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Clinical Sonography & Telecytology
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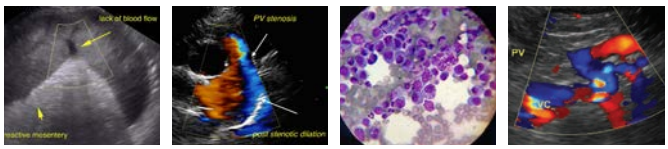


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tessa Devane

SPECIES
Canine

BREED
Min Pin

SEX
Spayed Female

AGE
11 Years

WEIGHT
9.1 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Meghan Myers

INVOICE
46324

DATE
3/30/23

PRESENTING CLINICAL SIGNS

Acute presentation yesterday for vomiting, diarrhea, anorexia and lethargy. exam- moderate dehydration, painful abdomen, slight fever today 103.5- yesterday was normal at 102

Abnormal PE/Chem/CBC/UA Results: bun: elevated at 49 creat:elevated at 2.0 alt: elevated 760 alkp: elevated 1810 globulin: elevated 4.6 ggt: elevated 33

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.

The right kidney is normal in size (3.1 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 mineral or infarcts observed. Pyelectasia is difficult to be fully observed and measured but is present.

The left kidney is normal in size (3.1 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 mineral or infarcts observed. Pyelectasia is noted at 0.44 cm in the transverse view.

Adrenal Glands

The right adrenal gland is normal in size (0.85 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm at the cranial pole and 0.44 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

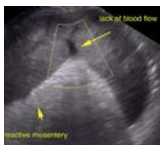
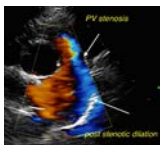
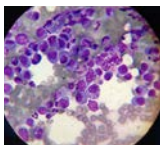
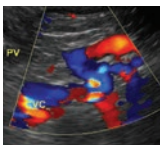
Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

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.

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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 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.

Free Abdomen

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

There is a video provided of a 1.2 cm round, heterogeneous, partially cystic structure, presumably a lymph node. However, I am unable to fully assess where it is in the abdomen.

There is some enhanced hyperechoic mesenteric fat surrounding both kidneys.

ULTRASONOGRAPHIC FINDINGS

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Hypersplenism –** can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Moderate bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction. Given the enhanced perinephric fat, pyelonephritis is highest on the list.
- **Cystic lymph node** – This may be a reactive lymph node or evidence of infiltrative neoplasia and cannot be differentiated without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's bilateral pyelectasia and azotemia, a 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.

Given the concurrent liver involvement, testing for Leptospirosis is recommended.

Fine needle aspirates of the spleen and liver are recommended if patient's coagulation status is appropriate.

In the meantime, diuresis as well as supportive/symptomatic medical management of the gastrointestinal signs in the form of antiemetics, gastroprotectants, a probiotic such as Visbiome or Proviable as well as hepatic nutraceuticals and broad-spectrum antibiotics are recommended while awaiting results.

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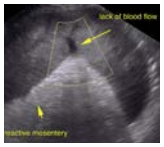
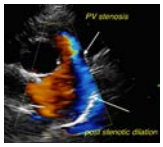
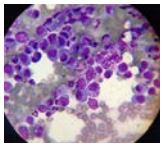
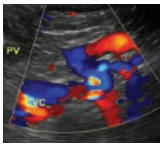

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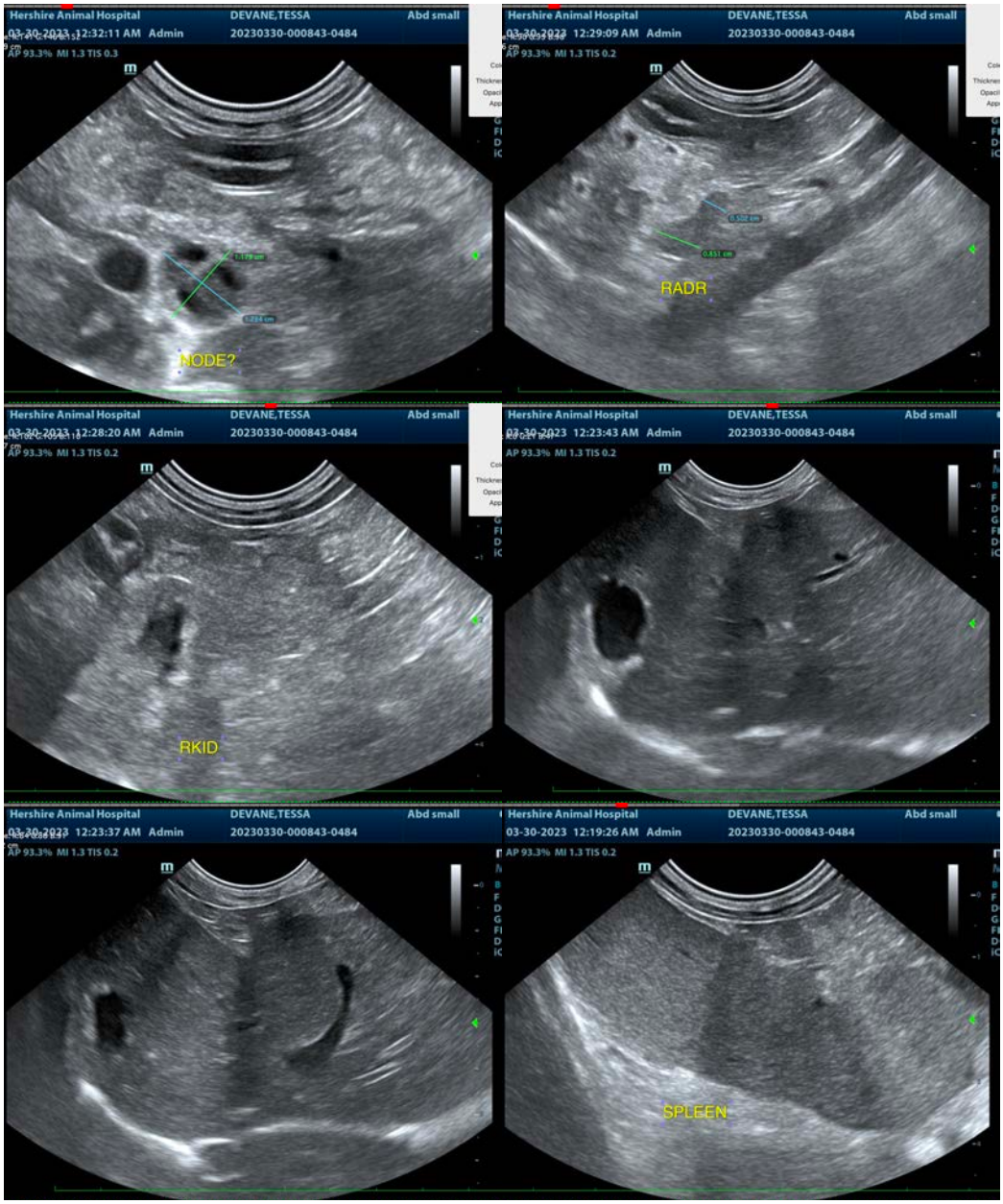

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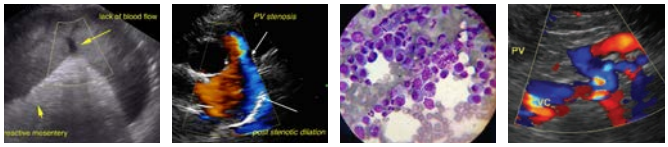

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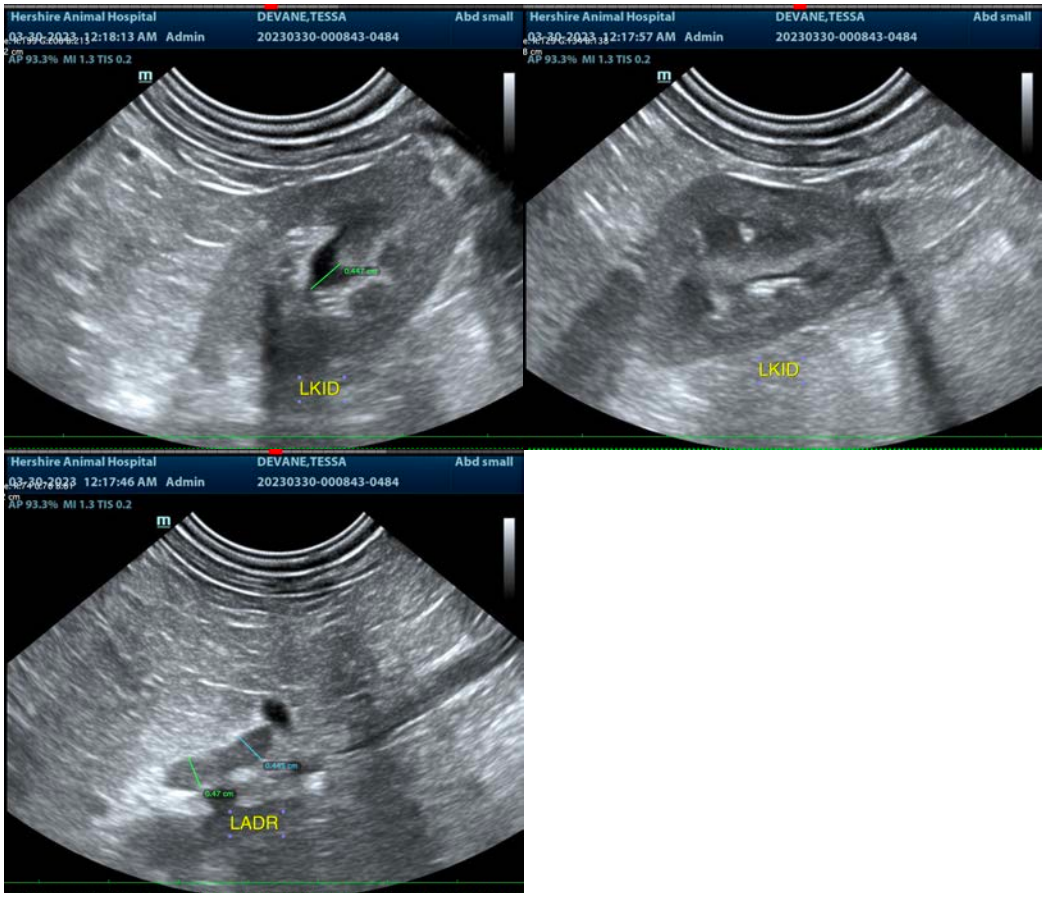

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com