



PATIENT	PRESENTING CLINICAL SIGNS
Molly Yeaw	weight loss, decreased appetite, hx of elevated renal enzymes. On entyce, famotidine, animax Abnormal PE/Chem/CBC/UA Results: BUN 66, Creat 2.8, PSL 218
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Catahoula Leopard	The right kidney is normal in size (5.35 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
SEX	The left kidney is normal in size (4.99 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
Spayed Female	
AGE	Adrenal Glands
12 Years	The right adrenal gland is normal in size (2.34 cm long x 1.23 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (2.49 cm long x 0.59 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
32.8 Pounds	
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	Liver
Diane McFadden	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.
HOSPITAL NAME	REFERRING VET
AH of Roxbury	N/A
INVOICE	Gastrointestinal
40346	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. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
DATE	
8/11/22	



PATIENT

Molly Yeaw

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Catahoula Leopard

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.

SEX

Spayed Female

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

- Non-obstructive dystrophic mineralization bilaterally in the kidneys
- **Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state. This study appears to be post-prandial, which is the most likely cause for the mucosal speckling with the lack of any reported gastrointestinal signs such as weight loss, diarrhea, etc.

WEIGHT

32.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

IMAGING PERFORMED BY

Diane McFadden

A blood pressure is recommended if not recently evaluated.

Testing for Leptospirosis is warranted, given the reported azotemia, if not already evaluated.

HOSPITAL NAME

AH of Roxbury

Therapeutic options to help improve this patient's reportedly decreased appetite include antiemetics to rule out occult nausea as the cause of decreased appetite. Gastroprotectants and appetite stimulants are already reported in place. At home subcutaneous fluid therapy may help overall hydration, etc., make the patient feel better, and therefore improve appetite.

REFERRING VET

N/A

Ultimately, if progressive kidney disease is the cause of this patient's appetite, and antiemetics, fluid therapy, etc. don't help, feeding tube placement may be warranted.

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PATIENT

Molly Yeaw

SPECIES

Canine

BREED

Catahoula Leopard

SEX

Spayed Female

AGE

12 Years

WEIGHT

32.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

N/A

INVOICE

40346

DATE

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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