

**DATE**

6/6/22

PRESENTING CLINICAL SIGNS

Presents for 3 days history of vomiting and lethargy and anorexia. Inappetence- currently hospitalized for an AKI.

PATIENT

Cali Victorine

Current Medications: IV Fluids, Cerenia 1mg/kg IV q 24 hrs, Ampsulactam 22 mg/kg Q 8 hrs IV, pHOS BIND po bid 200 g, Entyce 3 mg/kg PO SID

Lab Results: Creatinine 10.8 BUN 100 Phosphorus 9.2. Gabapentin 100 mg po 2-3 hrs prior to aus if needed. Azotemia improving but still severe following supportive care.

Radiographs: Asymmetry noted to kidneys.

SPECIES

Canine

UA SG 1.026, lg amts of casts seen, inflammation and bacteria culture pending, leptopcr pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Beagle Mix

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

6/3/14

WEIGHT

39 lbs

The kidneys bilaterally are large in size, the left measuring 6.94 cm and the right measuring 7.15 cm in length with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained with a normal 1:3 cortex/medulla ratio with appropriate corticomedullary distinction is maintained. There is no evidence of pyelectasia, or infarcts observed. Bilateral non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. Peri nephric free fluid and enhanced hyperechoic fat and mesentery was present bilaterally.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The left adrenal gland is normal in size (0.42 cm at cranial pole and 0.56 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Eastern AH

The right adrenal gland is normal in size (0.6 cm at cranial pole and 0.6 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Haviland

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.

INVOICE

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Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. 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 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.

Pancreas

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.

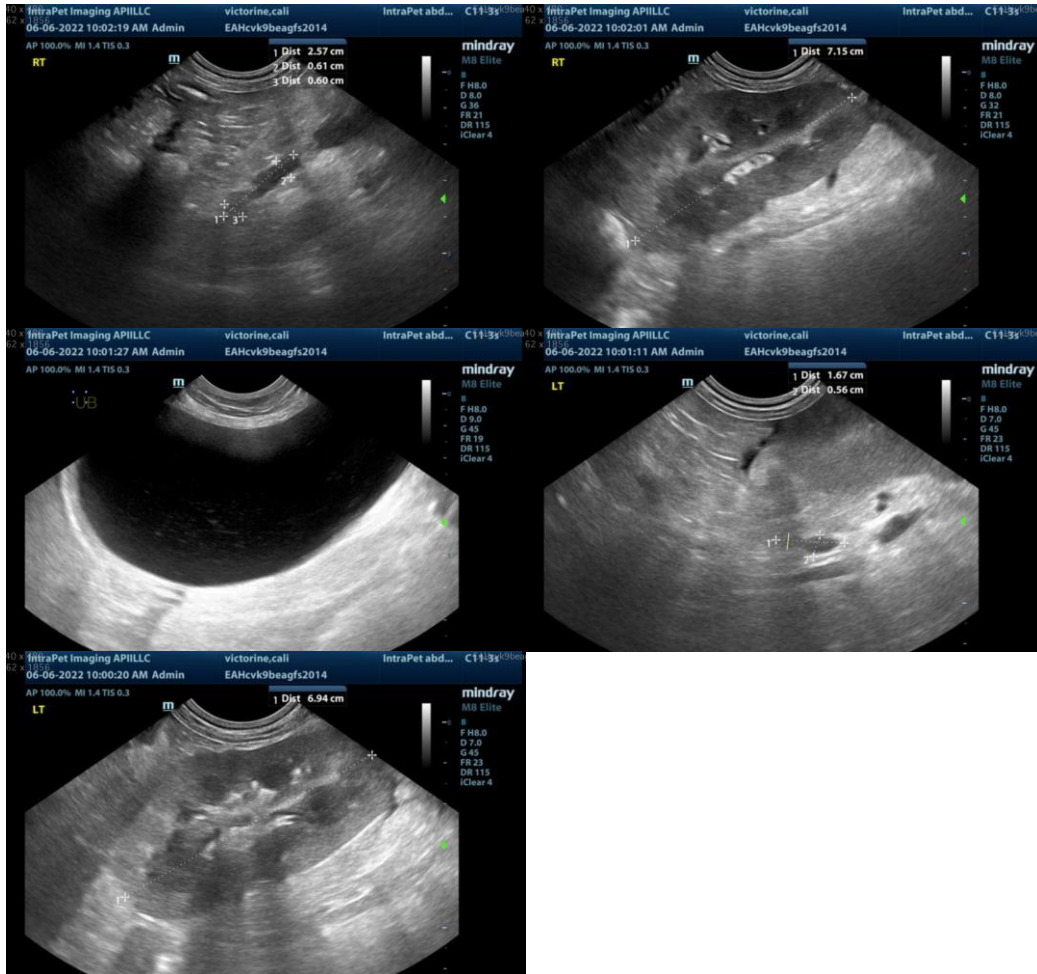
ULTRASONOGRAPHIC FINDINGS

- Bilateral hyperechoic renomegaly with perinephric free fluid and enhanced fat and mesentery most consistent with acute kidney injury such as toxic insult and/or infectious cause i.e. leptospirosis. Infiltrative neoplasia is possible but considered less likely.
- Urinary bladder sediment. Urine changes are most consistent with cellular debris or crystalluria.
- Hyperechoic hepatomegaly. most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differentials for this patient include either an infectious cause for acute kidney injury such as leptospirosis or toxic insult. Therefore, recommendations include the already pending urine C/S and leptospirosis PCR. In the meantime, medical management as is already in place for acute kidney injury is recommended. If improvement does not continue, consultation with a clinic offering dialysis could be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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