



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ceelo Shields	Was treated at a different clinic with Amoxi-Clav in first week of August for suspected Respiratory infection. Normal lung sounds at the time but nasal discharge present and lethargic. Has continued to have decreased appetite, decreased energy, lethargy, increased panting. Was started on Prednisone 50mg - 1/2 tab and Famotidine.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: ALT elevated 151, ALKPPOS elevated 333, WBCs elevated 20, Calcium elevated, RBCs decreased, Hemoglobin decreased, Hematocrit decreased.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Lab x Weimeraner	<b>Urinary System</b>
<b>SEX</b>	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.
Neutered Male	Prostate is normal in size, echotexture and echogenicity for a neutered male.
<b>AGE</b>	The right kidney is normal in size (7.57 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, mineral or infarcts observed.
13 Years	
<b>WEIGHT</b>	The left kidney is normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. No mineral is observed. No overt masses/nodules are observed. Mild to moderate pyelectasia present at 7.15 cm.
63.5 Pounds	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (2.5 cm long x 1.6 cm at the cranial pole and 0.97 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	The left adrenal gland is normal in size (2.26 cm long x 0.74 cm at the cranial pole and 0.77 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Crystal Hill	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
The Maples AH	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Kazienko	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.
<b>INVOICE</b>	
40690	The 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.
<b>DATE</b>	
8/23/22	



**PATIENT** *Gastrointestinal*

Ceelo Shields 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.

**SPECIES**

Canine 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.

**BREED**

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

**SEX**

*Pancreas*

Neutered Male 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.

**AGE**

13 Years *Free Abdomen*

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

**WEIGHT**

63.5 Pounds There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

**Left kidney nephritis with 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.

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Given this patient's mildly increased liver enzymes and mild kidney changes on ultrasound, testing for Leptospirosis is indicated, if not recently evaluated.

Crystal Hill

**HOSPITAL NAME**

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.

The Maples AH

**REFERRING VET**

Given the reported hypercalcemia, further workup is recommended in the form of a malignancy panel to include PTH, PTHrP, and ionized calcium. Pending the results, it may be that this patient's primary underlying source of illness is within his respiratory tract, nasal, or thoracic, given the history with these abdominal changes being incidental, in which case, if antibiotics helped, then a longer course may be warranted.

Dr. Kazienko

**INVOICE**

40690

**DATE**

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**PATIENT**

Ceelo Shields

**SPECIES**

Canine

**BREED**

Lab x Weimeraner

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

63.5 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

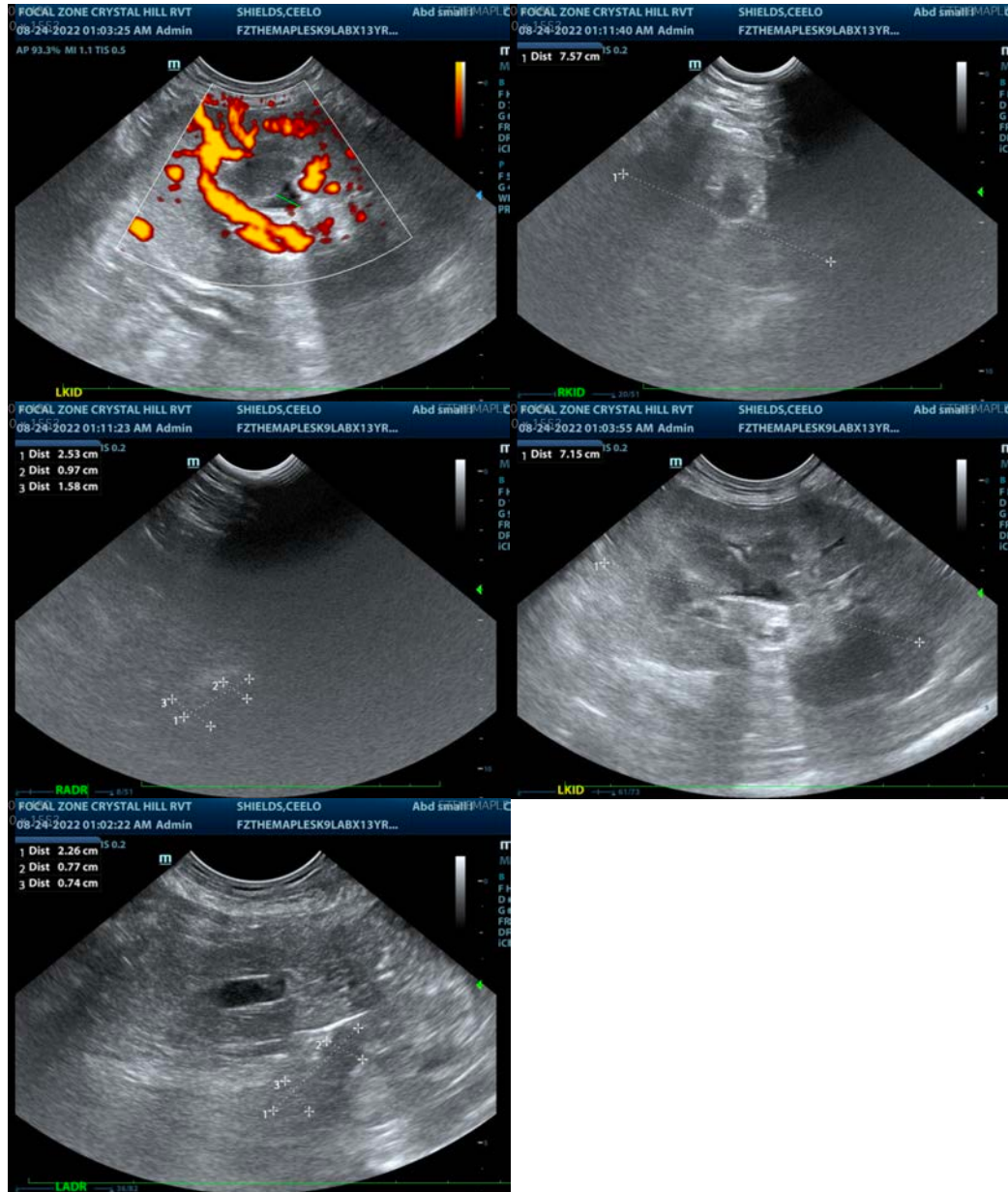
Dr. Kazienko

**INVOICE**

40690

**DATE**

8/23/22



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