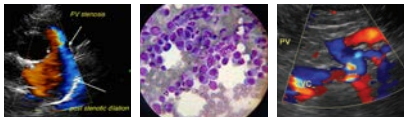
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3/23/23

PATIENT

Bella Mckeldin

SPECIES

Canine

BREED

German Shepherd x

SEX

Spayed Female

AGE

1/2/09

WEIGHT

43.1 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

46152

PRESENTING CLINICAL SIGNS

Presented for new patient exam. O notes a history of progressive weight loss. O was told previous labs showed renal disease but otherwise unremarkable. Bloodwork from previous vet unavailable but labs noted in record show BUN-30, Creat 1.7. Pet also has a history of intermittent vomiting and inappropriate urination. On exam moderate muscle loss, weakness in hind legs, rest unremarkable.

Current Medications: Galliprant 60 mg 1/2T sid started 3/9, Gabapentin 100mg 1 bid prn pain started 3/9
Lab Results: BUN- 30, creat 1.7 urine sg- 1.021.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Pyelectasia is noted measuring 0.36 cm in the left kidney (Sagittal view) and 0.56 cm in the right kidney (sagittal view). Additionally, there is an approximately 1.0 cm cortical cyst in the cranial pole of the left kidney. The left kidney measured 6.09 cm. The right kidney measured 4.39 cm.

Adrenal Glands

The right adrenal gland is normal in size (measurement), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.25 cm long x 0.62 cm at the cranial pole and 0.69 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 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 moderately distended with anechoic bile as well as mild to moderate suspended and gravity dependent echogenic debris. Some mineral/sand debris is suspected. 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 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

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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

- Age related kidney changes with mild bilateral pyelectasia – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

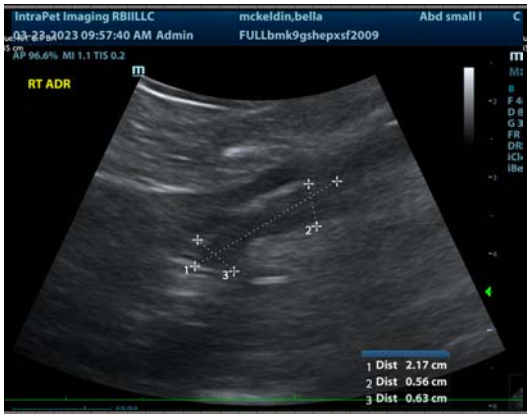
- **Mild to moderate gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should 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.

- **Pancreatic age-related remodeling –** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's level of reported kidney disease appears mild, and likely not significantly related to the reported weight loss, given the lack of reported proteinuria. Having said that, further evaluation of the kidney disease is recommended, beginning with testing for Leptospirosis.

Further workup for the weight loss is dependent on this patient's appetite. If appetite is decreased, then empirical medical management for possible gastritis/microulceration possibly secondary to the kidney disease could be considered in the form of antiemetics, gastroprotectants, appetite stimulants, etc. as a trial. Additionally, empirical deworming with a 5-day course of Panacur is recommended. If, however, this patient's appetite is normal or even increased, further evaluation for maldigestion/malabsorption is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.


IntraPet Imaging RBIILLC
mckeldin,bella
Abd small I
03-23-2023 09:57:40 AM Admin
FULLbmk9gshepxsf2009
AP 96.6% MI 1.1 TIS 0.2
RT ADR
1 Dist 2.17 cm
2 Dist 0.56 cm
3 Dist 0.63 cm


IntraPet Imaging RBIILLC
mckeldin,bella
Abd small I
03-23-2023 09:52:38 AM Admin
FULLbmk9gshepxsf2009
AP 96.6% MI 1.2 TIS 0.2
RT
1 Dist 4.50 cm
2 Dist 0.28 cm


IntraPet Imaging RBIILLC
mckeldin,bella
Abd small I
03-23-2023 09:50:50 AM Admin
FULLbmk9gshepxsf2009
AP 96.6% MI 1.4 TIS 0.3
Lt adr
1 Dist 2.25 cm
2 Dist 0.69 cm
3 Dist 0.62 cm


IntraPet Imaging RBIILLC
mckeldin,bella
Abd small I
03-23-2023 09:49:51 AM Admin
FULLbmk9gshepxsf2009
AP 96.6% MI 1.2 TIS 0.2
Lt Kidney
1 Dist 6.09 cm
2 Dist 0.36 cm
3 Dist 1.32 cm
4 Dist 1.05 cm


IntraPet Imaging RBIILLC
mckeldin,bella
Abd small I
03-23-2023 09:56:18 AM Admin
FULLbmk9gshepxsf2009
AP 96.6% MI 1.2 TIS 0.2
Pancreas
1 Dist 1.96 cm


IntraPet Imaging RBIILLC
mckeldin,bella
Abd small I
03-23-2023 09:53:01 AM Admin
FULLbmk9gshepxsf2009
AP 96.6% MI 1.2 TIS 0.2
RT
1 Dist 0.56 cm
2 Dist 4.39 cm


IntraPet Imaging RBIILLC
mckeldin,bella
Abd small I
03-23-2023 09:47:59 AM Admin
FULLbmk9gshepxsf2009
AP 96.6% MI 1.2 TIS 0.1
Liver

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