



PATIENT PRESENTING CLINICAL SIGNS

Puppers Schier

Presented at our hospital for PU/PD 3 weeks, decreased appetite 3 weeks. Vomiting 5 times over last 2 weeks. Went to rDV M but meds did not help so went to RATC today and bloodwork done showed renal values to be high, so transferred for care Previous Health Concerns: allergies, corneal ulcers, Sx done on both ACL's. Current Medications: daily eye drops for corneal ulcers, apoquel for allergies 16mg SID, vitamins daily. As needed trazadone, gabapentin, carprofen gets at least once a week after playing to hard

SPECIES

Canine

BREED

American Bulldog

Abnormal PE/Chem/CBC/UA Results: rDVM BW- Lepto- neg Flex 4 neg Cpl- norma UA- 1014, 500 protein 250 blood wbc 3/hpf Chem- BUN 109.5(H) Cr 5.7(H) Phosph >15.0(H) Bili-(0.70) (H) SVEC- cortisol- 7.5 (H)

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

7 Years

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.

WEIGHT

31 kg

Prostate is normal in size, echotexture and echogenicity for a neutered male.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The left kidney measures 8.43 cm. The right kidney measures 8.3 cm.

Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology.

IMAGING PERFORMED BY

Erin Wicks

The left adrenal gland is normal in size (0.53 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Shores VEC

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.

REFERRING VET

Dr. Law

Liver

INVOICE

43682

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.

DATE

7/2/23

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



PATIENT	<i>Gastrointestinal</i>
Puppers Schier	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.
SPECIES	There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Canine	
BREED	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.
American Bulldog	
SEX	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Neutered Male	
AGE	<i>Pancreas</i>
7 Years	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	<i>Free Abdomen</i>
31 kg	There is no evidence of free peritoneal effusion noted in these images.
INTERPRETED BY	There is no apparent lymphadenopathy noted in these images.
Beth Johnson, DVM DACVIM	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes. • Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
Erin Wicks	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Shores VEC	The appearance of this patient's kidneys are concerning for an acute kidney insult or potentially acute on chronic disease. Testing for Leptospirosis is recommended, as was reportedly already evaluated. Beyond that, additional diagnostic recommendations include a blood pressure if not recently evaluated as well as a urine protein to creatinine ratio, given the reported proteinuria.
REFERRING VET	In the meantime, supportive/symptomatic medical management of clinical signs, nausea, etc. as well as diuresis (as aggressive as patient can handle – monitoring weights, urine output, etc. to help prevent fluid overload).
Dr. Law	Pending patient response and owner and attending clinician desires, availability, etc., dialysis could be a consideration potentially for this patient. In the meantime, additionally avoiding ongoing renal insults including non-steroidal if possible based on quality of life should be considered.
INVOICE	
43682	
DATE	
7/2/23	



PATIENT

Puppers Schier

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

7 Years

WEIGHT

31 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

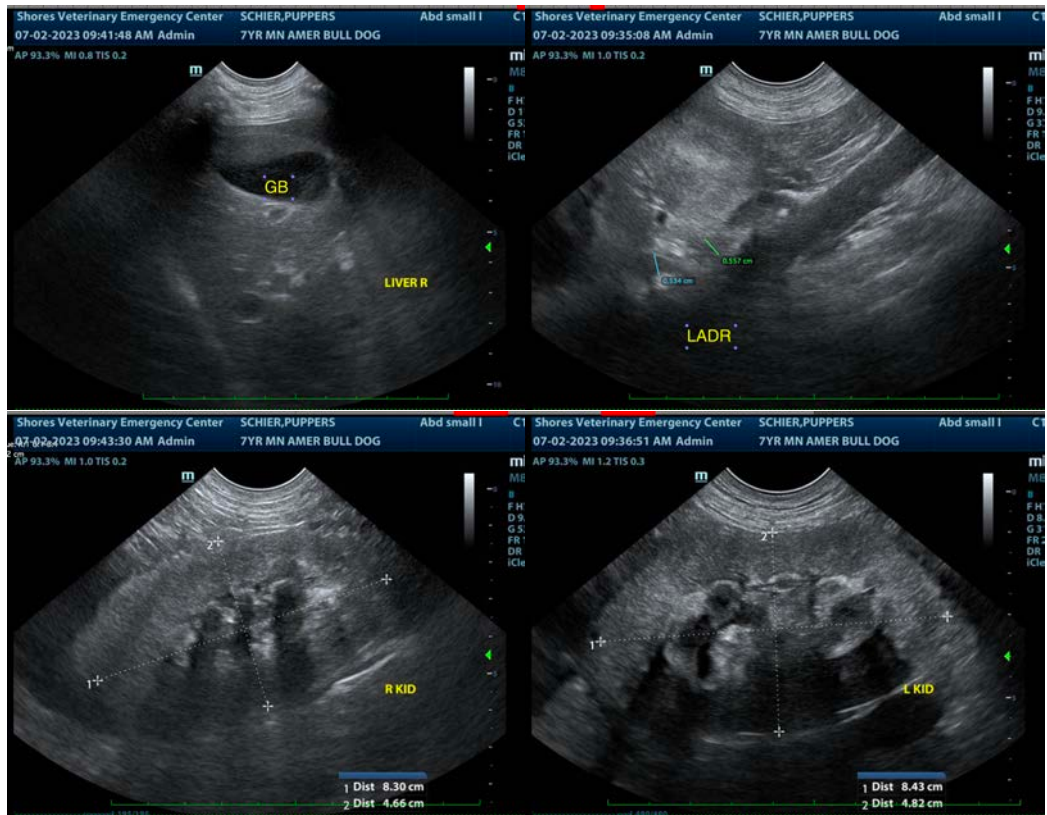
Dr. Law

INVOICE

43682

DATE

7/2/23



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