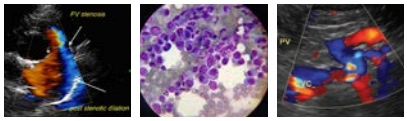
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

7/27/23

PATIENT

Arya Geppi

SPECIES

Canine

BREED

African Boerboel

SEX

Spayed Female

AGE

1/15/20

WEIGHT

136.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. DelFavero

INVOICE

44422

PRESENTING CLINICAL SIGNS

P presented on 7/20/23 for about a 1 month history of ADR. Renal values elevated on 7/20 (BUN >130, Cr. 13.3). P started on IVF 7/21 and cont'd throughout the weekend. Repeat labs on 7/24/23 show minimal to no improvement in renal values (BUN >130, Cr. 12.8, Ph 12.7), with newly mildly elevated ALT (133).
Urine Culture - >100 rod bacteria, proteus mirabilis (susceptibility results still pending)

Current Medications: Since 7/21/23: 1000mg Amoxicillin BID, 160mg Cerenia SID, Proviable Forte (capsules and paste)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 kidneys are normal in size with mildly irregular but generally smooth contour. The left measures 7.7 cm. The right measures 7.12 cm. A marked uniform hyperechogenicity is observed with severely/markedly decreased corticomedullary distinction. Bilateral pyelectasia is noted, measuring 1.1 cm in the transverse view in the left kidney and 1.0 cm in the transverse view in the right kidney. No mineral is observed. No overt masses are observed.

Adrenal Glands

The right adrenal gland is normal in size (0.69 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.

The left adrenal gland is normal in size (0.59 cm at the cranial pole and 0.60 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.

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.

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.

PRIMARY FINDINGS

- **Severe nephritis and marked bilateral pyelectasia –** 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. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

SECONDARY FINDINGS

- **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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a urine culture and sensitivity is recommended.

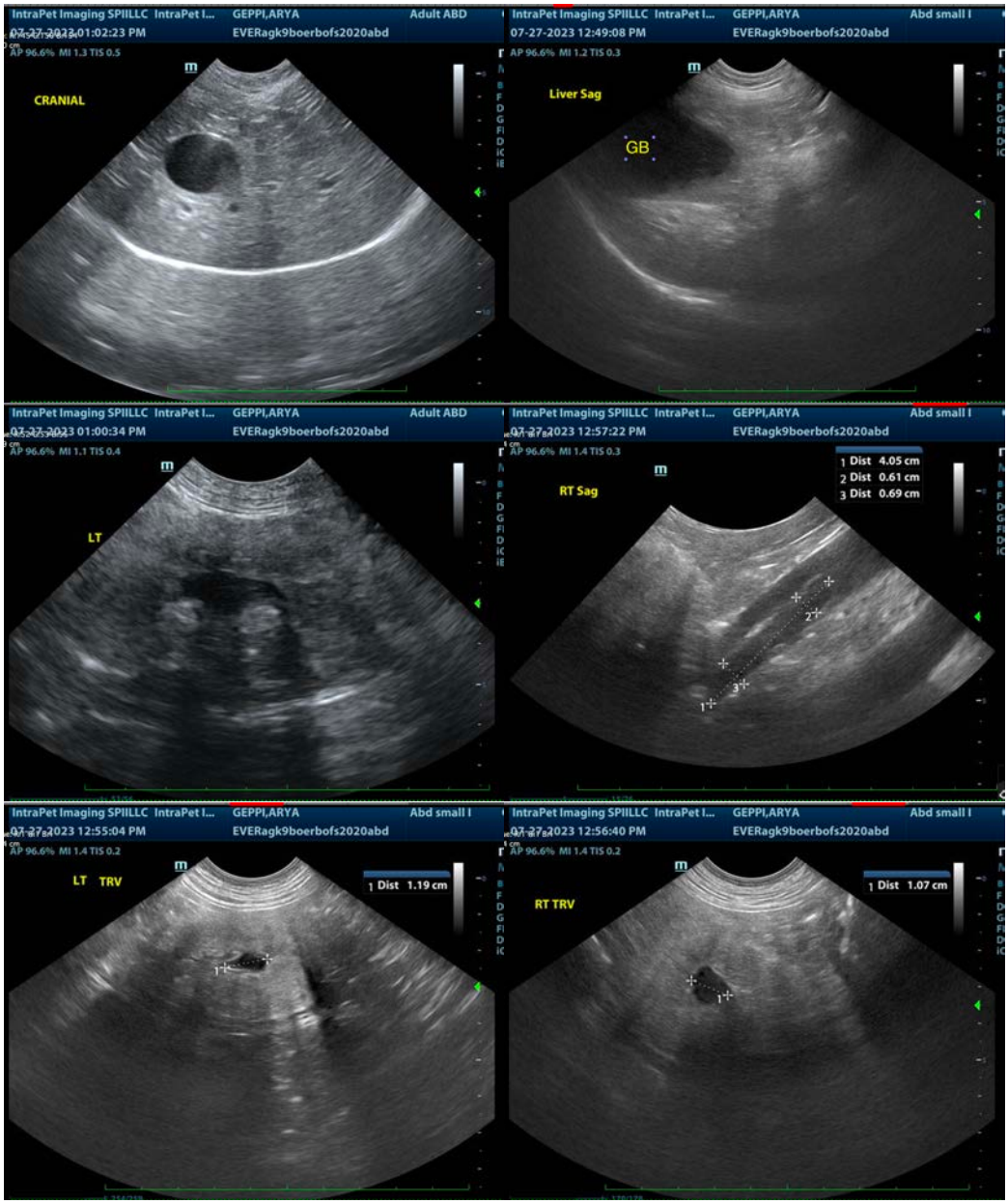
Blood pressure is recommended if not recently evaluated.

Testing for Leptospirosis should be considered.

In the meantime, continued supportive/symptomatic medical management of this patient's azotemia is recommended in the form of aggressive diuresis to the level to which patient can tolerate, antibiotics ideally

based on culture and sensitivity results, as well as symptomatic management of any gastrointestinal signs (i.e., antiemetics, gastroprotectants, appetite stimulants, etc.).

Given the reported lack of improvement so far, consultation with a dialysis providing institution could be considered, if available.



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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