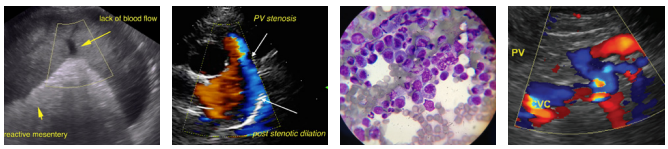
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Daisy Gravis

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
~5 Pounds

WEIGHT
52 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Ringwood AH

REFERRING VET
Dr. Walker

INVOICE
36734

DATE
4/7/22

PRESENTING CLINICAL SIGNS

Patient with history of EPI presents for resolving vestibular disease - diagnosed at other DVM - patient is vaccinated for lepto. Current meds: Temaril-P, Clavamox.
Abnormal PE/Chem/CBC/UA Results: Anemia HCT 33%, reticulocytosis (regenerative), lymphopenia, SDMA 24, creat. 2.0, BUN 44, Na:K 27, TP 2.3, albumin 2.0, amylase 1944, 4DX (neg). U/A: 4+ protein, 1+ glucose, 1+ blood, USG 1.032.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.57 cm). 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 right kidney is normal in size (6.6 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.

The left kidney is normal in size (6.21cm), 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

The right adrenal gland is normal in size (1.88 cm long x 1.75 cm at the cranial pole and 0.75 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 (1.57 cm long x 0.46 cm at the cranial pole and 0.47 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.

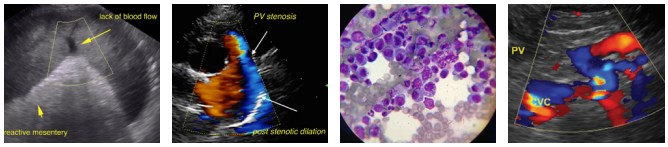
Liver

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.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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

There are no visible abnormalities in the area of the pancreas.

Free Abdomen

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

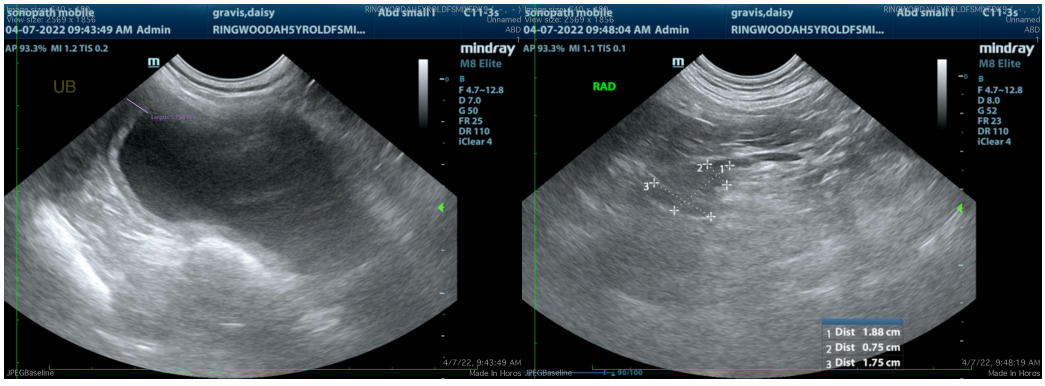
ULTRASONOGRAPHIC FINDINGS

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's reported laboratory changes are concerning for protein losing nephropathy, which could have predisposed to a clot leading to the vestibular signs. Recommendations include a urine protein/creatinine ratio if not recently evaluated, as well as blood pressure if not recently checked. Despite vaccine history, testing for Leptospirosis is warranted, given the kidney changes.

Given this patient's reported history of EPI, cobalamin level testing is recommended if this patient is not receiving cobalamin supplementation. In the meantime, therapeutic recommendations could include a daily antacid if not already in place, given the mild azotemia and regenerative anemia, as well as consideration for a renal diet and fatty acid supplementation. If the blood pressure and/or UPC are abnormal, further therapy for protein losing nephropathy with ACE inhibitors, angiotensin receptor blockers, amlodipine, etc. may be warranted.



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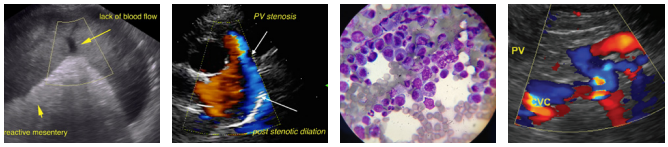

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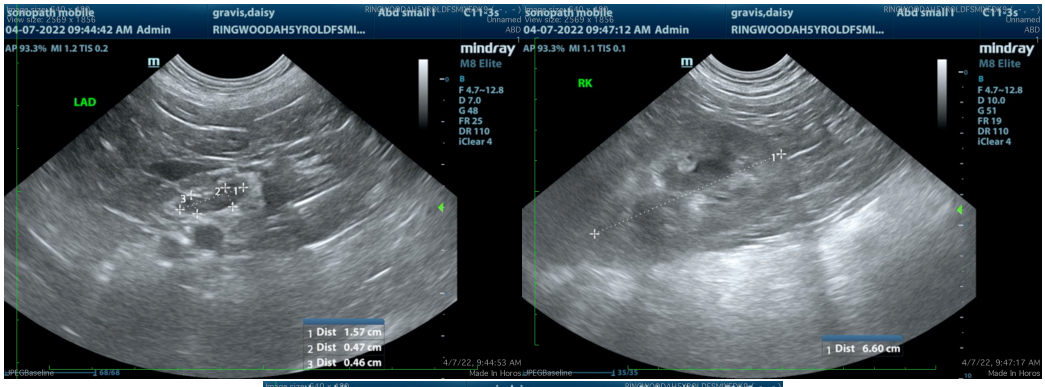

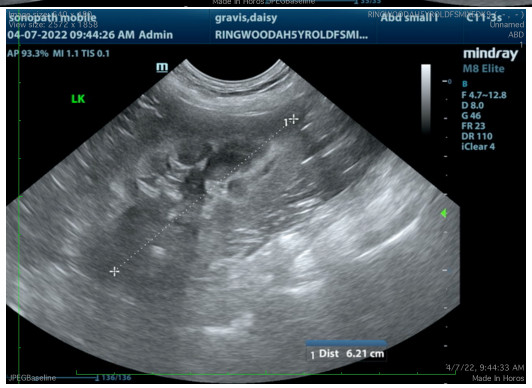

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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