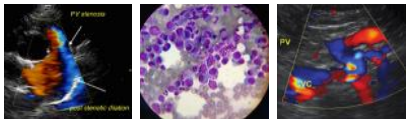
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/6/23

PATIENT

Rhett Goble

SPECIES

Canine

BREED

Catahoula Leopard Dog

SEX

Neutered Male

AGE

12/12/19

WEIGHT

47.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

INVOICE

23181

PRESENTING CLINICAL SIGNS

History: Concerned about elevated renal values and urinary issues at home. Creatinine and SDMA slightly elevated.

Current Medications: None listed.
Lab Results: SDMA 17, Creatinine 1.7, USG 1.028
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, or echogenic sediment are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. A clump of mineral/sand debris and small cystoliths is noted along the dependent wall with cystoliths measuring between 0.5 cm and 0.6 cm in diameter.

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

Kidneys are bilaterally mildly small (left 5.65 cm, right 5.21 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Chronic infarcts are noted in both kidneys.

Adrenal Glands

Left adrenal gland is normal in size (0.68 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.75 cm at cranial pole and 0.88 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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. The folded portion appears a little bit atypical and subtly hypoechoic to the remaining spleen, so a nodule, while considered much less likely, cannot be definitively ruled out.

Liver

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 visible stomach wall is normal in thickness 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas
The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease with bilateral chronic infarcts – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

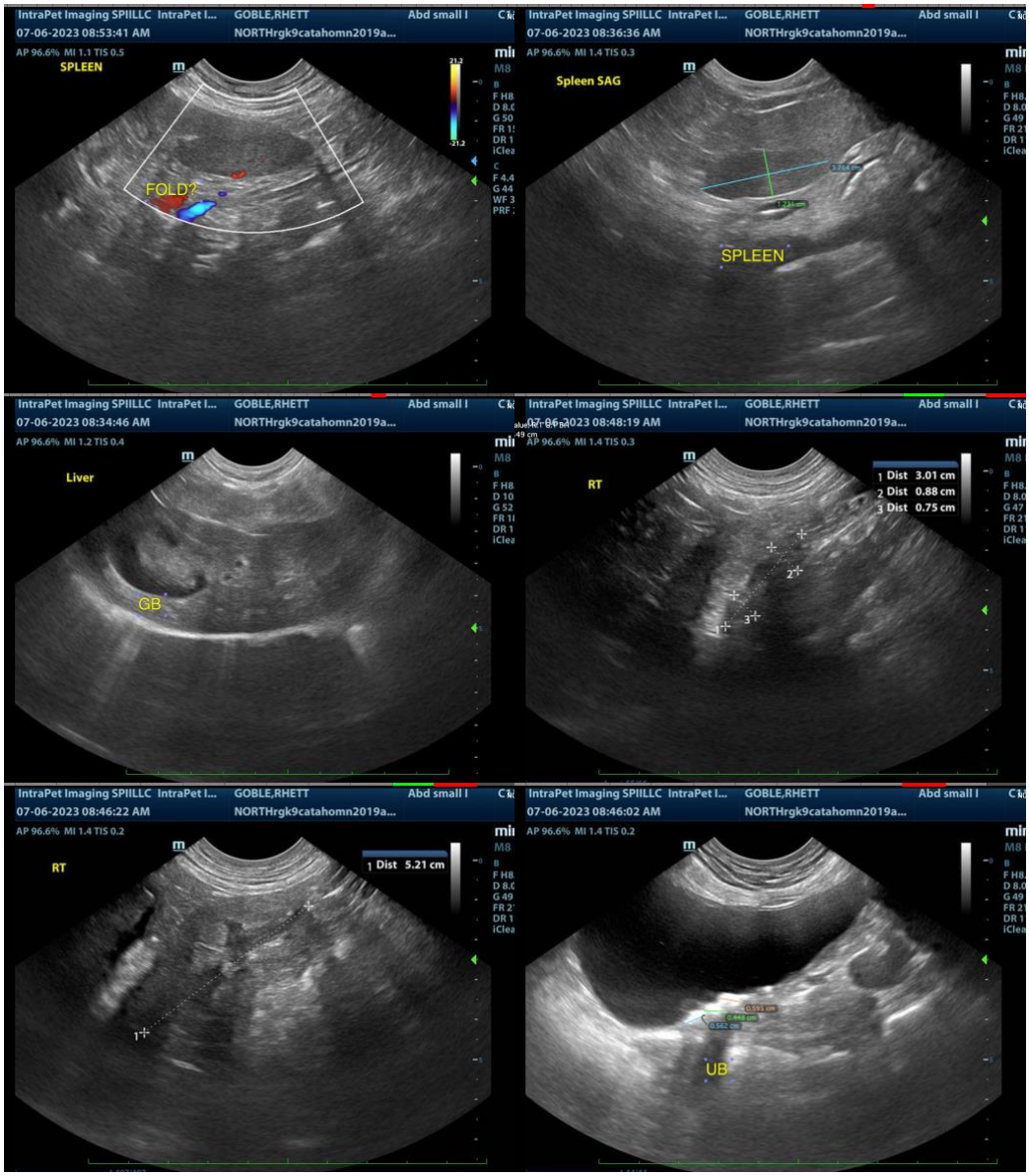
- Urinary bladder cystoliths, measuring between 0.5 cm and 0.6 cm in diameter.

- 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

Some of the urinary bladder debris/small cystoliths are likely small enough to be retrieved via a sedated or anesthetized bladder flush/voiding urohydropropulsions. Identification of the cystoliths may help guide medical management to promote dissolution of appropriate, or if not, i.e., calcium oxalate stones, help guide management and future prevention.

In addition to that, given this patients suspect kidney disease, a blood pressure is recommended, if not recently evaluated, as is testing for leptospirosis. In the meantime, beginning medical management of chronic kidney disease could be considered with close monitoring of kidney values, blood pressure, urine protein, electrolytes, etc., to monitor progression vs improvement and help guide future management.


IntraPet Imaging SPIILLC IntraPet I... GOBLE,RHETT Abd small I
07-06-2023 08:53:41 AM NORTHrgk9catahomn2019a...
AP 96.6% MI 1.1 TIS 0.5
SPLEEN
FOLD?
IntraPet Imaging SPIILLC IntraPet I... GOBLE,RHETT Abd small I
07-06-2023 08:36:36 AM NORTHrgk9catahomn2019a...
AP 96.6% MI 1.4 TIS 0.3
Spleen SAG
SPLEEN
IntraPet Imaging SPIILLC IntraPet I... GOBLE,RHETT Abd small I
07-06-2023 08:34:46 AM NORTHrgk9catahomn2019a...
AP 96.6% MI 1.2 TIS 0.4
Liver
GB
IntraPet Imaging SPIILLC IntraPet I... GOBLE,RHETT Abd small I
07-06-2023 08:48:19 AM NORTHrgk9catahomn2019a...
AP 96.6% MI 1.4 TIS 0.3
RT
1 Dist 3.01 cm
2 Dist 0.88 cm
3 Dist 0.75 cm
IntraPet Imaging SPIILLC IntraPet I... GOBLE,RHETT Abd small I
07-06-2023 08:46:22 AM NORTHrgk9catahomn2019a...
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 5.21 cm
IntraPet Imaging SPIILLC IntraPet I... GOBLE,RHETT Abd small I
07-06-2023 08:46:02 AM NORTHrgk9catahomn2019a...
AP 96.6% MI 1.4 TIS 0.2
UB

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
info@SonoPath.com