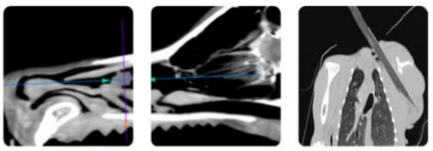

PATIENT

Charlie Mistry

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

5 Years

WEIGHT

15.3 kg

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

37068

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Previous abdominal u/s Dec. 6/24. Hx of urine/kidney issues. Owner reports a one-day episode of urinary accidents a few days ago. No other changes in urinary frequency or stream noted. No diarrhea. Vomits bile rarely and intermittently, with no consistent pattern. Weight has decreased from 19.9 kgs in May of the previous year to 15.5 kgs at today's visit. Bloodwork done at AHE - mildly elevated reticulocytes and bilirubin- related? artifact? Recommend repeating liver values in 1-2 month Repeat bloodwork - still persistently mildly elevated total bilirubin with normal liver values otherwise. The owner reported recent lethargy and weight loss despite an increase in food intake.

Current Medications: Simparica trio q monthly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents. Except for an approximately 0.35 cm in size subtle non-definitively shadowing density near the trigone. No other inflammatory changes, echogenic sediment or definitive cystoliths are observed. No masses are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be well visualized in these images.

Left kidney is normal in size (5.7 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. A hyperechoic band parallel to the corticomedullary border is present.

Right kidney is normal in size (4.7 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. A hyperechoic band parallel to the corticomedullary border is present.

Adrenal Glands

Left adrenal gland is normal in size (0.51 cm at cranial pole and 0.45 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.2 cm at cranial pole and 0.62 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 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of 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.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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 pancreas that is observed 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 visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Subtle bilateral medullary rim sign- This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- A small echogenic density within the urinary bladder could represent mucus, cells, other debris, blood clot, with a small cystolith unable to be definitively ruled out.
- An obvious cause for the reportedly increased total bilirubin is not identified in these images. Intrahepatic cholestasis secondary to a microscopic hepatopathy could be considered, in which case, differentials include Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out. Additionally though, non-visibly apparent posthepatic cholestasis or hemolysis are also potential differentials.

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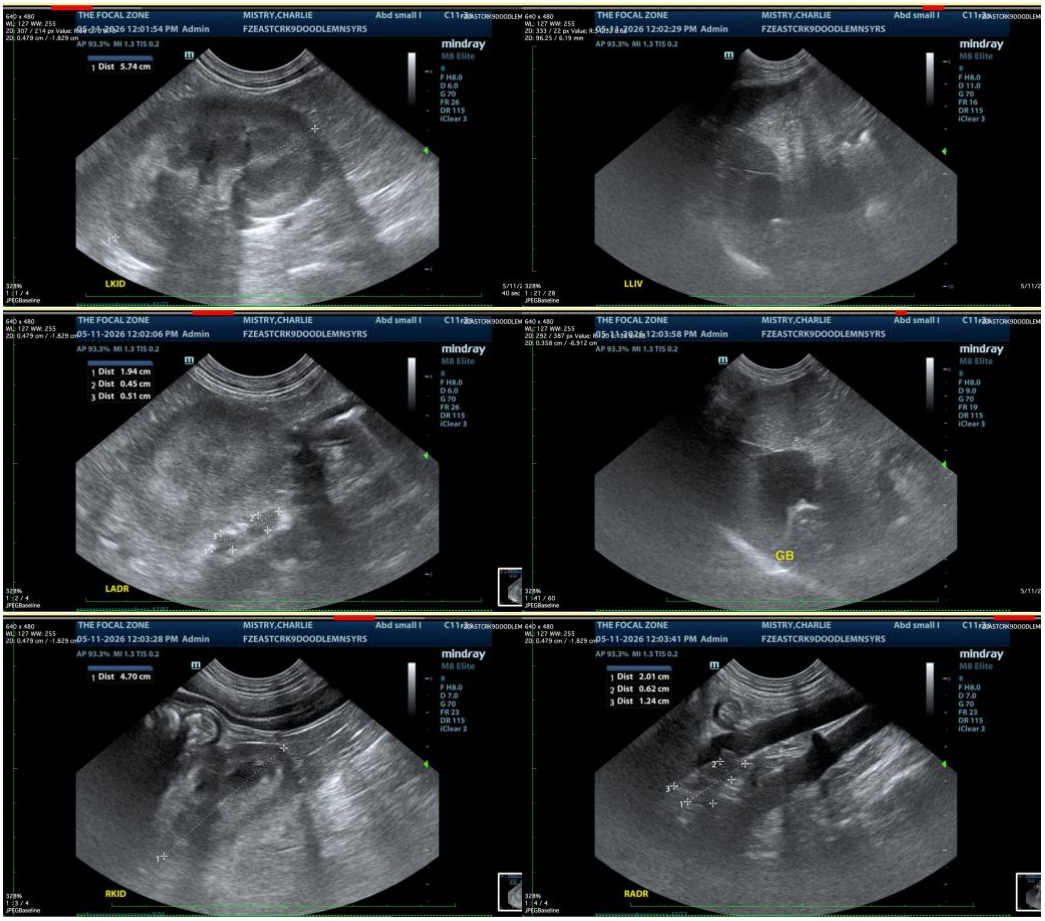
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Testing for leptospirosis could be considered given the subtle kidney changes.

A urine culture could be considered if not already evaluated.

Given patients reported weight loss in the face of a normal or even increased appetite, further evaluation of digestion and absorption is recommended beginning a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.

Otherwise, continued monitoring for possible hemolysis and/or progression and/or changes in the pattern or diagnostic results that further guide differentials is recommended, as there's not a definitive explanation in these images at this time.



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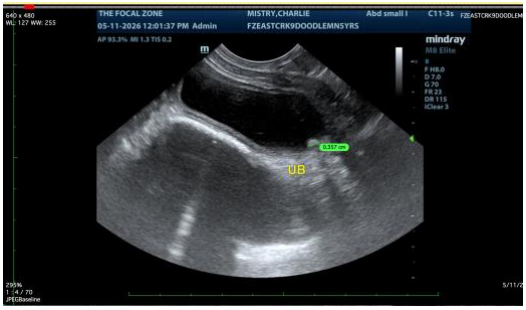

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@sonopath.com