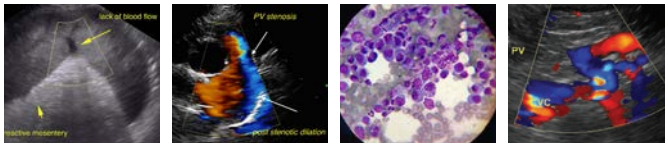
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Dexter Sestina

SPECIES
Canine

BREED
Mastiff

SEX
Neutered Male

AGE
7.5 Years

WEIGHT
181 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Chaley Hunt, LVT

HOSPITAL NAME
Columbia AC

REFERRING VET
Dr. Laura Baker

INVOICE
43342

DATE
6/21/23

PRESENTING CLINICAL SIGNS

Chronic kidney disease secondary to pyelonephritis and possible prostatic infection ~1 1/2 years of age. Infection was successfully treated with long course of antibiotics & neutering. Has been on K/D since with normal BUN & Creatinine ranging from 2.7 - 3.3 checked at least once yearly since recovery. Rest of CBC/Chem has been normal on a yearly basis. He has been a little overweight for several years with grade 1 dental disease and several cysts and moles over the years. Presented 6/17 for senior preventive care exam, vaccinations & lab work. Mild non-regenerative anemia (PCV=29%), new grade I/VI systolic heart murmur heard low left, Crea-5.9, BUN-50. Concern for chronic kidney disease vs abdominal mass as cause of blood loss.

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 prostate is unable to be well visualized in these images.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is normal in size at 9.96 cm. The right kidney is slightly small in size at 7.53 cm.

Adrenal Glands

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

The left adrenal gland is normal in size (0.44 cm at the cranial pole and 0.49 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.

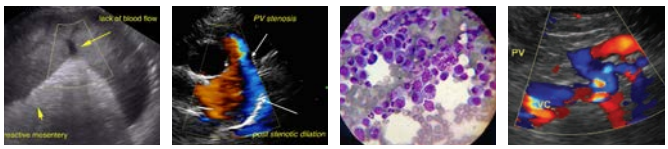
Liver

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 visible stomach wall is normal in thickness 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

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 no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Chronic Kidney Disease –** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. The right kidney is visibly more affected than the left.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported recent progression in azotemia, further evaluation for exacerbating conditions is recommended, beginning with testing for Leptospirosis as well as a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended. Additionally, if not recently evaluated, a blood pressure is recommended.

There is not an ultrasonographically visible intraabdominal explanation for this patient's anemia, i.e., no obvious bleeding masses, free fluid, etc. Having said that, a slow, chronic gastrointestinal bleed cannot be definitively ruled out. Recommendations include supportive/symptomatic medical management of possible gastritis/micro ulceration possibly secondary to the chronic kidney disease in the form of gastroprotectants. Additionally, empirical deworming with a 5-day course of Panacur is recommended. If, however, the anemia doesn't improve and/or it progresses and another underlying cause is not found, the top differential for a non-regenerative anemia in this patient is likely progression of the chronic kidney disease, and erythropoietin/darbepoetin management may ultimately be required if/when the anemia progresses to a level that warrants treatment.

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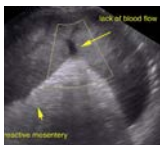
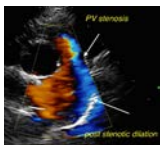
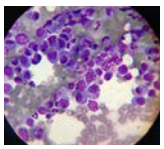
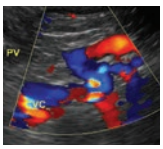

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com