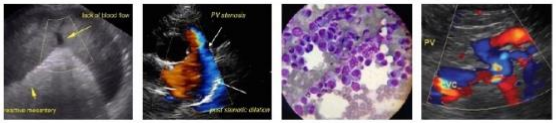


PATIENT

Vegas Ahenkorah

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

22.7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region VEC

REFERRING VET

Dr. Grewal

INVOICE

21943

DATE

4/11/23

PRESENTING CLINICAL SIGNS

History: Patient presented to HREVC on 4/10/2023 with 1 month history of intermittent vomiting. No C/S/D per owner. Intermittent blood in urine for a few months prior to this but went away on its own per owner. Tense and painful abdomen, unable to palpate for organomegaly or masses. No abdominal distension present Musculoskeletal: Ambulatory X 4. Moderate generalized loss of muscle mass. Current Medications IVF 2XM + Cerenia + pantoprazole + Methadone + Ondansetron + Ampicillin

Abnormal PE/Chem/CBC/UA Results: Bloodwork (4/10/2023) as per Dr. CAW notes: - m2 hemoconcentration (Hct 0.617 & TP 72 g/L - Normal WBC count, m2 lymphopenia, m1 monocytosis (stress leukogram) - m3 azotemia (Creatinine 1076 umol/L, BUN 64.5 mmol/L, SDMA 88 ug/dL) - m2 hyperphosphatemia (3.60 mmol/L) cPL SNAP: ABNORMAL Lepto Witness Test: Negative Urinalysis 4/10/2023 @ 3:50 pm: USG 1.018 before starting on IVF DDX: Renal vs Other Trace protein in dilute urine -> Renal vs Other Marked hematuria 250Ery/uL Rods Present Urine Culture: PENDING

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.83 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The prostate is mildly enlarged, measuring 1.5 cm wide. Parenchyma is mildly heterogenous and relatively hypoechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Kidneys are bilaterally uniformly enlarged/swollen (left kidney is 7.11 cm, right kidney is 6.43) with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery.

Adrenal Glands

Left adrenal gland is normal in size (2.28 cm long x 0.74 cm at cranial pole and 0.9 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

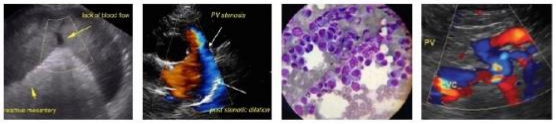
Right adrenal gland is normal in size (2.64 cm long x 1.87 cm at cranial pole and 0.82 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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



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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 suspended and gravity dependent echogenic debris. 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 visible stomach wall is normal in thickness 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. 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.

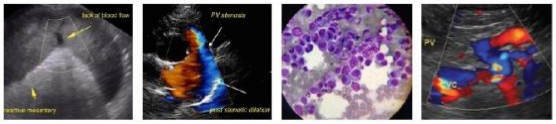
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pyelonephritis – These changes are most consistent with chronic pyelonephritis. Chronic scarring and fibrosis and/or chronic nephrolith passage can also result in these pelvic dilation changes. Early infiltrative disease cannot be ruled out but is considered less likely.
- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Prostatomegaly combined with these other findings is concerning for prostatitis, possibly infiltrative bacterial prostatitis, however, normal patient variant, especially if neutering occurred later in life, cannot be ruled out. Infiltrative neoplasia is considered exceedingly less likely.

Secondary Findings

- Mild 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.



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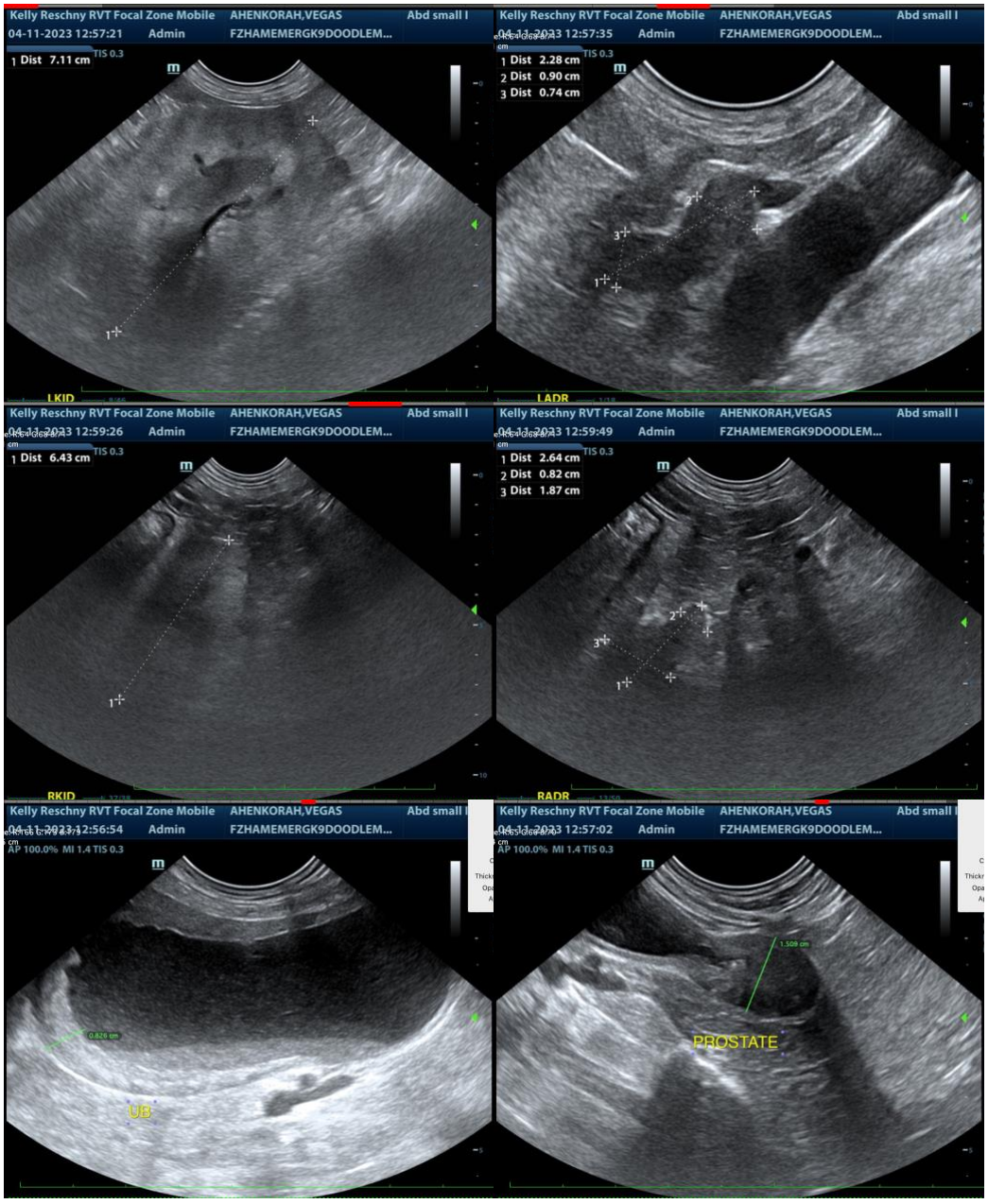
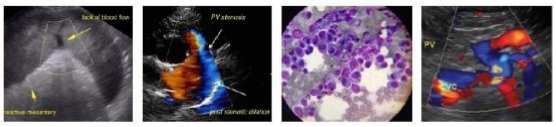
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a urine culture is recommended. Additionally, testing for Leptospirosis should be considered, as should a baseline cortisol. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, empirical medical management of suspected pyelonephritis with broad spectrum antibiotics, and ultimately, antibiotics based on culture and sensitivity results, diuresis, and supportive care of gastrointestinal signs with antiemetics, gastroprotectants, appetite stimulants (if necessary), etc., are recommended with monitoring of azotemia for improvement vs progression.





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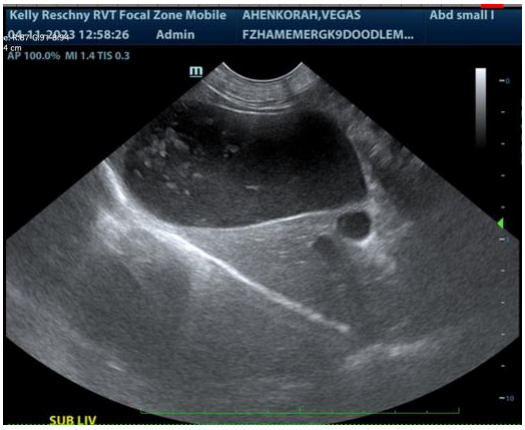

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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