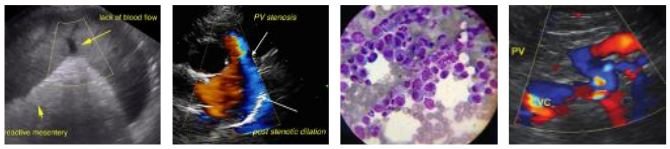
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Smiler Bruce

SPECIES

Canine

BREED

Australian Shpeherd

SEX

Neutered Male

AGE

6 Years

WEIGHT

21.95 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency Hospital, Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

21030

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Presented to rDVM for vomiting - acute presentation. Bloodwork and x-rays were done and showed severe azotemia. Patient was sent here for further diagnostics and care. Possible raisin ingestion. Otherwise, no other known toxicity or cause for azotemia. X-rays showed subjective mild loss of serosal detail.

Abnormal PE/Chem/CBC/UA Results: BUN 105 Creat 7.5 Phos 7.6 platelets 64,000 Lymphocytes low at 0.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 prostate is unable to be well visualized.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The left kidney measured 6.55 cm. The right kidney measures 7.0 cm. Markedly enhanced hyperechoic mesenteric fat and a small amount of anechoic free fluid are noted perinephric bilaterally.

Adrenal Glands

Left adrenal gland is normal in size (0.57 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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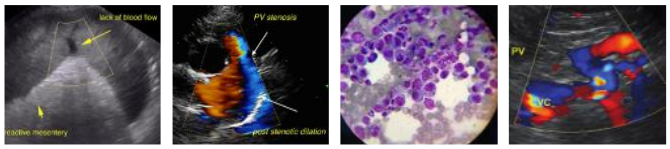

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas 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

A small amount of free fluid and markedly enhanced hyperechoic mesenteric fat is present around both kidneys. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Nephritis with visible evidence of inflammatory change around both kidneys consistent with an acute insult, such as infectious, or as suspected in this patient per history, toxic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A blood pressure is recommended if not recently evaluated.

Testing for Leptospirosis should be considered since the possible grape ingestion is not definitive.

In the meantime, aggressive medical management of acute kidney insult with diuresis, as much as can be tolerated by the patient, broad spectrum antibiotics, as well as supportive/symptomatic management of gastrointestinal signs with antiemetics, gastroprotectants, appetite stimulants (if necessary), etc., is recommended.

Given the suspected acute nature of the insult, additionally, if geographically available and owner wishes to pursue, dialysis may be an option for this patient.

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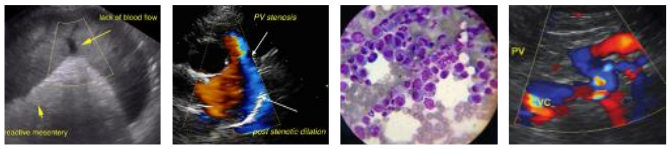

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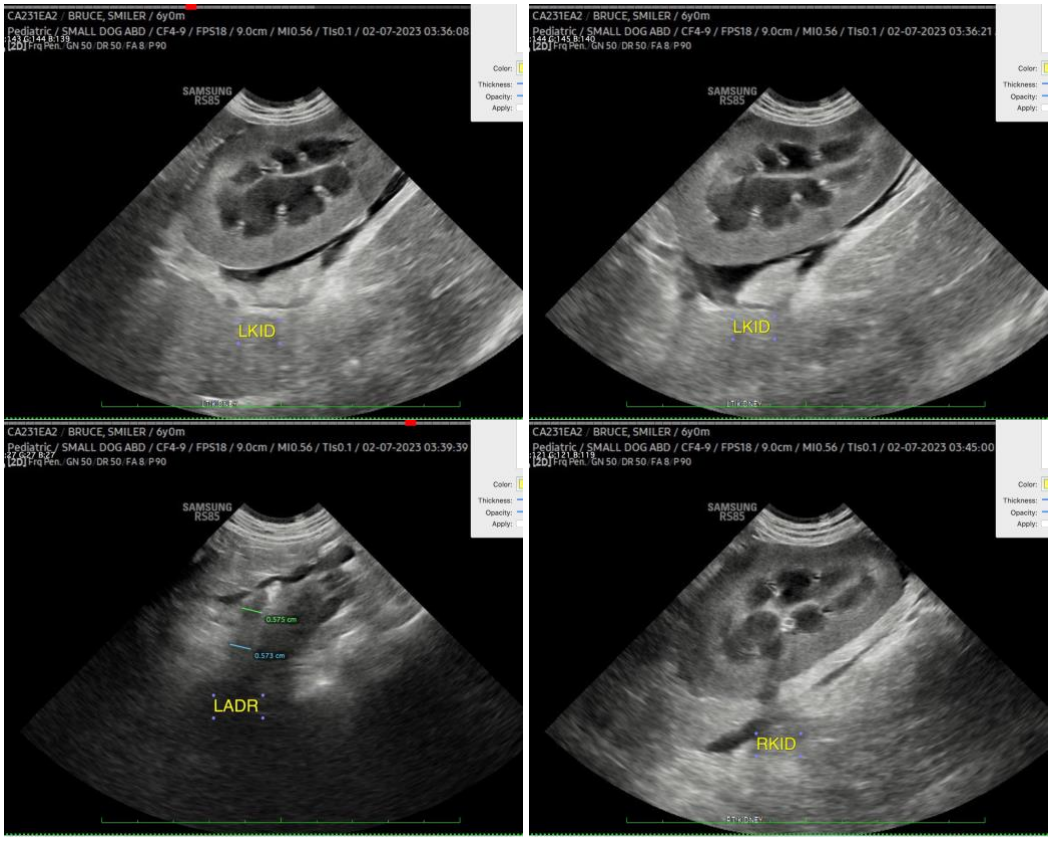

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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