



PATIENT PRESENTING CLINICAL SIGNS

Kricket McIlvee

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

P had pyometra surgery on 6/9, did great post-op and went home and was doing well. Rechecked on Monday with rDVM and CBC showed worsening leukocytosis - per rDVM o was not giving antibiotics, per o she never stated that. Recheck CBC on Wednesday shows improving WBC. P has had chronic intermittent azotemia - varies between normal and creat of 2-3. Was azotemic on presentation for pyometra surgery but resolved at discharge. Creat was 2.3 on recheck on Monday but was 3.4 yesterday. Per o p has been normal and eating great but this morning did not want to eat. Presented to ER for ultrasound to assess kidneys and abdomen post-pyometra surgery. UA today showed UTI and USG of 1.021. P is BAR on exam and overall NSF on exam and incision looks good. TPR normal. Unrelated history - p has chronic collapsing trachea and history of potential underlying cardiac disease but does not need medication.

Abnormal PE/Chem/CBC/UA Results: Elevated Creatinine, elevated WBC, UTI w/o crystals, USG of 1.021.

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

10y

Urinary System

WEIGHT

3.31

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Kidneys are bilaterally normal in size, 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. The left kidney measures 3.41 cm and the right kidney is measures 3.34 cm. The left kidney pyelectasia measures 0.23 cm in the transverse view. The right kidney pyelectasia measures 0.27 cm in the transverse view.

IMAGING PERFORMED BY

Dr. Bogosian

Adrenal Glands

HOSPITAL NAME

Animal Emergency
Hospital Volusia

The right adrenal gland is normal in size (caudal pole 0.36 cm, cranial pole is unable to be well visualized in these images), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Bogosian

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

INVOICE

10262

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.

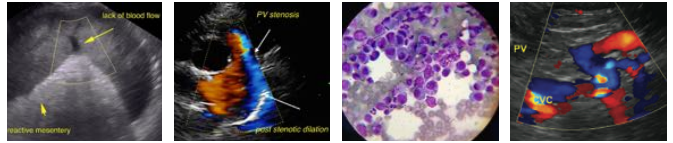
DATE

6/15/2023

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.



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Gastrointestinal

SPECIES

Canine

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

BREED

Maltese Mix

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 or foreign material.

SEX

Spayed Female

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

AGE

10y

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.

WEIGHT

3.31

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

Enhanced hyperechoic mesenteric fat around both kidneys and dorsal to the urinary bladder was noted.

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ULTRASONOGRAPHIC 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.
- The enhanced mesenteric fat adjacent to the urinary bladder is most likely resolving post-op inflammation and is to be expected. Having said that a pathologic peritonitis can't be ruled out but is considered less likely given the patients reported relatively normal physical exam, no reported abdominal pain, and resolving leukocytosis, etc. Similarly, the enhanced mesenteric fat adjacent to the kidneys is likely in part post-op as well combined with inflammation, secondary to suspect pyelonephritis.

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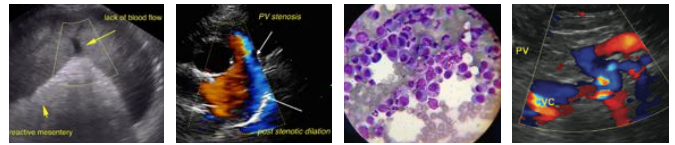
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

6/15/2023

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 ratio is recommended. Pending culture results medical management of suspect pyelonephritis including antibiotics, fluid therapy, and supportive/symptomatic medical management of gastrointestinal signs, etc. is recommended. If a cystocentesis obtained culture is negative either a course of empirical antibiotics could be tried or pyelocentesis could be attempted if patient's coagulation status is appropriate.



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If patient doesn't continue to improve both clinically and laboratory values and/or clinical signs regress recheck imaging around the urinary bladder and kidneys could be considered.

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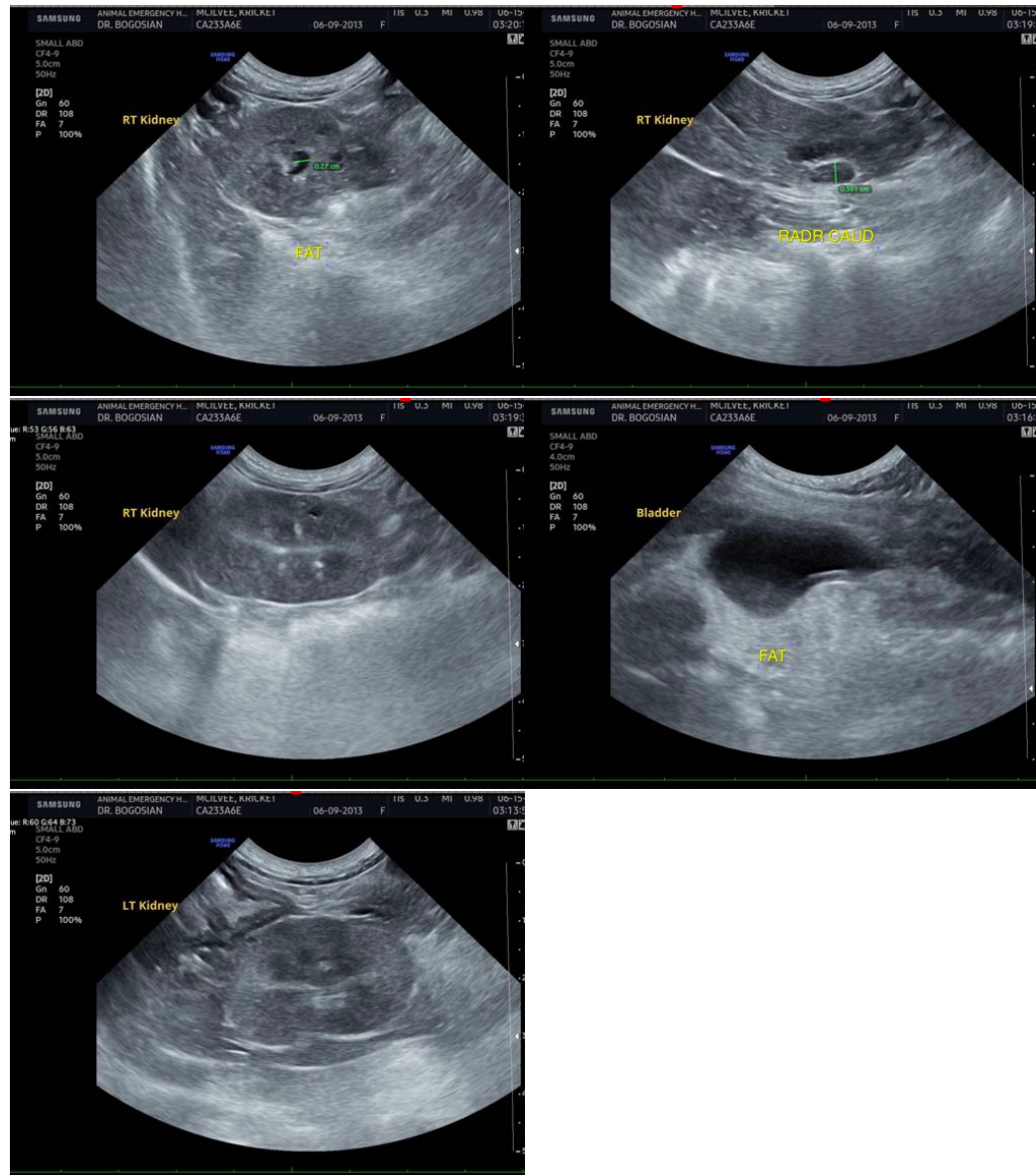
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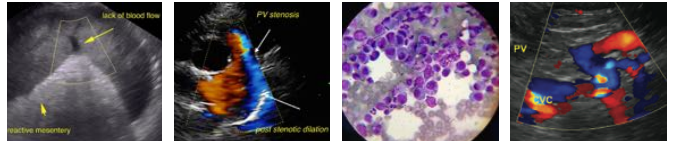
6/15/2023



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



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info@sonopath.com

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