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Clinical Sonography & Telecytology
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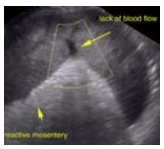
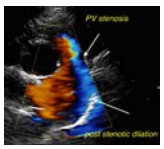
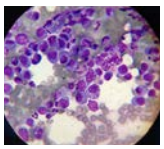
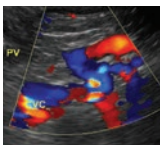





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ellie Burgos

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

1 Year 6 Months

WEIGHT

19 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. A

HOSPITAL NAME

Surfide Pet Hospital

REFERRING VET

Dr. Americo Abadia

INVOICE

43461

DATE

6/27/23

PRESENTING CLINICAL SIGNS

History of inappropriate urination and incontinence and drinking excessive amounts of water. . Pet was first seen on feb 2022 for vaginal discharge and possible UTI. Diagnosed with possible vaginitis at the time and clavamox was dispensed. On march 2022 came back for possible UTi again. urinalysis was done with bacteria present and increased numbers of rbc's and wbc's. At that point clavamox was extended to 2 more weeks. April 2022 pet still having issues and a urine culture was performed at the time. Based on culture results pet was changed to doxycycline . after doxy was done , owner called to inform that pet still having issues, revied again culture and rx cefpo. then we dont see pet until june 2023 for the same problem. urine recheck shows high numbers of rbc' and wbc's. BW showed elevated BUn,. crea, phosphorus and sdma. At this point recommended hospitalization for Iv fluids throughout weekend and to return here during the week and performing ultrasound of abdomen today.

Abnormal PE/Chem/CBC/UA Results: U/A- june2022- Wbc's- >100, RBC's- 36, protein 1+ , UPCR- >=0.5 to <2. Sgr- 1.019 U/a- last week of june 2002- Sgr- 1.012, manual sediment showed tntc wbc's and rbc's. BW- june 24th 2023- cbc= wbc's 22k, neutrophils 17k, , mono 1.12. chem panel shows SDMA- 23, crea 5.1, BUN- 76, phosphorus- 8.2, sodium 140, NA:K ratio 27, chloride 96, albumin 2.5. culture is pending at this time (eclinic performed and sent to lab)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Additionally, there is a moderate to large amount of dependent mineral/sand debris. Apical urinary bladder wall is diffusely thick (0.39 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 was reportedly unable to be found could be absent, as is seen with renal agenesis.

The left kidney is small (4.41 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No overt neoplasia. A 1.3 cm non-obstructive nephrolith is noted.

Adrenal Glands

The right adrenal gland is normal in size (0.81 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

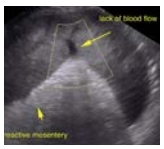
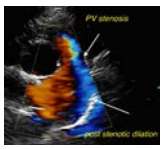
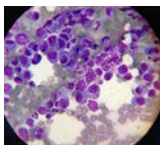
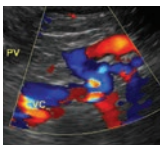
The left adrenal gland is normal in size (0.49 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

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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 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 (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

- Renal dysplasia of the left kidney with a large non-obstructive nephrolith – This appearance of the kidney in a young dog is most concerning for congenital renal dysplasia or juvenile nephropathy. Other differentials include glomerular or interstitial nephritis, leptospirosis, chronic pyelonephritis, ethylene glycol toxicosis, etc.

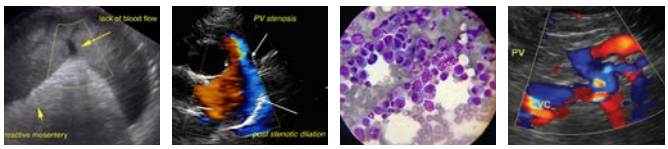
- Possible renal agenesis of the right kidney. The right kidney was reportedly unable to be found, and the area is examined without evidence of the right kidney in these images.

- Chronic cystitis with some mineral/sandy debris - 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

The specific gravity at the time of the reported azotemia was not provided, so it is difficult to determined prerenal versus renal. However, given the appearance of the kidneys, at least partial true renal azotemia is suspected.

If a specific gravity wasn't evaluated, recommendations are to evaluate one, ideally off fluids if possible.



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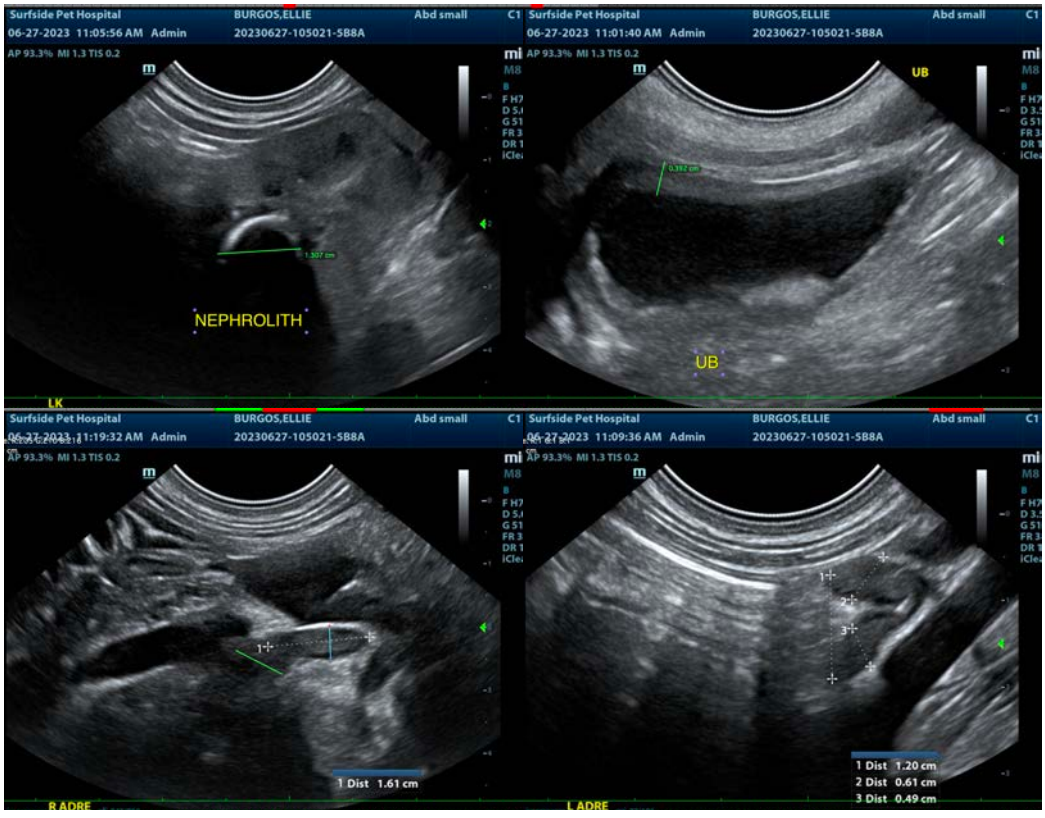
Additionally, a urine culture is recommended at least a week since patient has last received any antibiotics. Based on culture and sensitivity results, recommendations are to treat this patient as a complicated urinary tract infection and potentially pyelonephritis, meaning a longer course (i.e., 4-6 weeks of antibiotics) including a follow up culture a week to 10 days after starting antibiotics to ensure no secondary bacteria, etc., as well as a final culture a week to 10 days after finishing antibiotics to ensure full clearance.

Additionally, testing for other contributing factors to this patient's kidney disease such as Leptospirosis could be considered.

A blood pressure is also recommended if not recently evaluated.

Recommendations beyond that will be dependent on patient's response to therapy and azotemia levels if any following management of secondary infections, etc.

Finally, while considered less likely, hypoadrenocorticism should be ruled out, especially given the concurrent hypoalbuminemia, beginning with A baseline cortisol. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.



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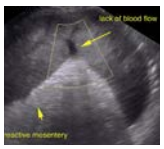
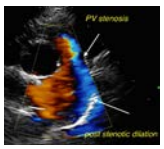
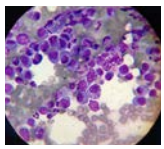
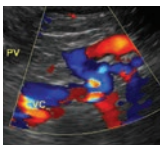

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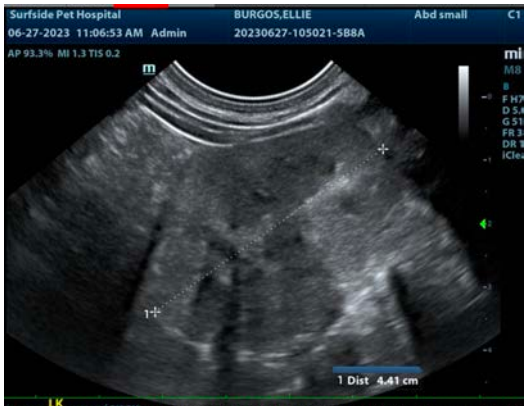

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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