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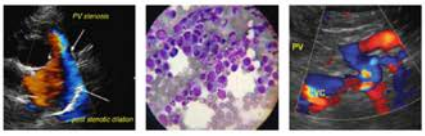

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Nyla McMurphy

SPECIES
Canine

BREED
Corgi/Shepherd

SEX
Female

AGE
2 Years

WEIGHT
43.6 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Pinecrest AH

INVOICE
39148

DATE
6/30/22

PRESENTING CLINICAL SIGNS

ADR/not acting herself since Sunday, patient has a history of elevated SDMA
Abnormal PE/Chem/CBC/UA Results: P presented for OHE procedure in early May 2022, SDMA elevated (33). Began prescription diet (C/D). Rechecked SDMA ~4 weeks later and SDMA remained elevated (36). Rechecked SDMA ~2 weeks after and SDMA came down from 36 to 29. Other values WNL. P presented today for lethargy/vomiting. Please see attached.

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 right kidney is normal in size (6.13 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.

The left kidney is normal in size (6.02 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

The right adrenal gland is normal in size (0.53 cm at the cranial pole and 0.56 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 (0.48 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.

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

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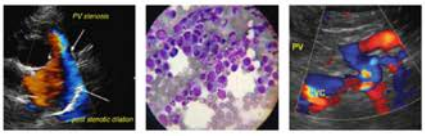

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

Other

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

No appreciable free fluid noted in these images.

The ovaries are visualized without evident pathology. The uterus is very mildly fluid dilated with no wall pathology appreciated.

ULTRASONOGRAPHIC FINDINGS

- Bilateral medullary Rim Sign - of unknown clinical significance and can be a normal variant. Medullary rim sign(s) should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of mildly increased SDMA and the bilateral medullary rim sign, recommendations include:

- 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 ration is recommended.
- Testing for Leptospirosis could be considered if not recently evaluated.
- Mild pancreatitis and/or gastrointestinal disease can be present without evident ultrasound changes. Therefore, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- In the meantime, supportive medical management for presumed mild pancreatitis, acute gastroenteritis, etc. is recommended with antiemetics, gastroprotectants, potentially a bland,

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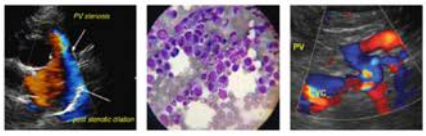

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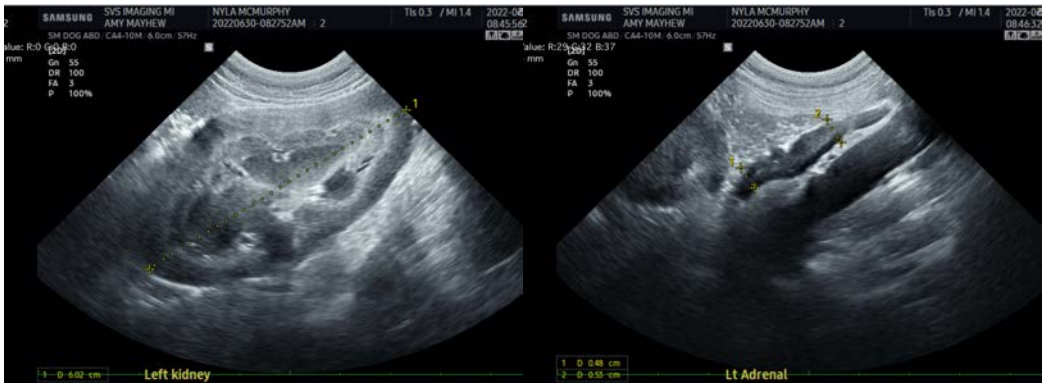
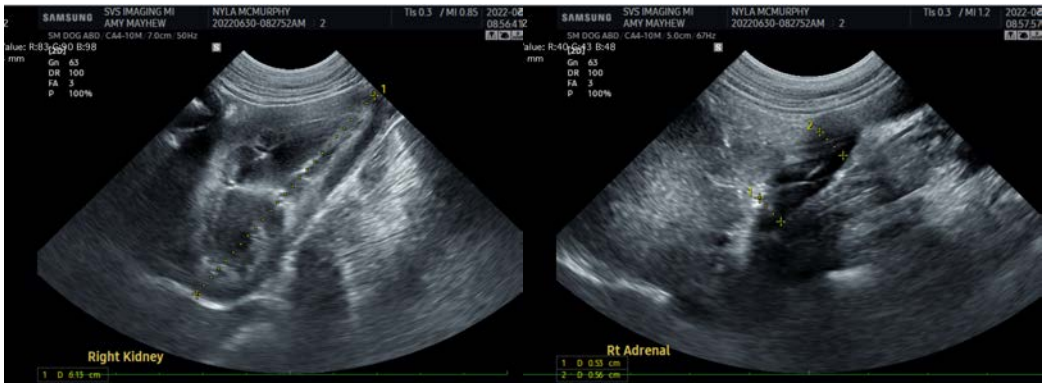
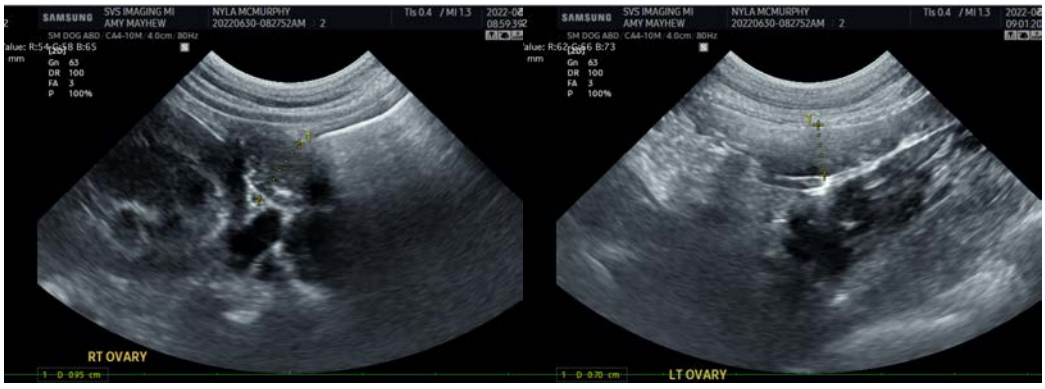
easy to digest diet, empirical deworming with a 5-day course of Panacur, etc. Upon resolution of gastrointestinal signs there are no contraindications to proceeding with spay with close attention to maintaining adequate perfusion, blood pressure, etc. during anesthesia and avoiding potential kidney insults caused by nonsteroidals, etc. If gastrointestinal signs persist and/or recur, recheck follow up imaging is recommended.







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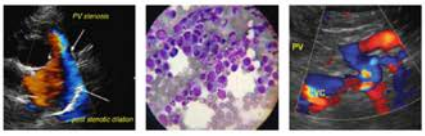

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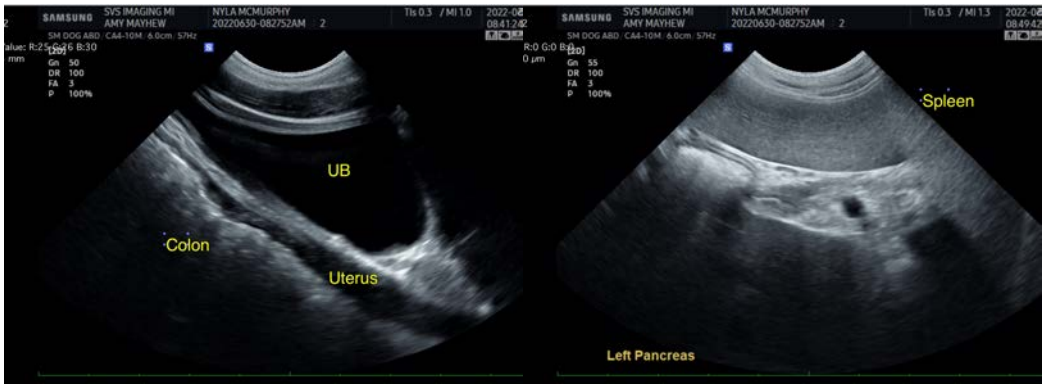

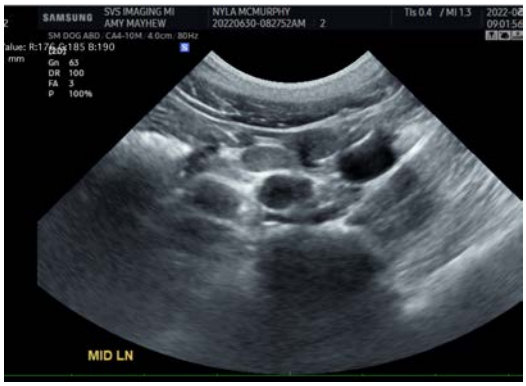

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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