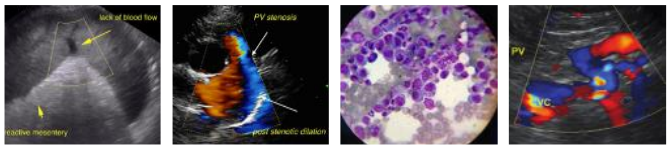
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sugar Hanes

SPECIES

Canine

BREED

JRT X

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Welti

INVOICE

21036

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for ADR, NE, Blood in BM and V+ phlegm w/pink. Pet was seen @ rDVM ~2wks ago because she was NE and having accidents in the house. BW/and U/A completed. Showed elevated kidney values- changed diet to kidney diet. O is very concerned about K9s urine since it took time to receive results, K9 is doing better in regards to the urine, but is PD. Starting yesterday K9 stopped eating, V+ a lot of phlegm with pink tinge and BMs have blood. P not eating well for a while (appetite declined over past year). No previous bloodwork to compare recent labwork to. Previous Health Concerns: Allergies Current Medications: Was sent home with an appetite stimulant, gave once and K9 became anxious and V+ it up

Abnormal PE/Chem/CBC/UA Results: Abdominal: moderately tense on abdominal palpation; rectal- soft, reddish-brown stool on rectal Chem: BUN 76.9, create 3.0, rest WNL CBC: HCT 50.2%, rest WNL EPOC: K 3.3, BUN 61, create 3.26, rest WNL UA (cysto): 1.012, Blood 3+, RBC 5/hpf, WBC <1/hpf, cocci present, rods suspect

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.

Left kidney is normal is size (5.22 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.

Right kidney is normal is size (5.34 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

Left adrenal gland is normal in size (2.11 cm long x 0.49 cm at cranial pole and 0.77 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

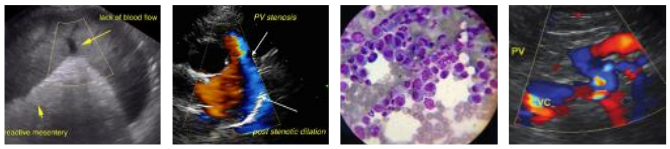
Right adrenal gland is unable to be well visualized in these images.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. 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.



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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

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Splenic micronodular hyperplasia – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

- Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

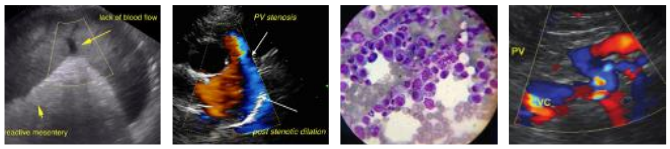
There is not a definitive explanation or link to explain this patients reported newly diagnosed kidney disease and gastrointestinal signs. Uremic gastritis may help explain the gastric changes, however, doesn't typically result in hematochezia. Therefore, two separate etiologies may be present.

A urine culture is recommended if not recently evaluated, as is a blood pressure.

Testing for Leptospirosis is recommended.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

If a diagnosis is not obtained from the above, further work up of the gastrointestinal signs (specifically) is recommended with a fecal exam, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory, for further evaluation of possible infectious disease, and 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.



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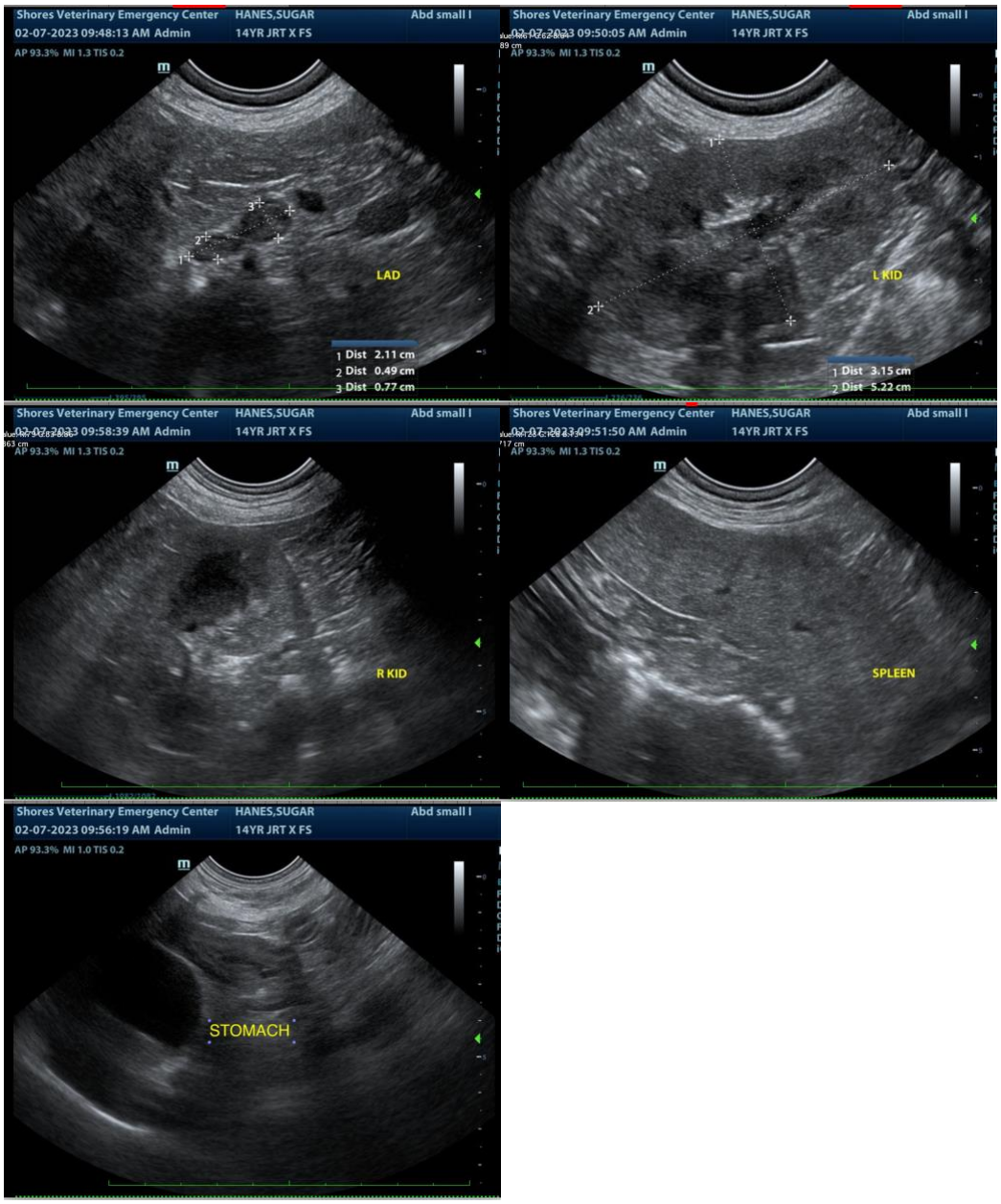
In the meantime, supportive/symptomatic medical management of both the kidney disease and gastrointestinal signs is recommended with fluid therapy (as needed), pain management (if indicated), antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, as well as a probiotic, such as Visbiome or Proviable. Broad spectrum antibiotics may also be considered pending patient tolerance. If gastrointestinal signs persist without a diagnosis, recheck imaging could be considered or further evaluation via upper and lower GI endoscopy may be indicated.



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.

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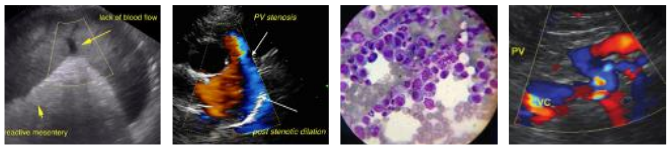

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

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