



PATIENT PRESENTING CLINICAL SIGNS

Ruby O'Conner HX of ingesting 800-1000mg of ibuprofen 7 days ago. O has noticed lethargy and inappetence. PUPD. 50mg/Kg

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC - unremarkable BUN - 58 Creatine -3.1 SDMA - 19 U.S.G - 1.006

BREED

Brittany Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Female

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.

AGE

8 Months

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 right kidney measured 7.4 cm. The left kidney measured 6.36 cm.

WEIGHT

43.8

Adrenal Glands

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (1.73 cm long x 0.41 cm at the cranial pole and 0.28 cm.), 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.

IMAGING PERFORMED BY

Dr. Adrienne Waffle

Liver

HOSPITAL NAME

Torch Lake VC

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.

REFERRING VET

Dr. Adrienne Waffle

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.

INVOICE

46103

Gastrointestinal

DATE

3/23/23

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.



PATIENT

Ruby O'Conner

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

SPECIES

Canine

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.

BREED

Brittany Spaniel

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Female

There is no apparent lymphadenopathy noted in these images.

AGE

8 Months

ULTRASONOGRAPHIC FINDINGS

- **Nephritis** – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.

WEIGHT

43.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of these kidneys is consistent with an acute insult as described in this patient's history of Ibuprofen toxicity. If not recently evaluated, recommendations include assessing blood pressure as well as assessing and quantifying (if present) proteinuria.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

A call to poison control could be considered. Even though this is not an acute incident, they may be able to provide information regarding prognosis, progression, chances of resolution, etc.

IMAGING PERFORMED BY

Dr. Adrienne Waffle

In the meantime, beginning medical management for kidney disease, beginning with a kidney friendly diet, hypertension and/or proteinuria management if indicated, as well as supportive/symptomatic therapy of clinical signs such as antiemetics, gastroprotectants, appetite stimulants, etc. if needed.

HOSPITAL NAME

Torch Lake VC

Fluid therapy may also be helpful until values either normalize (ideally) or plateau, at which time fluids could be discontinued, or transitioned to at-home subcutaneous fluid therapy while monitoring kidney values for continued improvement versus progression, etc.

REFERRING VET

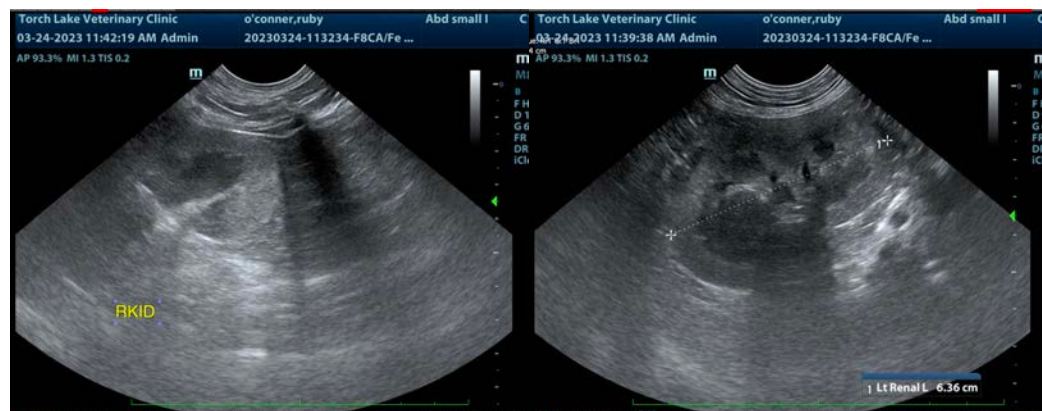
Dr. Adrienne Waffle

INVOICE

46103

DATE

3/23/23





PATIENT

Ruby O'Conner

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Female

AGE

8 Months

WEIGHT

43.8

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrienne Waffle

INVOICE

46103

DATE

3/23/23



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